

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
REPORT OF THE OVERSIGHT FIELD VISIT CONDUCTED IN
TAITA TAVETA COUNTY 23RD TO 27TH MAY,2022**



1.0 INTRODUCTION

2.0 Background Information

The mission of the Kenya Coordinating Mechanism (KCM) is to harness the full potential of partners and resources to fight AIDS, Tuberculosis, and Malaria in Kenya. The KCM Oversight team conducted an Oversight visit in Taita Taveta County between 23rd and 26th May, 2022

The Oversight team was led by Dr. Ann Gathoni- KCM member and consisted of 24 team members including KCM members, the National Treasury, Amref Health Africa, KRCS, NASCOP, TB Programme, NACC, NMCP, Taita Taveta CHMT members, Taita Taveta GF SR Blue cross, Hapa Kenya, Reachout and the KCM Secretariat. Annex one finds details of team members.

3.0 Oversight Field Visit Objectives

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

4.0 Meeting with County Health Leadership

The oversight field visit started with a courtesy call at the CECMH's office where the team was welcomed by the County Executive Committee Member for health Taita Taveta.

The County health leadership appreciated GF Support which has impacted on improvement of County Health Indicators based on HIV, TB & Malaria. The County leadership acknowledged the collaborative partnership and Networking framework with GF, IPs & other stakeholders including KEMSA & MEDS. Key challenges which included:

- a) Infrastructure-Lack of adequate space for service delivery points
- b) Condoms stock outs
- c) Shortage of Gene Xpert Machines
- d) Non-Payment of allowances for beneficiaries who participated in LLINs
- e) Need to Support for capacity building in HIV, TB & Malaria Programming
- f)

5.0 Sites Visited

Coverage 100%. All the 10 sites visited as per the initial plan. The Sites visited included;

Health Facilities: Moi Hospital, Taveta SCH, Mbale H/C, Mwatate SCH

Sub Recipients: Hope Network, Hapa Kenya, Reach out Centre Trust, Blue cross nyatike.

Community Health Units and Beneficiaries: Mwangea CHU, Kaloleni CHU, CHVs and Beneficiaries.

6.0 Summary/ Overview of Investments by the Global Fund in Taita Taveta County NFM3 AND C19RM July 2021 to June 2023

Entity	HIV	TB	Malaria	Total Ksh
The National Treasury Programmatic	473,744	972,480	2,804,394	4,250,618
The National Treasury Commodities	78,346,614	11,636,395	1,130,041	91,113,050
Amref Health Africa	-	57,411,707	-	57,411,707
Kenya Red Cross Society	110,241,940			110,241,940
Total	189,062,298	70,020,582	3,934,435	263,017,315

7.0 Key findings

- Taita Taveta County Government has approved legislation on Health services management services fund, this will greatly assist in mobilizing additional resources for health including HIV AIDS, TB and Malaria in Taita Taveta County.

- Hospital and Health Facility Committee members will provide linkages between the Community and Health Facilities- Need to Train/ orient committee members on GF Programming.
- Taita Taveta County appreciating GF Support which has impacted positively on County Health Indicators/outcomes.
- County Health leadership and CHMT working as a team, good collaboration between the CHMT and partners however there is Need to strengthen partner coordination within the context of partnership and coordination framework.
- The supply chain of HIV, TB, Malaria commodities is stable except Consumable for Viral Load Test, GeneXpert cartridges, condoms, Nutritional supplements, STI drugs–KEMSA to Fast Track deliveries and distribution of commodities.
- Youth Centre in Mbale Health Centre operationalized, facility providing youth friendly services/programmes -Best Practice-County/Partners to provide additional support to the Facility /Computer Lab
- C-19 Immunization Coverage average- Need to change the approach from static to outreaches/ Need to Reallocate/Reprogramme CI9RM Based on evolving needs.
- Through the Covid 19 Grant, SRs have Distributed PPEs (Personal Preventive Equipment, fundraised for relief food that distributed to Clients on PrEP, ART and Needy beneficiaries and CASH TRANSFERS to the PLHIV
- Payment of 2021 LLNs mass campaign allowances still pending, stakeholders have continued to raise concerns-NMCP to pay allowances before 15th June,2022.
- Mbale Health Centre has 460 months of stock(38 years) -AL 6S and 24s. Fast track redistribution to identified counties with shortage e.g. Kisii County.

