

KENYA COORDINATING MECHANISM FOR GLOBAL FUND OVERSIGHT FIELD VISIT REPORT TO NAKURU COUNTY

MARCH 2022



ACKNOWLEDGEMENT

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The KCM also appreciates all KCM Members, technical Officers, KCM Secretariat, The National Treasury, Kenya Red Cross, AMREF HA, The Division of National TB Program, National Malaria and control programme, NASCOP, NACC and all Sub recipients implementing Global Fund activities in Nakuru County.

The KCM sincerely appreciates His excellency Deputy Governor Dr. Erick Korir Kipkoech, the Chief Officer of Health, County Director of health, and the county health management teams, health workers, Community volunteers and beneficiaries for the warm welcome, information sharing and supporting the various teams while on the field.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ACF	Active Case Finding
AMREF	Africa Health Africa
CHMT	County Health Management Team
COG	Council of Governors
DRTB	Drug Resistant Tuberculosis
DSTB	Drug Sensitive Tuberculosis
DST	Drug Sensitivity Testing
GF	Global Fund
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Service
ICU	Intensive Care Unit
KCM	Kenya Coordinating Mechanism
KP	Key Population
KRCS	Kenya Red Cross Society
MDR	Multi Drug Resistance
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
SR	Sub-recipient
TB	Tuberculosis
TPT	Tuberculosis Prevention Treatment
VMMC	Voluntary Medical Male Circumcision

INTRODUCTION

On the 21st to 24th March 2022 the Kenya Coordinating Mechanism (KCM) for Global Fund (GF) conducted an COVID-19 focused oversight visit in Nakuru County, Kenya. The KCM team comprised the Secretariat,

KCM members from faith-based organisations (FBO), non-governmental organisations (NGO), people living with HIV (PLHIV), people living with TB (PLTB), and the oversight Committee. There was also a delegation from the GF implementing principal recipient (PR) from Kenya Red Cross Society (KRCS) and Amref Health Africa in Kenya (Amref) for the Non-State PR and The National Treasury as the state PR. Present also were representatives from Ministry of Health (MOH) divisions of NASCOP, DHSC & IGH, Malaria and Tuberculosis (TB). The team was to work with the health department within the county and health facilities that handle COVID-19. The county teams were to provide guidance for KCM to reach the objectives of the oversight visit within the county. The sub-recipient (SRs) for both non-State PRs comprising Hope Worldwide Kenya, ONYX, KYDESA, SMART LADIES and World Vision Kenya were also represented to showcase utilisation of the GF funding allocation meant for them.

BACKGROUND

Nakuru County was chosen for oversight visits because of the following reasons as extracted from KCM Minute meetings^(A).

- COVID-19 Positivity rate
- COVID-19 Response mechanism
- Considerable COVID-19 Support

The overarching purpose of oversight is to ensure that COVID-19 grants from the Global Fund are implemented as planned and are yielding targeted results, and further those challenges and bottlenecks are identified and resolved, and verifiable results are achieved within agreed timelines.

Specific objectives of the oversight visit were to:

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

METHODOLOGY

A questionnaire guided the process of gathering information from the different stakeholders that were met during the oversight visit

The approach varied to suit the objectives of the oversight visit and the different situations.

1. AREAS VISITED

Activity	Facility/ Place Visited
DAY 1 1. Courtesy Call meeting with the County leadership	Governor's Boardroom for a courtesy call with the County leadership represented by the Deputy Governor, County Secretary, CECM for Health, Chief Officer for Health and members of the CHMT.

Activity	Facility/ Place Visited
<p>2. Meeting with CHMT</p> <p>Receiving updates on status of the County on HIV, TB, Malaria and COVID-19 including county performance reports, commodity status and Global Fund grants implementation status.</p> <p>The Oversight Visit team presented an overview of KCM and The Global Fund investment in Kenya and Nakuru County.</p> <p>The state and non-state PRs (TNT, AMREF AFRICA and KRSC) shared on Global fund programmes in the County including investment and implementation status.</p> <p>Attendance: CHMT members led by the Chief Officer for Health, KCM Oversight Visit team and representatives from the state and non-state PRs and SRs.</p>	<p>Nakuru County Referral Hospital Conference room hosted by the Chief Officer.</p>
<p>3. Courtesy Call meeting with the Nakuru County Referral Hospital CEO/Medical Superintendent</p>	<p>Nakuru County Referral Hospital CEOs office hosted by the CEO</p>
<p>4. Meeting with Nakuru County referral Hospital HMT represented by Deputy CNO and Covid-19 Management Unit Clinician for administration of the questionnaire</p>	<p>Nakuru County Referral Hospital Conference room.</p>
<p>5. Tour of the Nakuru County Referral Hospital Covid-19 Unit and Meeting with staff represented by a nurse and clinician</p>	<p>Nakuru County Referral Hospital Covid-19 Unit</p>
<p>DAY 2</p> <ol style="list-style-type: none"> 1. Site Visit to Hope Worldwide Kenya Drop-in Centre in Nakuru Town and meetings with representatives of Kenya Red Cross Society, Hope Worldwide Kenya, ONYX, KYDESA and SMART Ladies. <p>Received presentation from Hope Worldwide Kenya that incorporated implementation status for Hope Worldwide Kenya, KYDESA and ONYX.</p> <ol style="list-style-type: none"> 2. Meeting with Hope Worldwide Peer Educators 3. Meeting with Drop in Centre Facility staff. 4. Meeting with beneficiaries (PLHIV) 	<p>Hope Worldwide Kenya Drop in Centre in Nakuru Town</p>

Activity	Facility/ Place Visited
1. Site Visit to Gilgil Sub County Referral Hospital Meetings with CHVs and Linkage Assistant. Meeting with representatives of TB patients Facility tour and visit to the Hospital Pharmacy to review documentation ascertain receipt of Global Fund supported commodities. World Vision Kenya made a presentation to the Oversight Visit team.	Gilgil Sub County Referral Hospital
DAY 3 1. Visit to World Vision Kenya Office in Kongasis town, Gilgil Sub County	World Vision Kenya Office in Kongasis town, Gilgil Sub County
2. Site Visit to Molo District Hospital	Molo District Hospital

2. DATA COLLECTION

Data collection was done articulately and systematically. Each team handled a section of the sampled stakeholders with well laid out targets per day. The teams filled out the guiding questionnaires from the responses, discussions and presentations made by the stakeholders met during the oversight visit.

Data was collected from the site visits, courtesy call conversations, presentations made, and conversations held in meetings with various stakeholders over a period spanning 3.5 days.

Ethical considerations of ensuring confidentiality and anonymity of responses was made.

3. LOGISTICS

Before fieldwork, mapping and routing were done in close consultation via email and phone calls with PRs and SRs of the Global Fund grants in the county. The planning tools included documentation on zones and contacts of SRs and beneficiaries.

Global Fund and partners provided the logistical support of transport and accommodation for the oversight visit team. The PRs provided the network of stakeholders on the ground to help in creating the much-needed contacts for planning and coordination. Meetings were held in County government facilities, social halls and open spaces. All meeting venues adhered to the recommended COVID-19 prevention protocols.

4. LIMITATIONS AND CHALLENGES

This being an oversight visit, only a small sample of health facilities and beneficiaries was visited thus the findings may not be generalisable to be the situation in the whole county.