8.0 Specific Findings

County Referral Hospital

Key Findings

- ❖ TB Programming – Lack of Cartridges
- ❖ Laboratory Department – Low Viral Load testing due to lack of cartridges and the failure of Gene Expert Machines

- ❖ CCC Department - Insufficient supply of condom, Inadequate and/or no penile and virginal dummies for community-based interpretations on prevention through demonstration on condom awareness

Way forward

- ❖ Cartridges have been issued at NASCOP Level pending distribution at sub county level.
- ❖ Viral load Test Kit has been received by KEMSA waiting for distribution to be done soonest possible
- ❖ Gene Expert Machine to be addressed by the County Department of Health
- ❖ Condoms to be distributed by NASCOP
- ❖ Condom distribution should be reported to the District Health Information System tool

Hap Kenya

Key Findings

- ❖ Implementation of programs (Target Achievement) and funds absorption are on track
- ❖ Disbursements are done on Quarterly basis
- ❖ SRs are working closely with MoH to administer C19 Vaccine to beneficiaries (FSW, MSM, PWID and PLHIVs) during community activities e.g., during Outreaches – *i.e. C19 Vaccine is integrated in community activities*
- ❖ Partners have demonstrated stakeholder engagement e.g. through Mapping Exercise, Support Supervision, Participation on county meetings – TWG, Participation in County activities – WAD, Monthly line listing done by Facilities, review of monthly reports, supply of commodities, service provision through locum staffs etc.
- ❖ Shortage of commodities affecting service delivery e.g. PrEP drugs, condoms, short expiry STI Drugs and HTS Kits
- ❖ Delayed finalization of Implementation guidelines affecting funds absorption e.g., Truckers program & Young Key Populations
- ❖ Low viral load testing due to lack of reagents
- ❖ EMR System not working effectively

Recommendations /Key Recommendations

- ❖ Hope Network – Nutritional Support for the PLHIVs, Livelihood programme support/Resources for IGAs of support group meetings
- ❖ Adequate supply of commodities
- ❖ Hapa Kenya to set up DIC Satellite office in Taveta
- ❖ Inclusion and/or participation of partners to participate in the security commodity committee at county level
- ❖ continuous support during support supervision
- ❖ To encourage C19 Vaccinations

- ❖ DIC Sites to provide other services for different comorbidities conditions including Malaria – To also have a Laboratory
- ❖ DIC Site to be provided with Autoclave machine
- ❖ To work closely with Blue cross on TB Case Finding and Management

Detailed Findings of the sites visited

Visit to Moi referral Hosp-Voi & Key Findings

A. Tuberculosis Clinic

Observations

- i. The clinic is a standalone site, set aside at the peripheral of the main facility
- ii. Has three staff; Clinical officer, nurse and TB champion
- iii. Screening of patient is done at the outpatient department of the main hospital. Those who present with assumptive cough are linked to the facility, being escorted by the Cough monitors
- iv. Adequate stock levels for TB patient bags
- v. Operates half day due to the incineration of wastes in the afternoon. The TB clinic sharing with the incinerator.

Challenges

- i. Inadequate gene x-pert cartridges that affected testing
- ii. ACF committee does not meet regularly
- iii. The community health Volunteers are assisting in contact tracing, however need to support with logistics and other enablers/capacity building e.g. badges, motor cycles, PPEs, stipends, bags etc
- iv. No measure for client satisfaction- client- exit interviews
 - i. The county need to invest in the infrastructure to decongest the service delivery points...Resp: County & National Govt..Timeline :2022-2023: Explore a temporary structure for TB e.g.
 - ii. Intensify ACF at all the service delivery points by use of the specific screening tool and specific TB screening personnel.
 - iii. Enhance capacity building for the CHV, Health workers, community health workers/the county government to consider transitioning for CHVs
 - iv. Integration of services and working closely with the UHC Programme.
 - v. Facilitate TB champion to access to other sub counties to improve community facility linkage.

B. HIV Services (CCC)

Observations

- i. Enrolled around 1,100 clients. All are on ART
- ii. Human Resource: 2 clinicians, 1 nurse, 1 adherence counsellor, 2 HTS providers, Pharmacist
- iii. Have weekly schedule/clinics for specific populations, culminating with staff meeting on Fridays
- iv. An average of 20 clients seen daily
- v. Clients are identified by the HTS providers at the service delivery points within the hospital then referred to the clinic for confirmatory tests
- vi. Linkage rate is approximately at 93%

HIV

- HIV testing and counselling service are ongoing
- They have 6 testing sites at the facility (causality outpatient, VCT, PMTCT, inpatient and lab)
- Lab officers work closely with PITC counsellors to conduct HIV testing
- The PITC counsellors play key role in testing while the lab provides quality control
- Monthly consumption for RTK is 800 per month and around 300 per quarter
- Currently remaining RTK stocks are 200 borrowed from Kwale county.
- PMTCT dual test kits stock out and inadequate supply experienced throughout.
- Hepatitis B testing for PMTCT mothers not currently ongoing due to of lack commodities

Recommendation: urgent distribution of test kits (RTK), Hepatitis B,

vii. Challenges

- i) Weak Client tracing mechanism and thus unable to account for all clients especially the defaulters.
- ii) Some patients cannot afford to pay for the essential out of pocket services for follow up tests and comorbidities.
- iii) Congested service provision area

Recommendations

- i) Contact tracing mechanism needs to be fortified
- ii) All partners supporting the programmes and services need to be brought on board to address the gaps in service delivery and data quality
- c). Relocate the Nutrition department to create space

Enroll patients in prepayment schemes e.g. HISP and NHIF

Laboratory and Diagnostics Section:

Observation and recommendation

a) TB:

- The services are ongoing
- Gene Xpert utilization rate over 100% with an average test monthly 350 per month
- The current Gene Xpert machine is 4modular hence due to demand and work load need 16 modular
- Current stock for cartridges is zero for the past one month
- Use microscopy for follow ups

Recommendation: Request for 16 modular and Urgent supply of Cartridges

b) COVID-19

- Not able to conduct any test currently
- Rapid test lastly done in Feb 2022
- PCR referred to KEMRI Kilifi
- Availability of PCR machine donated by world bank and facility have set designated PCR Centre and trained staff.
- Lack of PCR commodities
- Immunization coverage_____ for C19

Recommendation: Urgently supply the hospital with C19 RTK /accredit the hospital to be a PCR testing site.

d) Malaria

- Adequate stock levels for malaria commodities and services ongoing
- Positivity rate is low at 0.4%
- The facility recommended Olympus microscope as the best for malaria diagnosis and other ailments. Check the model

Staffing

- Currently the facility has 12 staff at the laboratory, need to add 8 more laboratory officers due to the work load.

Pharmacy and Drugs store

Commodity stock status

a) ARVS

The hospital is a central site for the sub county

The facilities are well stocked and keep stocks equivalent to 2-3 months.

b) Anti-malaria and LLINS

The malaria prevalence of Malaria in the county is very low (0.4%). The county has excess stocks of Artemether & Lumefantrine 6s and 24s even after distributing some stocks to Kwale and Kilifi counties. The overstocking is brought about by the unit of issue (30S) which leads to pile up of commodities.