FINDINGS FOR EACH SITE VISITED

1. GF SUPPORT TO NAKURU COUNTY: JULY 2021 TO JUNE 2021

The county has received considerable GFATM support since 2002 towards HIV, TB, Malaria, RSSH, and recently towards COVID-19 interventions. GF health commodities investments for the period July 2021 to June 2024 by PR1 (National Treasury) as below:

- HIV - KES 502,292,829 (ARVs, OI medicines, RTKs, KP Products, condoms)
- TB - KES 68,496,138 (TB medicines, TB laboratory consumables such as GeneXpert cartridges, NTRL consumables, AFB microscopy)
- Malaria - KES 2,903,223 (ACTs - KES 2,316,829 and mRDTs - KES 586,394)

GF investments for programmatic activities through the National Treasury for the period July 2021 to June 2022 is XXXX, while the C19RM grant for the county is XXXX.

The county has also made commendable contributions to better health outcomes through infrastructural developments, staff capacity building, procurement of essential commodities, addressing emerging needs, and overall coordination of health activities in the county.

National level support to Mai Mahiu level IV Hospital including infrastructural investment to enhance COVID-19 response.

2. COUNTY POLICY LEVEL INTERACTIONS AND OVERSIGHT

- a) Entry Meetings
 - a. Courtesy call with Hon Deputy Governor
 - b. Entry Meetings CECM- Health/ Chief Officer Health/CHMT
- b) Overall disease burden for Malaria, TB, HIV/AIDS & COVID-19 in the County
- c) Overall situation of HIV/TB, Malaria & COVID-19 Commodities in the County
- d) Proportion of funds mobilized to support COVID-19
- e) Global Fund program areas of strengths and improvement.

2.1. ENTRY MEETINGS

Courtesy call on the Nakuru Deputy County Governor: His Excellency Dr. Erick Korir

The KCM members, Oversight members and Secretariat held a courtesy call to H.E deputy Governor Nakuru Count. Present at the meeting was the CECM Health, Dr. Immaculate Maina

The Oversight team introduced Global Fund as well as the KCM and the purpose of the visit. This opened room for a discussion led by H.E Deputy Governor on the Covid 19 interventions and mitigation strategies by Nakuru County led by the leadership of H.E the County's Governor.

The County team appreciated the support Global Fund had given them for HIV. TB, Malaria and Covid 19.

Even with the investment in HIV, the Deputy Governor indicated that MTCT and High TB cases among the under 5 year olds were identified as the biggest challenge at the County and this requires focused interventions and funding.

1) Meeting with the Health CEC and the County Health Management Team (CHMT)

The meeting was chaired by the chief officer of health and county director of health. The following presentations were made:

- Overview of KCM and GF including GF structures, roles, and support in country
- Situation of GF (HIV/TB/Malaria/COVID-19) including commodity status as presented by the CHMT
- GF investments by the PRs (National Treasury, Amref, and KRCS)

A plenary discussion was held to respond to questions based on the presentations made and understand the county's implementation of GF sC19RM to mitigate effects of COVID-19 on HIV/TB/Malaria programming and enhance COVID-19 response. Some of the issues arising during this meeting included:

- Concern by the county leadership on their involvement in GF with a mention of discussions during previous meetings where there were suggestions to have counties as SRs. The oversight team lead explained counties' role and representation at the KCM
- County teams were encouraged to participate in GF processes
- The TNT presentation noted the weak coordination between counties and MOH units responsible for disease programs, intergovernmental relations, and health system strengthening

2.2. OVERALL DISEASE BURDEN FOR HIV, TB, MALARIA & COVID-19

2.2.1 COUNTY COVID-19 PROFILE

The total number of COVID-19 cases reported as at 20th March 2022 was 16,716 (57% male and 43% female) with six new cases reported during week 11 (13th - 19th March 2022). All the six new cases reported were from Naivasha. Figure 1 shows the COVID-19 epidemic curve for the county during the pandemic and indicates a downward trend in 2022 and four peaks during the period with three of the peaks reported in 2021.

Only 396 (2%) of the cases were from outside Nakuru County and mainly truck drivers using the northern corridor, while 991 (6%) of the cases were healthcare workers. Sub-counties with urban centres recorded the highest caseload as shown in Figure 2. Most of the cases were in the age group 31-45 (Figure 3); with males being affected across all age groups.

Case fatality rate was 4.8% (797 cases); 8 of whom were healthcare workers. Most deaths occurred during the fourth wave due to suboptimal oxygen capacity.

A total of 1,053,441 vaccine doses have been given as of 20th March 2022. The uptake of the second dose among those who received the first dose is 52%; with 447,538 adults fully immunised. This represents a 35% vaccination rate (of the targeted 1,273,265 fully immunised persons). Only 22,237 persons have received the booster dose.

Key highlights on mitigation of COVID-19:

- The county has five multi-sectoral COVID-19 response committees: leadership, case management, prevention and risk communication, logistics and supplies, and surveillance
- County coordination team holds virtual meetings weekly; KRCS participates in the meeting and provides airtime/data bundles support
- Availability of 22 COVID-19 treatment sites in the county including private sector facilities
- There was between 5-10% decline in essential service delivery but this was mitigated through multi-months dispensing and drug delivery at households for HIV and TB clients

Figure 1: Nakuru County COVID-19 epidemic-curve as at week 11, 2022

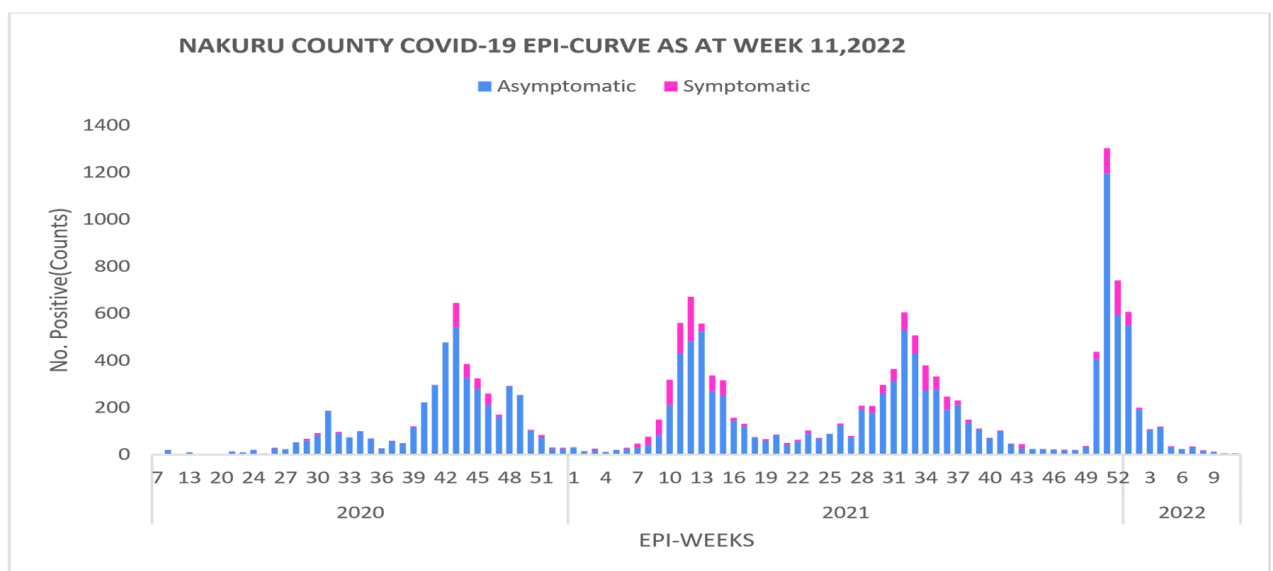


Figure 2: Distribution of COVID-19 cases by sub-county

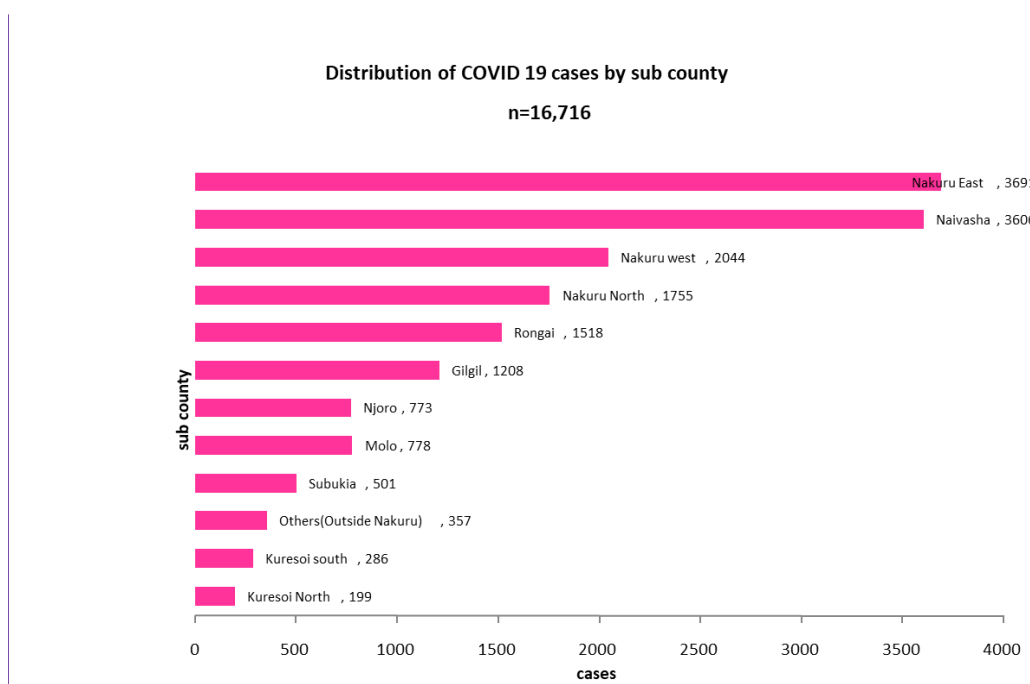
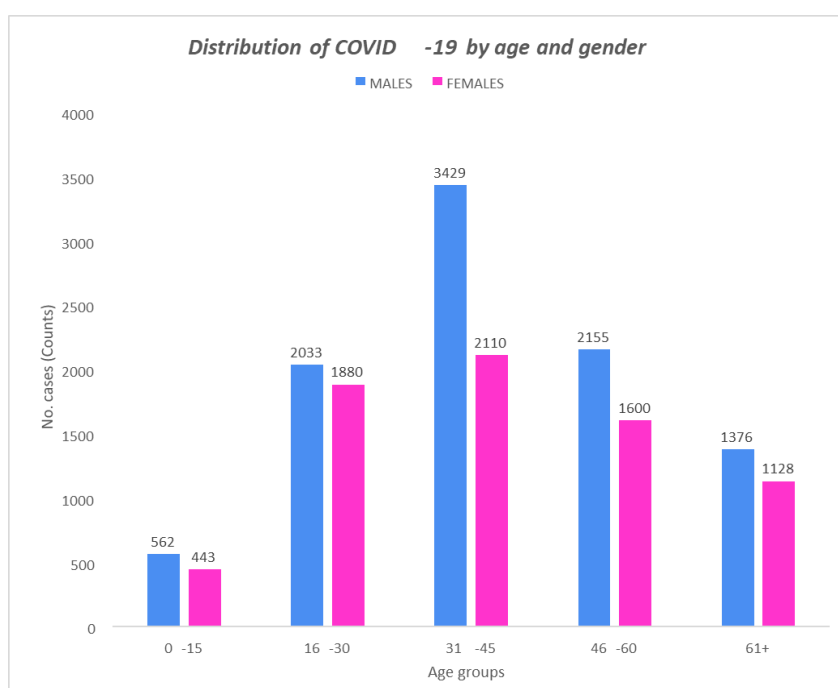


Figure 3: Distribution of COVID-19 cases by age and gender



2.2.2 COUNTY HIV PROFILE

There are an estimated 65,860 PLHIV (62,791 adults and 3,070 children). Estimated HIV prevalence is 4.1% with an estimated Mother-to-Child Transmission (MTCT) rate of 11% in 2020 (compared to 15.4% in 2019). Overall, 68% of the estimated PLHIV have been identified (68% adults and 66% children) and 99% of those in care receiving antiretroviral treatment (ART). Viral load suppression was 96% (96% in adults and 91% in children) among those whose viral load was measured (19% of patients on ART). The notable suboptimal measurement of viral load (18% in adults and 31% in children) was attributed to lack of reagents. The documented retention in care for January-December 2021 was on average 75%.

The Prevention of Mother-to-Child Transmission (PMTCT) need for the county is 2,470 with 86% positive cases identified and over 90% of the positive cases on treatment (infant prophylaxis - 94% and maternal

HAART - 96%). During March 2021 - February 2022, only 26% of the infants had the initial PCR done within the recommended two months.

The county has observed reduced new HIV infections from 1,868 to 1,765 although there was reported low HIV testing during the same period due to low utilisation of health services. There were fewer AIDS related deaths among 0–14-year-olds (186 compared to 221 in 2020).

Interventions

The county has 575 health facilities with 466 HIV testing sites (HTS), 395 PMTCT sites, 8 drop-in centres (DICE), and 215 functional community health units.

Key population (KP) interventions include programs for female sex worker (FSW) and men who have sex with men (MSM). Out of the 2,833 estimated FSW LHIV, 27% have been identified and 80% of them are on ART. While 30% of the estimated 162 MSM LHIV have been identified and 77% of them are on ART. The interventions provided to the KP groups include: peer education, screening for sexually transmitted disease (STI), HTS, and issuance of condoms, lubricants and PrEP. There was a gap on STI screening (25% FSW and 19% MSM); PrEP (4% FSW and 1% MSM), while issuance of condoms per need was 52% among FSW. Condoms for both FSW and MSM were in short supply.

Treatment rates remained high despite the erratic supply of commodities most probably due to multi-month dispensing as per the guidance issued by MOH during COVID-19.

Gaps

- About two-thirds of PLHIV have been identified; the gap is attributed to erratic supply of test kits and low utilisation of health services during COVI-19
- Three-quarter of patients retained in care
- Delay in initiating PCR within the recommended two months due to erratic supply of commodities
- Suboptimal measurement of viral load; clients could not keep their schedules because they already had ARVs and also due to hiked transport fares during COVID-19 pandemic
- HIV monthly reporting rates were above 95% except for the KP that has been as low as 85% in 2021 but an improvement from 33% in the previous years
- There are 395 PMTCT sites and only 55 mentor mothers (20 mentor mothers supported by Global Fund)
- Psychosocial support groups and CAGs were not conducted due to COVID-19 restrictions (lockdown)

2.2.3 COUNTY TB PROFILE

A total of 2,752 TB cases were notified in 2021; 99% of them were tested for HIV and 25% were co-infected with HIV.