In the months of January and February 2022, the county experienced shortage of sulfamethoxazole and pyrimethamine due to stock out in KEMSA and this forced them to purchase. However, KEMSA supplied them with the same product in April and this has led to over stocks.

The county was skipped during the distribution of MOH 743 reporting tool hence they are unable to report LLINs data.

c) COVID19 Vaccines.

County is well stocked with four brands of vaccines. (Moderna, Pfizer, Astrazeneca & Johnson n Johnson).

d) Anti-TBs

County has enough stocks,

TB preventive Therapy sensitization is ongoing to enable the roll out of the new regimen (Isoniazid and Rifapentin). County has already received stocks,

e) Nutritional Commodities

Supplied with RUTF (12 boxes) last month, Not adequate for the population.

FPF supplied quarterly though not adequate.

No supply of RUSE, FBF and HPS.

f) Health System and Strengthening

The county has established a Health Products and Technologies Unit, which has successfully lobbied for HPT budget in the County assembly.

County has a commodity Security Committee which meets quarterly and helps in the forecast and quantification of health products and commodities in the county.

Frequent shortages of nutritional commodities which results to high default rates.'

3.0 Recommendations

The County to establish a robust Medicines and Therapeutics Committee which is key in management of commodity security.

Taveta Sub County Hospital

Key Findings

- ❖ Inadequate stock levels of cartridges
- ❖ Stock status for ARV first line, less than 1 month.
- ❖ Gaps in commodity quantification and forecasting.
- ❖ Zero TB patient pack.
- ❖ 3 months' overstock on anti-Malarials
- ❖ CCC Department - Insufficient supply of condom, Inadequate and/or no penile and virginal dummies for community-based interpretations on prevention through demonstration on condom awareness

Recommendations

- ❖ VL consumables have been delivered, health facility to order.
- ❖ Enhance information sharing and intra-county distribution of Nevirapine syrup
- ❖ Viral load Test Kit has been available at KEMSA facilities to order
- ❖ Fast track the delivery and distribution of Gene Expert cartridges from 28th May 2022 onwards.
- ❖ Fast track the QA for the delivered condoms
- ❖ Condom distribution should be reported to the District Health Information System tool

Hope Network, Hapa Kenya and Reach Out Trust

Key Findings

- ❖ Implementation of programs of NFM3 main grant activities/C19RM grant activities ongoing, programmatic performance in all the indicators is over 75% other than HTS and PrEP uptake for KPs which has been adversely affected by inadequate stock levels of RTKs.
- ❖ Funds absorption rate; Hope network 75%, Hapa Kenya, CT
- ❖ Disbursements are done on Quarterly basis (Turnaround time for the disbursement)

- ❖ Shortage of commodities affecting service delivery e.g., PrEP drugs, condoms, short expiry STI Drugs and HTS Kits.
- ❖ Delayed finalization of Implementation guidelines affecting funds absorption e.g., Trucker's program & Young Key Populations
- ❖ Low viral load testing due to lack of reagents
- ❖ EMR System not working effectively

Recommendations

- ❖ Nutritional Support for the PLHIVs, Vulnerable key populations Livelihood Programme support/Resources for IGAs of support group meetings
- ❖ Adequate supply of commodities
- ❖ Need to set up DICE in Taveta Sub County
- ❖ Inclusion and/or participation of partners to participate in the security commodity committee at county level
- ❖ Continuous support during support supervision
- ❖ To encourage CI9 Vaccinations
- ❖ DICE sites to integrate and linkage of other services for different comorbidities including Malaria – To also have a Laboratory for the KPs.
- ❖ Improvement of waste management (Autoclaving) and infection prevention control and client flow.