There was low utilisation of health services during the onset of COVID-19 that affected provision of TB services, however this was mitigated through community sensitization by the county health promotion team. Six percent of the cases were lost to follow up; but this may be improved with intensified defaulter tracing and enhanced active-case detection. The county has benefitted with support from Global Fund through World Vision under Amref PR.

2.2.4 COUNTY MALARIA PROFILE

Nakuru is a low malaria burden county. There were 16,800 reported cases in 2021. Malaria interventions in the county include case management and surveillance.

2.3. OVERALL SITUATION OF HIV, MALARIA, TB AND COVID-19 COMMODITIES IN THE COUNTY

1) *Commentary HIV Commodities*

A total of 10 types of ARVs were in stock see annex 2 for details. Some HIV commodities were not available for instance DBS filter papers, HIV test kits/ Dual Kits, viral load testing reagents, and condoms.

2) *Commentary on TB drugs*

TB commodities stock status as at March 2022 is shown in annex 2.

3) *Commentary on Malaria Commodities*

Stock status for malaria commodities is shown in annex 2. County receives thousands of short expiry mRDTs and has been redistributing them to endemic counties. There is a need to rationalise issuance of malaria commodities for the county.

4) *Commentary on COVID-19 Commodities*

- Procurement of C-19 commodities through the National Treasury was implemented countrywide. During the visit, the oversight team was unable to determine commodities earmarked for Nakuru County. The distribution process was unclear to the team. Information was not forthcoming due lack of record keeping for GF supported C19 commodities
- Support for oxygen cylinders through Amref delayed due to gaps in ordering and feedback systems

3. SERVICE DELIVERY LEVEL OF INTERACTIONS AND OVERSIGHT

3.1. NAKURU COUNTY REFERRAL HOSPITAL

The oversight team had a briefing meeting with the hospital management team which shared an overview of HIV, TB, malaria and COVID-19 services offered at the health facility. Highlights are as below:

- An oxygen plant was set up within the facility to respond to COVID-19 oxygen needs
- COVID-19 support in the form of non-pharmaceuticals commodities from UNICEF, Equity Bank, and Amref was well documented. However there was no information at the facility to show support received through Global Fund/KEMSA
- A follow up visit was scheduled on day two to ascertain GF C19RM support to the health facility. No information was forthcoming from the facility, county offices, and KEMSA regional office
- Need for support for reagents for POC EID and a GeneXpert machine at the hospital
- Staff working at the COVID centre not a multidisciplinary team e.g., CCC review was not done for PLHIV and also new infections
- The COVID-19 centre has a 28 bed capacity with 5 ICU beds and 2 HDU beds. In regards ti human resource the facility has: Consultant MO, 4 Clinicians, 12 Nurses, 2 Phycologists, 2 public health officers, 4 Lab techs, 5 support staff and 1 pharmacist.
- Community sensitization and patient tracing was conducted through the Public health department at the County and facility level

Dr. Aisha Maina (CEO) *“Saving a life is really important and our driving force in the COVID-19 interventions we have had. Thats what Counts”*

3.2. HOPE WORLDWIDE KENYA (HWWK) - NAKURU DICE

HWWK is a faith-based non-governmental organisation currently serving as a sub-recipient (SR) for Kenya Red Cross Society (KRCS) in Nakuru County. The organisation has implemented Global Fund activities since October 2012 with a focus on HIV. The total budget for the period 01 July 2021 to 30 June 2024 (NFM3) is KES 188,855,453 with KES 7,537,100 for C19RM. Detailed breakdown of the funds for Nakuru County through KRCS is provided in Table 1.

Table 1: Nakuru County GF Investment for NFM3

Sub-recipient	Contract Budget		Total
	HIV Interventions	COVID-19	
HWWK	146,282,653	0	146,282,653
ONYX	35,035,700	1,445,000	36,480,700
KYDESA	0	1,938,200	1,938,200
Smart Ladies	0	1,986,000	1,986,000
Faws	0	2,167,900	2,167,900
Total	181,318,353	7,537,100	188,855,453

Key highlights from the presentation by both KRCS and HWWK include:

- During NFM2, the focus for HWWK was on FSW and MSM, but in the current model (NFM3), this has expanded to TG and PWID although the data available during the oversight visit did not include TG and PWID
- Programming of PWID interventions was planned to start in January 2022, while implementation of TG interventions is awaiting finalisation of country guidelines
- HWWK received COVID-19 funds during NFM2 (January 2018 - June 2021). Under NFM3, HWWK does not have direct Global Fund support for COVID-19, however they have integrated services such as COVID-19 health messaging in the HIV activities
- KRCS works with other SRs in Nakuru, namely KYDESA and ONYX Players who have C-19 funds in NFM3 (Table 1)
- Two KP-led organisations operating within the county, namely Smart Ladies and FAWS, have also been engaged by the SRs to expand coverage of Covid-19 interventions under NFM3 as shown in Table 1. The KP-led organisations are sub-contracted directly by the SRs. A detailed profile of the SRs (HWWK, KYDESA, ONYX Players, and the KP-led organisations) and their scope are provided in Annex 3 and 4 respectively.

3.2.1 HIV

Out of the 262 FSW LHIV, 98% are currently on treatment and 32% of those eligible for viral load were bled by 10 March 2022. There are 28 MSM LHIV; 96% of them on treatment and only 41% bled for viral load measurement. The gap in viral load bleeding is due to national shortage of reagents.

It was also evident that there was a condoms shortage, the SRs were mitigating the shortage by borrowing condoms from other organisations, however this did not meet the KP set needs.

3.2.2 COVID-19

COVID-19 interventions by KRCS as PR that have benefitted Nakuru County (direct support not through SRs) include:

- Enhancement of mental health and psychosocial support through the toll-free line (1199) and Tele Counselling Support from Nairobi's Emergency Operation Centre (EOC). During the C-19 pandemic between March 2020 and March 2021, XXX C-19 related calls were received from Nakuru County (10% of calls countrywide). The calls were mainly from female/male (X%) seeking information on C-19 symptoms and/or expressing anxiety (financial constraints, relationship issues, loss, and grief) caused by the pandemic
- Distribution of 60,000 masks (20,000 branded & 40,000 non-branded) and 5,000 sanitizers in March 2022 targeting prison facilities, police stations, special needs schools, children homes, homes for the elderly, probation hostels, churches, and mosques

Meanwhile, at HWWK COVID-19 protocols were observed during outreaches and at the DICE. COVID-19 messages through posters, flyers, posters, and social media pages (Facebook and WhatsApp) have been shared with KPs, PLHIV, pregnant and lactating mothers. The oversight team observed the availability of adequate handwashing stations and sanitizers at the DICE. In addition, COVID-19 specific activities were implemented between July 2020 and March 2022 (NFM2) were as follows:

In 2020:

- Distribution of 31 face shields (19 FSW and 12 MSM) in 2020
- Distribution of 2,037 (1587 FSW and 450 MSM) face masks
- Distribution of 30 (21 FSW and 9MSM) hand sanitizers
- Sensitization for 106 stakeholders on C-19 response mechanism (38 healthcare workers, 42 law enforcers, 26 MSM peer educators)
- Training for 30 staff and 135 peer educators (103 FSW and 32 MSM) on psychological First Aid
- 409 PLHIV visited by Community Volunteers

In 2021:

- Integration of C-19 messages during outreaches and health education sessions that reached 9,126 (7,600 FSW and 1,526 MSM) beneficiaries
- Facilitated C-19 vaccination for 203 beneficiaries (183 FSW and 20 MSM)
- Provided cash transfer to 17 beneficiaries (11 FSW and 6 MSM) for three months. Each person got Ksh.6000.00 which covered the period of March - June 2021) and paid in July 2021

In 2022:

- Distribution of 560 (447 FSW and 113 MSM) face masks
- Distribution of 420 (315 FSW and 105MSM) hand sanitizers
- Integration of C-19 messages during outreaches and health education sessions that reached 9,176 (7,653 FSW and 1,523 MSM) beneficiaries

For NFM3, the following COVID-19 activities have been planned for the period March 2022 to June 2023 through KYDESA, ONYX and Smart Ladies:

- Sustain distribution of C-19 PPEs (15,200 masks and 10,400 sanitizers)
- Support targeted community dialogue days through virtual meetings to demystify the myths about C-19 infection and discuss mitigation of effects of C-19. Participants during the meetings will include PLHIV, KP, AYP, community paralegals, male champions, CATs, and religious leaders)
- Sensitization on C-19 home-based care, nutrition, and referral mechanisms (including emergency preparedness and response) for PLHIV, AYP, KPs networks
- Support vulnerable populations with linkages to access justice interventions or legal redress for human rights violations experienced as a result of C-19 restrictions

3.2.3 TREATMENT SITE VISIT

At the HWWK Site (Nakuru DICE), the oversight team met with the facility staff, peer educators and outreach workers as well as beneficiaries. The table below summarises the observations made by the oversight team during the group sessions.

Meeting with HWWK staff (Nakuru DICE)

- The oversight team confirmed availability of a selection criteria clearly describing how the beneficiaries who received the cash transfer were selected. The beneficiaries also received food donation courtesy of KRCS
- The oversight team witnessed a system used for the cash transfers and appreciated the controls including filters to ensure receipt by the right persons. However, the form associated with the cash transfer is filled by one person; good practice is to have such forms filled by more than one person. In addition, the facility staff were not aware of collective selection of the beneficiaries for cash transfer through a committee. KRCS indicated that the committee is in place
- Documentation in form of meeting notes were unavailable to ascertain decisions made on the cash transfers process, management of conflict of interest and collective identification of beneficiaries.
- Trainings and virtual sensitization sessions were well documented and matched with the information provided in the HWWK presentation
- The oversight team observed synergy between HWWK and the other SRs (KYDESA, ONYX, Smart Ladies)
- HWWK did not seem to have a 'big picture' view of the GF support they were implementing; the PR had to come in at different times to help them respond to questions. SR capacity needs to be strengthened
- There was a disconnect between the SR and the County teams. This was evident when County team indicated that they were not briefed on the NFM 3 proposed activities and interventions
- There was a gap in stock and inventory management, specifically incomplete documentation of the Bin Cards

Meeting with peer educators and outreach workers

- Outreach workers demonstrated good understanding of their work
- All the peer educators (12) and outreach workers (12) met during the oversight visit had been sensitised on the COVID-19 mechanism
- The team indicated that they have good rapport with law enforcers which translate to good engagement with them during community sensitization and in resolution of GBV-related issues

- The team of peer educators were all affiliated with HWWK. Notably, there was a disconnect between the peer educators and other SRs (KYDESA) as well as the KP-led organisations (Smart Ladies)
- The peer educators confirmed receipt of masks and sanitizers; however these were not sufficient. They received 3 pieces of reusable masks and 200ml bottle of sanitizer per month
- Peer educators confirmed that they receive a monthly stipend of KES 6,500 per month without delay. They requested that the amount be increased due to the high cost of living including transport fare because they use the stipend to facilitate their transport to the DICE
- Peer educators confirmed that they receive an appreciation when they refer patients to facilities
- There is only one GBV hotline number and one phone with airtime worth KES 500 per month. The airtime provided is not sufficient. A second hotline number was requested to allow the two KP groups respond to GBV issues independently
- Only 2 of the 4 paralegals are supported with extra cash for the scope of work they do as paralegals; the remaining 2 who are also outreach workers requested to be considered for extra support as paralegals
- TG requested support for hormones and binders

Meeting with the beneficiaries

- The oversight team met with five beneficiaries affiliated with HWWK who were appreciative of the services offered by the facility with specific mention of psychosocial support
- The beneficiaries reported that they received masks and sanitizers from HWWK. They reported that they continue using the masks despite the lifting of mandatory wearing of masks in public places
- All the five beneficiaries were sensitised on COVID-19
- 3 of the 5 beneficiaries received a one-off payment of KES 6000 through the cash transfer program

3.2.4 STRENGTHS

- Comprehensive psychosocial support through the KRCS Emergency Operation Centre. Data specific to Nakuru County and any documentation of a success story will be helpful to showcase its benefit
- Integration of activities e.g., COVID-19 messaging with HIV interventions by HWWK and food donations to beneficiaries of the cash transfer
- Strong engagement with the county department of health and facilities e.g., peer educators partnered with health facilities to distribute the available stocks of condoms to high demand areas

3.2.5 AREAS OF IMPROVEMENT

- There is need for enhanced capacity building for the SR HWWK specifically on business processes (formation of committees, meeting documentation, administration including proper filing of documents)
- Stock and inventory management needs to be enhanced. This will provide a clear flow of items from PR to the SR and finally to the identified beneficiaries including stock status and management
- Delayed implementation of COVID-19 interventions; including distribution of the majority of the commodities as late as March 2022. While there is a new directive on minimal use of masks countrywide, the team noted that the recent supplies would be beneficial to the population (are

normally big gatherings indoor). Continued sensitization on wearing of mask will be important but should be aligned with the MOH directive

- HWWK to provide implementation status with reference to set targets or rationale for the numbers provided in their presentation e.g., 17 beneficiaries on cash transfer
- Consider review of the stipend support for peer educators

3.3. GILGIL SUB-COUNTY REFERRAL HOSPITAL

Gilgil Sub-County Hospital is one of the 173 treatment sites implementing GF-supported TB interventions through World Vision (SR) under Amref Health Principal Recipient. World Vision is implementing in 11 sub-counties in Nakuru County. The total budget for the period 01 July 2021 to 30 June 2024 (NFM3) is KES 71,138,523 with KES 15,978,512 for C19RM. Sub-sections 3.3.1 and 3.3.2 indicate the overall findings for World Vision as an SR implementing in Nakuru County.

3.3.1 TB

Key highlights from the presentation by World Vision include:

- Targets for 11 of the 16 indicators were met during the period July 2021-February 2022
- 50% of the targeted 336 health workers were facilitated with airtime; the variance was attributed to late startup of the project
- Only 40 (34% of the targeted 118) children under-five years old were confirmed to have TB

3.3.2 COVID-19

The COVID-19 response interventions implemented under NFM2 (June 2020-June 2021) include:

- 4 sensitization meetings were held that reached 60 CHVs (4 to 5 CHVs per sub-county) and this was an over-achievement from the targeted 2 meetings to reach 48 CHVs. The meetings were held in health facilities and not the planned hotel-based hence the wider coverage using the savings realised
- 48 cooler boxes were provided to facilitate sputum collection from the targeted 95 households. 60 CHVs were supported with KES 250 to facilitate collection the sputum samples at household level
- The COVID-19 related supplies and commodities issued include 96 ice packs, 48 sanitizers, and 300 surgical masks
- 877 drug refills were delivered to patients through 60 CHVs between December 2020 and June 2021

Implementation of NFM3 C19RM meant to start in July 2021 was delayed due to late startup of the project; the budget was submitted to Amref by World Vision on 17 March 2022.