Mbale Rural Demonstration Health Center

Laboratory & Diagnostics

General findings

- The facility has 8 health care workers supporting service delivery including one lab technician.
- The facility has 2 UHC staff supported by national government whose contracts will be ending in June 2022.
- The facility has a lab manned by 1 lab technician who is currently on leave. the lab service is not currently ongoing except for the simple tests done by the HCWs. I.e., RBS and RDTs.
- Sample referral; availability rider supported by Blue Cross supporting integrated sample transportation including results.
- Pharmacy; bin cards are up to date
- There is good storage of drugs
- Computers available in pharmacy and intend to automate drug registers
- No visibility for GF commodities hence limiting accountability of GF commodities
- No regular capacity building for pharmacist last training was done 5 years ago.
- Facility has a youth friendly Centre equipped with computers however they are not functional

Recommendation

- To include HPTS funded by GF in the delivery notes
- Regular capacity building for pharmacists e.g., Commodity management training
- County to consider hiring more lab technicians to support services
- The county to consider absorbing the staff
- County to consider repairing the machines and hiring of technical ICT staff to support the youth Centre

TB

- They depend on the Gene-Expert machine at Void Moi County referral. Samples are collected and referred.
- The patients do not return falcon tubes after being asked to bring sample for testing.
- Late diagnosis as most patients is diagnosed when they have a BMI of less than 18.5 and much wasted
- The facility has 2 TB patients on treatment
- Facility well stocked with patient packs
- No stocks for Gene-expert cartridges

HIV

- There are 57 clients on ART.
- Viral load not done for the last 6 months. They have collected sample from 15 patients
- The facility has adequate commodities for HIV testing.
- An average of 2 HIV cases identified monthly
- Most of the HCWs do not know the procedures of collecting VL samples.
- Hospital is well stocked with 5 MoS
- Lack of stocks for ABC/3TC adult doses, facility to get stocks from Mwatate SC Hospital.
- Inadequate stocks for Fluconazole, RTKS, Male condoms

Recommendations:

- The county to have mechanisms of ensuring services at health facilities are not affected in case of sickness or during leave days
- Consider training of staff on VL samples collection

Malaria

- Commodities available and well stocked
- The facility has 460 months of stock with AL 6S and 24s.
- Fast track redistribution to identified counties with shortage e.g., Kisii County.

COVID-19

- Vaccination coverage for C19 is about 80%. A total of 3003 people has been vaccinated
- The facility has three vaccine types (AstraZeneca, Johnsons, and Pfizer).
- The facility does not do COVID-19 tests. All covid tests required are referred to Sunday

Nutrition

- 375 Packs received from Red Cross Kenya
- Inadequate Nutritional support
- Inadequate PREP.

Meeting with Beneficiaries Kaloleni and Mwengea Community Health Volunteers at Moi Hospital-Voi

- Met two groups; Mwengea and Kaloleni.
- They are involved in contact tracing, tracing of treatment interrupters, community mobilization and referral of presumptive patients for TB diagnosis.
- Receive Payment of KES 1200 as transport and lunch whenever they conduct household contact screening and tracing of treatment interrupters a per day when engaged.

Success stories

- Been able to bring back defaulters back to treatment.
- Reduced stigma by educating family members on TB disease
- Increased sensitization of public on the availability of health services in the county

Challenges

- Sexual harassment of CHVs during visits in the drinking dens
- Low morale due to lack of stipends
- Youth adherence to medication is poor

Recommendations

- County consider monthly stipends for CHVs
- County to relocate TB clinic from the incinerator
- Need for identification badges and branded Attire-Reflector Vests/Jackets
- Training on life skills for self defense

Meeting with Blue Cross Nyatike - Amref health Africa Sub recipient implementing TB grant

Findings

- The SR has a total budget of KES 36,823,707.98
- Implementation of activities ongoing
- The SR have good working relationship with counties
- They have received 2 disbursements October 2021 and May 2022.
- Turnaround time for disbursement has improved from previous two weeks to 1 day (request 4th May and disbursed 5th May 2022).
- Programmatic for majority of the indicators is over 60% except for sensitization on TPT and roll out, engagement of private providers, assessment and capacity building of CSOs and COVID-19 activities. Implementation of these activities was dependent on the as a roll out from national level which delayed due to lengthy consultative processes.
- Implementation of activities lagging behind have already started and SR is fast tracking implementation.
- Burn rate for the period is about 23%
- Inadequate supply of Gene-Xpert cartridges leading to low case identification and uptake of sample referral.