3.3.3 TREATMENT SITE VISIT

At the Gilgil Sub-County Hospital, the oversight team met with the facility staff, CHVs and linkage assistants as well as beneficiaries. The table below summarises the observations made by the oversight team during the group sessions.

Meeting with World Vision team:
<ul style="list-style-type: none">● The team portrayed good engagement with the county department of health and clear indication of the engagement with the CTLC, STLC as well as the Community health department.● Most of the supporting documents were available and well filled. The available activity reports were certified. An activity report for the sensitization meeting in Kuresoi for 12 CHVs was missing, however all other documents were available● There were 3 visits per client for the 977 drug refills; however, the oversight team could not

ascertain the actual number of clients visited. The documentation for referrals was clear hence enabled the confirmation of the 977 visits

- World Vision received 6 boxes of surgical masks from Amref, and the delivery note was available for verification, however there were no copies of Bin Cards to verify that the support reached the beneficiary, the oversight team was able to verify the delivery of the items to the department of health. There was no supporting document to indicate if the masks were distributed to health facilities
- There were some inconsistencies on documentation of targets versus achievement specifically around sputum collection (presentation by World Vision indicated 100% achievement with a target of 95 households, however documentation at their office indicated 157 households reached and work plan target was 5760) and delivery of drug refills (had three different figures i.e., 877, 977 and 1132)

Facility tour and meeting with facility staff:

- On average 150-200 people are vaccinated per day. The population is reluctant with mixing vaccine doses which calls for consistent supply of the types of doses to achieve full vaccination
- A COVID-19 isolation room is in place
- The facility received masks and sanitizers and the oversight team ascertained three sources for some of the commodities i.e., KENHA, World Bank, and CHAI
- There was no documentation of commodities received from KEMSA or supported through Global Fund. Verbal communication from the facility staff indicated that they had received very minimal commodities from KEMSA. Notably the facility was blacklisted by KEMSA due to delayed payments
- Facility uses electronic medical record system but experiences network fluctuation that disrupts service delivery when patients have to wait when the system hangs; an option of working offline is recommended
- Delays in transmission of GeneXpert results from Naivasha Sub-County Hospital where they refer their samples; facility requested to have own GeneXpert machine

Meetings with CHVs and linkage assistants:

- The CHVs are well structured under the community health strategy with leadership from the respective Community Health Extension Workers (CHEWs). They hold monthly meetings
- CHEWs requested support for airtime to facilitate communication with the CHVs
- The CHVs clearly articulated the community TB activities they implement with support from World Vision
- CHVs receive KES 1000 for every household visit to cater for lunch and transport fare. They requested for additional support during long-distance travel
- They reported occasional delays of the monthly stipend of KES 6000
- The team demonstrated contact tracing data flow from community to TIBU. There was an indication of a 'Lite' version of the tool under development that will be used at community level
- CHVs requested that sensitization on reporting tools be made whenever the tools are revised. They are currently using updated tools but were not sensitised on the changes made
- The team of CHVs confirmed receipt of the following items and/or support from the SR:
 - cooler boxes and ice packs to facilitate collection of sputum samples during TB contact tracing
 - masks and sanitizers
 - support to deliver drugs to patients who were unable to visit the facilities.
 - sensitisation on COVID-19 and TB
 - The CHVs were also engaged in COVID-19 contact tracing

Meeting with beneficiaries (DR-TB Clients):

- The beneficiaries confirmed consistent availability of TB drugs at the facility
- 3 beneficiaries who suffered from drug resistant TB (DR TB) confirmed receipt of KES 6,000 monthly during the period of treatment, i.e., for 9, 8, and 5 months respectively for the 3 beneficiaries

- The 3 were also enrolled on NHIF and expressed appreciation for the support
- The oversight team observed cordial relationship between the beneficiaries and the clinicians who was present during the meeting

3.3.4 STRENGTHS

- There were minimal disruptions to TB service provision during the COVID-19 pandemic. C19RM support ensured beneficiaries received drugs at home, sputum collection was done, and CHVs were sensitised on implementation of activities within the context of the pandemic
- There was a strong relationship and linkage between the SR, County, Health facility and CHVs

3.3.5 AREAS OF IMPROVEMENT

- Fast-track implementation of planned COVID-19 activities in collaboration with the county team to ensure they respond to a defined need
- Review documentation of targets versus achievement to ensure consistency in reporting
- Regularise payment of the CHV monthly stipend and DR-TB Support to avoid the occasional delays
The CHVs indicated that World Vision sends the stipend at the end of the month. We however got beneficiaries indicating delays in getting the Ksh.6,000 targeted for DR- TB clients

3.4. MOLO DISTRICT HOSPITAL

Health facility was upgraded to hospital level in 1975 though architecture not suited for hospital status due to small and dimly aerated rooms. There was some infrastructure development going on at the time of visit.

3.4.1 TB

3.4.2 COVID-19

C-19 vaccination services started in March 2021; 30,915 doses issued to date. Vaccinations available include AstraZeneca, J & J, but stocked out of Pfizer and Moderna. Facility works KEPHI stores for vaccine replenishment. Three staff are available for the vaccination activity, although they are also attached to other departments e.g., MCH in-charge. Low uptake of 2nd dose uptake.

The hospital received COVID-19 support from World Vision that cascaded to beneficiaries, however facility staff were not aware that the support hailed from GF. They were aware that the GeneXpert machine was supported by GF. Additional support was received from the County Government, Amref, WHO especially for the vaccine outreaches. Other support included face masks, KN95 masks, overalls, goggles and face shields from own procurement, private supplier, KEMSA, County Government, and Living goods/Partner support from private supplier, KEMSA, County Government, and Living goods/Partner support.

3.4.3 STRENGTHS

- Good internet connection
- Provision of laptop devices
- Excellent administrative support
- Oversight team was able to validate the 2,000 cash transfer to TB patients in the months of February and March due to proper documentation

3.4.4 AREAS OF IMPROVEMENT

- Communication gaps between PR staff and the hospital medical superintendent on Oxygen BOC support. Facility requested 8.5kgs cylinders from Amref, however Available cylinders were in 11.5kgs and 4.6kgs. This feedback did not reach the facility because it was given to county staff. Amref to strengthen the communication channels
- Reviewing and validation process could not establish a record of commodities received from the Global Fund. Assumptions were made that the KEMSA support was through GF
- 6 cooler boxes provided by Amref were not adequate for CHV use

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

1. KEY FINDINGS

- Goodwill by the leadership
- Great teamwork and availability of an effective multi-sectoral COVID -19 coordination structure and surveillance system
- All facilities visited had COVID-19 prevention and/or mitigation systems
- Cordial working relationship between the duty bearers and the rights holders
- The Nakuru teams understood their mandates, roles & responsibilities
- The COVID-19 centre at Nakuru Referral Hospital was well structured and had defined IPC
- The County has considerable partner support and enabling environment for strategic partnerships
- Good PPM structures: Beneficiaries received support to their homes through World Vision
- Mission was able to validate community support through the Non-State PRs
- Cordial working relationship between the SRs and County teams
- Traceability, accounting and validation of Global Fund COVID-19 support to Nakuru County through KEMSA was difficult, however HIV/TB/Malaria have continued to be provided
- Ordering and feedback systems need to be refined e.g. on support for oxygen cylinders
- Disconnect in commodity quantification, documentation and management
- Gap between the inherent county priority needs and the proposed Global Fund County specific activities
- Vaccine stock outs - Moderna
- Low uptake of second and booster doses of COVID-19 vaccines

2. RECOMMENDATIONS TO KCM AND PRS

- PRs to provide a detailed report on implementation of COVID-19 specific interventions
- Strengthen the emergency response grant implementation systems
- The Global Fund/KCM to define better visibility and tracking of commodities
- There is need to guide PR and SR participation in the oversight field visits
- The Non-State SRs need to be adequately supported during the course of implementation
- Oxygen support to counties requires to be fast tracked

3. RECOMMENDATIONS TO NAKURU COUNTY

- Need to increase health investments ie Gene-Xpert machine at Gilgil Sub-County Hospital and structural improvements at Molo Hospital
- Address County policy on transition of CHW to county workforce
- Identify and establish a system that allows traceability of all partners support coming to the county
- Need to improve the commodity inventory systems especially for non-pharmaceutical products

- County to better invest in GF country dialogues and country entry meetings to allow appreciation of GF support in county

3.1. COVID-19 GRANT

APPENDICES

1. EXTRACT FROM KCM MEETING MINUTES

KENYA COORDINATING MECHANISM OVERSIGHT FIELD VISIT SITES: FEBRUARY TO JUNE 2022

NO	ACTIVITY	DATES	SITES		JUSTIFICATION	JUSTIFICATION
			TEAM 1	TEAM 2		
1.	Oversight Field Visit 1 & 2	7th to 11th February ,2022	Kisii	Nandi	Kisii Underweight-13.7/ N-11.0 HIV/AIDS Positivity rate 254,815 yet only 11,467 had successfully been stated on ART PMTCT- Prevalence @ 5.8/N 8.5 Malaria Positivity rate & admissions has increased	Nandi HIV/AIDS Positivity rate 124,889. 5,237 had successfully been stated on ART PMTCT- 10.5/N8.5 Malaria Positivity rate have reduced Malaria Positivity rate admissions on the rise at 4,000/N 174,966
2.	Covid 19 Specific Oversight Field Visit 3 & 4	21st to 24th March 2022	Nakuru	Narok	Nakuru Disease burden Considerable Investments made around Oxygen and disease prevention.	Narok Disease burden Considerable Investments made around Oxygen and disease prevention.
3.	Covid 19 all letters Oversight Field Visit 5 & 6	19th -21st April 2022 Counties near Nairobi:	Kiambu	Embu	Kiambu Disease burden Considerable Investments made around Oxygen and disease prevention.	Embu Disease burden Considerable Investments made around Oxygen and disease prevention.
4.	Oversight Field Visit 7&8	23rd to 27th May 2022	Taveta	Isiolo	Taveta: Far to reach & ASAAL Counties Taita HIV Prevalence-6.3% /N- 5.9% Manage malaria positivity/admission rates. TB Incidence 73/N 79.	Isiolo; TB Prevalence has been on the rise. 339/N 208 HIV - 16,983 positive testing. ART - 1,250 Malaria cases 23,892/N20,252 per 100,000 people.

ASSESSMENT OF PROGRESS MADE ON IMPLEMENTATION OF COVID-19 GLOBAL FUND SUPPORT

2. COMMODITY STOCK STATUS

HIV Commodities, March 2022 report

SNo.	Name of commodity	Average monthly consumption (in packs)	Physical stock in packs	Months of stock (in months)
1	Tenofovir/Lamivudine/ Efavirenz (TDF/3TC/EFV) FDC (300/300/400mg) FDC Tabs (30s)	184	3984	21
2	Dolutegravir (DTG) 50mg	1415	3419	2.4
3	Tenofovir/Lamivudine/ Dolutegravir (TDF/3TC/DTG) FDC (300/300/50mg) FDC Tablets (30s)	158	277	1.8
4	Tenofovir/Lamivudine/ Dolutegravir (TDF/3TC/DTG) FDC (300/300/50mg) FDC Tablets (90s)	13985	33445	2.4
5	Abacavir/Lamivudine (ABC/3TC) 600/300mg FDC Tabs (60s)	1364	3601	2.6
6	Nevirapine (NVP) Susp 10mg/ml (240ml Bottle)	1813	1061	0.6
7	Nevirapine (NVP) Susp 10mg/ml (100ml Bottle)	1562	589	2.7
8	Zidovudine (AZT) liquid 10mg/ml (240ml Bottle)	343	944	2.8
9	Dolutegravir 10mg Dispersible Scored Tabs (90s)	279	630	2.2
10	Abacavir/Lamivudine (ABC/3TC) 120/300mg FDC Tabs (30s)	1723	5348	3.1

TB Commodities, March 2022 report

SNo.	Name of commodity	Average monthly consumption (in packs)	Physical stock in packs	Months of stock (in months)
1	TB Patient Packs Tabs	323	531	1.6
2	RH 75/50mg Tabs	4505	3277	0.7
3	RHZ 75/50/150mg Tabs	2218	6052	2.7
4	Cycloserine 250mg	547	920	1.7
5	Linezolid 600mg	200	432	2.2

Malaria Commodities, March 2022 report

SNo.	Name of commodity	Average monthly consumption (in packs)	Physical stock in packs	Months of stock (in months)
1	AL 6's	289	3465	12
2	AL 12's	246	2783	11
3	AL 18's	325	3284	10
4	AL 24's	1056	4691	4
5	mRDTs	1364	7943	6

3. PROFILE OF KRCS SR AND KP-LED ORGANISATIONS OTHER THAN HWWK

Smart Ladies

- a sex workers led organization formed in 2012 and registered in 2015 in Nakuru County
- a member organization of the Kenya Sex Workers Alliance (KESWA) and the Africa Sex workers Alliance (ASWA)
 - **Vision:** to have a just society that promotes the suppression of stigma, discrimination, and related barriers among the sex workers
 - **Mission:** to inspire and empower sex workers through advocacy and community participation
 - **Goal:** To have a just society where the rights of sex workers are promoted and protected
- the organization works with over fifteen thousand (15,000) female sex workers based in eight sub-counties in Nakuru County
- supported by Global Fund HIV Grant under Kenya Red Cross Society through Maaygo SR to promote COVID-19 prevention in Nakuru County

Kenya Youth Development and Education Support Association (KYDESA)

- a non-profit Lesbian Gay and Bisexual Community-Based Organization (CBO) founded in April 2009 and registered on 15th August 2011
- a member of the Gay and Lesbian coalition of Kenya (GALCK)
 - **Vision:** A Centre of Excellence in Health and Human Rights Promotion
 - **Mission:** To promote human rights and create access to health service and information through meaningful engagement of the SOGIE community
- KYDESA is implementing Global Fund HIV Grant under Kenya Red Cross Society through HWWK in Nakuru and Kericho Counties for a two-year period (01 July 2021 – 30 June 2023)