Recommendation

- The SR to fast-track implementation of delayed activities.
- Develop accelerated implementation plan to improve burn rate.
- Work with the county to improve/strengthen ACF in selected health facilities

Mwatate Subcounty Hospital

PHARMACY

Team went around the pharmacy department checking on the commodities.

ARVS

- Facility has products ranging 1 to 2 months of stock
- Stocked out with Fluconazole and Amphotericin B

Anti-Malaria

- Well stocked with drugs and LLINs

Anti-TB

- Well stocked with drugs 3 months of stock

Covid-19

- 2 brands available in the sub-county; AstraZeneca & JJ
- 700 Pfizer vaccine expired during the RRI period

Nutrition

- Received 300 packs RUTF in march 2022
- No supplies of FBF and RUSF

Challenges

- Short Expiry Drugs – Zidovudine syrup
- Stock outs of RTKs (First response, confirmatory and HIV Dual Syphilis)
- Supply of Nutrition products is inconsistent
- Lack of OI Medicines. E.g., fluconazole

Recommendation

- To stock up drugs up to 3 months for election preparedness
- To order new stock of Zidovudine syrup in the next order
- To use new tool 739C to capture all usage of condoms i.e., FP, Public Health.
- Follow up with DNMP for issuance of MoH 743 tool for reporting of LLINs

Laboratory section

- The facility has 8 staff, 2 on leave, 1 on maternity, 1 in training, 2 during the day and 1 at night and one night off. The facility has high workload and all staff working the whole day instead of expected 8 hours.
- The facility has shortage of staff and requests for 5 additional staff
- Services are not interrupted and TAT for results transmission is timely
- Integrated sample referral is functional
- Satisfactory results from the beneficiaries – results from proficiency testing for HIV which facility does in collaboration with NASCOP.
- Quality controls are continuously done at the laboratory
- Regency surveillance is done at the facility.
- Some machines (Biochemistry) are functional however grounded due to lack of commodities. Orders has been done by the medical superintendent.
- Lack of servicing of equipment (biosafety cabinet and microscopes).
- The facility does not have a AC. The facility to consider installing AC machine in the lab.

Recommendations

- County to consider hiring 5 additional lab staff
- The county and the malaria program to fast-track servicing of biosafety cabinet and microscopes respectively

TB

- Microscopy testing done April tested 14 (0positives), May tested (45, 2 positives- 1 follow up + 1New). Tested Jan-Mar tested 99 via GeneXpert and 12 was found positive.
- The facility does not have any issue. The supply has been continuous and has been
- No challenges on microscopy and slides for TB
- They refer samples for GeneXpert to Voi Moi teaching and referral
- They have riders supported by BlueCross integrated sample referral
- The sub county is Vast and sample collection and transportation to MTRH takes time
- They are performing ZN microscope
- Erratic supply of Falcon tubes.
- The florescence microscope they have is faulty and needs repair.

Recommendation

- The program to consider supplying geneXpert machine
- The program to ensure consistent and adequate supply of commodities (falcon tubes)

Malaria

- Positivity rate for year 2021 was 1.3%
- Positivity rate was in January 2022 414 (1, 0.2%), Feb 2022, 395 (5 positive, 1.3%) March 2022, 316 (3 – 0.9%) April 2022, 270 (4 positive 1.5%).
- Challenges of commodities, especially microscope slides for Malaria
- The sub county does not do EQA which is supposed to be done quarterly
- 1 florescent microscope not functional since it was supplied by NMCP in 2018
- 2 Malaria light microscopes were sent to the county and the facility has not gotten feedback whether serviced or not.