ONYX

- a non-profit youth led/youth serving organisation formed in 2002 and registered in 2003
- specialises in creative arts especially theatre to disseminate information, education and communication to improve the understanding of HIV/AIDS, drug abuse, entrepreneurship, civic education, peaceful co-existence, and importance of education for sustainable livelihood. This done by developing comprehensive programs targeting the young/youthful community
 - **Vision:** A healthy, informed, multi-skilled and self-reliant generation of youth
- ONYX is implementing Global Fund HIV Grant under Kenya Red Cross Society through KYDESA in Narok and Nakuru Counties

4. SCOPE OF WORK FOR KRCS SR IN NAKURU COUNTY

Intervention	Population Covered	Sub-county	Implementing Partner
HIV Prevention	KP (MSM, FSW, TG, PWID)	Gilgil, Nakuru East, and Nakuru West sub-counties	HWWK
	MSM		KYDESA
	FSW	Nakuru East, Nakuru West, Molo, Rongai, Kuresoi North, Nakuru North, Gilgil, and Naivasha	SMART LADIES
	VP and DC	Gilgil, Naivasha, Nakuru East, and Nakuru West	ONYX
PMTCT	Pregnant and lactating HIV positive mothers, WLHIV		
Treatment, care and support	PLHIV (all ages by age categories)		
Differentiated HTS	All sub-populations	Gilgil, Naivasha, Nakuru East, and Nakuru West	All SRs
HRG			
COVID-19 Prevention			

5. PROGRAM

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION NAKURU COUNTY 21st TO 24th MARCH 2022		
Day/Time	Activity/Event/Tentative Discussion Points	Venue
	Travel	
Day 1 09.00am-10.00 am	Courtesy call on the Hon. Governor <ul style="list-style-type: none"> • Introduction • Purpose / Objectives of the visit. 	<i>County Headquarters</i>
10.00am to Noon	Meeting with County CECMH/COH & CHMT & Partners <ul style="list-style-type: none"> ✓ Introduction/ Welcome Remarks ✓ Presentation by CHMT on the situation of GF (HIV/TB/Malaria/C-19) ✓ Overview of KCM & Global Fund. ✓ Presentation on GF investments and by PRs (National Treasury, Amref Health Africa and KRCS) ✓ Establish HIV, TB and Malaria commodity status ✓ Discuss GF Support on C19 /Implementation status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. <p>Question and Answer session</p>	<i>CHD Offices</i>
01.00 pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Site visit County Referral Hospital /COVID 19 Site <ul style="list-style-type: none"> • Courtesy Call on the Hospital CEO • Discuss GF Support on C19 / Implementation status/Measures in Place to Control spread of COVID 19 / Mitigate its effects. • Visit the Testing Center/ Service delivery outlets /Establish Infection Prevention and control 	<i>Nakuru County Referral Hospital</i>
5.00pm – 5.30 pm	Recap of Day's Activities	

**THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
NAKURU COUNTY 21ST TO 24TH MARCH 2022**

Day 2 9am- 12.30 pm	<ul style="list-style-type: none"> • Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. • Meeting with CHVs/Peer educators/Mentor mothers and community resource persons. 	<i>HWWK for KP</i> <i>ONYX for Gen Pop</i>
1.00PM-2.00PM	Lunch Break	
Afternoon 2.00pm- 5pm	<ul style="list-style-type: none"> • Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. • Meeting with CHVs/Peer educators/Mentor mothers and community resource persons. 	<i>Meet CHVs, Linkage assistant and TB Patients support group at Gilgil Sub County Referral Hospital</i> <i>Discussion with World Vision Kenya (WVK) representation- SR</i>
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 3 9am- 12.30 pm	Visit primary health care Facility /COVID 19 Site <ul style="list-style-type: none"> • Courtesy Call on the Hospital CEO • Discuss GF Support on C19 / Implementation status/Measures in Place to Control spread of COVID 19 / Mitigate its effects. Visit the Testing Center/ Service delivery outlets /Establish Infection Prevention and control	<i>Molo District Hospital</i>
1.00PM-2.00PM	Lunch Break	
2.00pm to 4.00pm Afternoon	Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. <ul style="list-style-type: none"> • Meeting with CHVs/Peer educators/Mentor mothers and community resource persons. 	<i>C-19 Community Activity</i>
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 4 9am- 12.30 pm	Report writing Presentation preparation	
1.00PM-2.00PM	Lunch Break	

6. LIST OF PARTICIPANTS

Name	Organisation
Ms. Faith Mwende	KCM Member - Team Lead
Ms. Jacinta Mutegi	KCM Member
Ms. Lucy Wanjiku Njenga	KCM Member
Mr. Philip Nyakwana	KCM Member
Ms. Hellen Gatakaa	KCM OC/Malaria HSWG
Mr. Daniel Ndinguru	KEMSA
Ms. Catherine Maneno	National Treasury
Dr. Valerie Obare	NASCOP
Mr. Simiyu Joseph	NACC
Ms. Phirez Onger	DNMP
Mr. Iban Ronoh	NLTP
Dr. Peter Mbugua	DHSC & IGH
Mr. John Nganga	Amref Health Africa
Ms. Khalda Mohammed	KRCS
Mr. Irungu Maina	KRCS
Ms. Josephine Mwaura	KCM Secretariat
Ms. Margaret Mundia	KCM Secretariat
CHMT	
Non-State SRs	

7. COVID-19 QUESTIONNAIRE

ASSESSMENT OF PROGRESS MADE ON IMPLEMENTATION OF COVID-19 GLOBAL FUND SUPPORT

County.....
Principal Recipient.....
Subrecipient
Name of the Respondent/s..... Designation:Cell Number.....
Email Address: Date.....Sign.....
Name of the Rapporteur: Cell Number:Email
Address.....Date: Sign.....

Checklist/Items to verify	Measurement/Score
1. Did you receive any support to control the spread of COVID 19 or mitigate its effects in GF supported programme	Yes or No
2. Please indicate the source of this support	Name of Agency.....
3. Please highlight the kind of support received, for funds received indicate amount in Ksh	
4. Please highlight the support received from the Global Fund or Global Fund Principal Recipients. for funds received indicate amount in Ksh	
Please note the Kind of support received example Oxygen support, sanitizers, Masks, cash transfers, testing kits, sensitization, infection control etc	Verify documentation; delivery notes; stores records
5. Describe the implementation status/ utilization of this support	
6. Provide documentary evidence on how the financial support or items received were taken on charge	Verify documentation, delivery notes, stores records (electronic/hard copies / bin cards)
7. Please describe on how this support was utilized /distributed	Copies of reports / list of beneficiaries /telephone contacts

8. Please describe rationale adopted to ensure community sensitization on COVID 19	
9. Please describe the uptake of the COVID 19 vaccines and services by the communities.	
10. Briefly describe activities undertaken/ uptake of services/effectiveness of Containment measures / beneficiaries /community engagements to control spread of C19/ mitigate effects in GF programmes	
11. Briefly describe how this support was beneficial to the community/ Utilization.	
12. Describe any challenges / unmet needs in controlling the spread of COVID 19 or mitigating its effects in GF supported programme	<p>List challenges</p> <p>List unmet needs starting with the need with the highest priority to the lowest</p>
13. Does the organization/facility have a well-functioning hospital or organization incident management system team	

8. OVERSIGHT FIELD VISIT PICTURES