Recommendation

- Supply of new slides for EQA
- The NMCP program to fast-track maintenance of the 2 Malaria light microscopes
- NMCP to repair the 1 florescent microscope
- The lab needs 2 light microscopes

HIV

- Inadequate supply of determine first response, dual test kits, self-test kits

- They order according to consumption; however, they are allocated very low irrespective of ordering for enough quantities.
- The coordinator ensures there is adequate at sub county by doing redistribution
- Orders was done in April has expects supply in early June 2022
- 47 participants enrolled for proficiency testing in round 24
- Allocated 3000 determine and 150 first response.

Recommendation:

- The program to fast-track distribution of determine first response, dual test kits, self-test kits

COVID-19

- Currently they do not have any C-19 case.
- The facility started rapid testing last year
- Rapid test kits for C-19 were redistributed due to expiry shortage hence the facility do not have test kits
- Five staff were trained on C-19 testing and management.

Recommendation:

- Provide rapid test kits for C-19
- Late diagnosis as most patients are diagnosed when they have a BMI of less than 18.5 and much wasted
- The facility has 2 TB patients on treatment
- Facility well stocked with patient packs
- No stocks for Genexpert cartridges

HIV

- There are 57 clients on ART.
- Viral load not done for the last 6 months. They have collected sample from 15 patients
- The facility has adequate commodities for HIV testing.
- An average of 2 HIV cases identified monthly
- Most of the HCWs do not know the procedures of collecting VL samples.
- Hospital is well stocked with 5 MoS
- Lack of stocks for ABC/3TC adult doses, facility to get stocks from Mwatate SC Hospital.
- Inadequate stocks for Fluconazole, RTKS, Male condoms

Recommendations:

- The county to have mechanisms of ensuring services at health facilities are not affected in case of sickness or during leave days

- Consider training of staff on VL samples collection

Malaria

- Commodities available and well stocked
- The facility has 460 months of stock with AL 6S and 24s.
- Fast track redistribution to identified counties with shortage e.g., Kisii County.

COVID-19

- Vaccination coverage for C19 is about 80%. A total of 3003 people have been vaccinated
- The facility has three vaccine types (AstraZeneca, Johnsons, and Pfizer).
- The facility does not do COVID-19 tests. All covid tests required are referred to Wundanyi

Nutrition

- 375 Packs received from Red Cross Kenya
- Inadequate Nutritional support
- Inadequate PREP.

9.0 Recommendations /Action Points

Recommendation	Responsible	Timeline
Visibility of Commodities and Technologies procured under GF is Low-PRs, SRs and CHMT to enhance Visibility.	TNT, KEMSA, Programs, KRCS, Amref Health Africa, CHMT	2022/2023
Explore opportunities for integration of services/prepayments schemes to improve on access /coverage.	CHMT/MOH	2022/2023
GeneXpert utilization rate at Moi Void CRH is over 100%. The current GeneXpert machine is 4modular. Need to install a 16 modular machine at the Moi CRH -work load /expanding the scope.	TNT, NLTP, CHMT	2022/2023
Currently Moi Voi CRH has 12 staff at the laboratory, need to add 8 more laboratory officers based on the high workload.	CHMT	2022/2023
The county needs to invest in infrastructure to decongest the service delivery points e.g. TB Clinic at Moi Voi CRH, mwatate SCH and Taveta SCH.	CHMT	2022/2033
Enhance capacity building for the CHV, Health workers, community health workers.	CHMT/SRS/PRs	2022/2023
The county Government to consider transitioning CHVs	CHMT	2022/2023
Partners/GF SRs in Taita Taveta County to plan together with CHMT / integrate activities/Outreaches.	CHMT	September 2022
CHMT to incorporate partner supported activities into their annual workplan and budget. This will improve coordination, collaboration, and accountability.	CHMT	July 2022

Recommendation	Responsible	Timeline
Need to reallocate/Reprogram C-19 support and align with the current C-19 needs at County level.	TNT, KRCS, Amref Health Africa	July 2022
VL consumables available at Central and regional stores- health facilities to order.	CHMT	30 th May,2022
NASCOP to follow up on concerns raised on quality of lubricants supplied to Hapa Kenya	NASCOP	June,2022
Enhance information sharing and intra-county distribution of Nevirapine syrup/ACTS	NASCOP	June ,2022
Fast track the delivery and distribution of Genexpert cartridges. Distribution scheduled from 28 th May 2022 onwards.	NLTP	June,2022
Fast track the QA for the delivered condoms	NASCOP	June ,2022
Reports on condom consumption to be captured on District Health Information System tool to inform commodities quantification and forecasting in future.	CHMT/SRs	June,2022
NMCP to provide feedback/ a status reports regarding maintenance of microscopes procured under GF.	NMCP	June 2022/2023
<p>NFM3/ C19RM Implementation on Course. Funds absorption above average other than Blue Cross</p> <p>SRS to urgently prepare acceleration plans and work jointly with CHMT, SCHMT /HFTs to optimize NFM3 /C19RM grants / improve programmatic and financial performance.</p>	SRs	

Recommendation	Responsible	Timeline
County Government to consider providing support for Nutritional Support for the PLHIVs, Vulnerable key populations, Livelihood programme support/IGAs In Addition to GF/GOK Support,	CHMT	2022/2023
Improvement of waste management (Autoclaving)/infection prevention control and client flow Hapa Kenya.	Hapa Kenya	September,2022
Need to set up DICE in Taveta Sub County	CHMT, KRCS	December,2022

10.0 Conclusion

- 1. progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices.***

The implementation of NFM3 in Taita Taveta county has begun. Most of the indicators for the three diseases are on target other than a few that are related to inadequate supply of some commodities.

HIV - HIV test kits, early infant diagnosis, and viral load testing. This has affected the monitoring of treatment outcomes. Inadequate regimens resulting in inappropriate regimens for the patients
TB - Gene Xpert machines, cartridges, and the laboratory personnel to support the testing. This has affected active case finding. TPT role out currently ongoing in the country but not yet rolled out in Taita Taveta County.

- 2. progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.***

It was evident that the county has continued to receive C19 supplies from different partners
The KCM discussed with the CHMT and SRs on the development, implementation, and monitoring of acceleration plans to fast track the implementation of pending activities. There is a need for the county to develop a system/matrix to track support received by partners to support covid 19 response in Taita Taveta County.

3. Strengthening sustainable commodity access

As the country experiences global commodity shortages, there is a need for paradigm shift in the sector to look into local manufacturing of critical health commodities. The impact of the global shortage continues to be experienced at the County level. To stabilize the commodity supply pipeline for the three diseases, domestic financing is critical at both levels of government. Health products and technologies units have been established in Taita Taveta County to work closely with Programs and KEMSA to ensure a stable supply chain for HIV/TB /Malaria/C19. With the existing challenge of commodity warehousing at the county level, there is a need to invest in commodity warehousing and distribution.

4. Communication, collaboration, and partnerships

The county needs to work closely with all the stakeholders to galvanize the support for the sector. Key actors in the sector including the faith-based hospitals are providing critical services and investment into their facilities will enhance service delivery. Although the county has continued to receive support from different partners, there is a need to operationalize the health partnership and coordination framework.

As the current county governments transition, there is a need to align the priorities of the sector in the third generation of CIDP, and link to the national health priorities. The sustainability of the sector is hinged on the synergies building, partnership, and collaborations in planning. The MTP IV pillar of Health will need to consider a focus on health manufacturing.

**ANNEX I: THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
TAITA TAVETA COUNTY 23RD TO 27TH MAY 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, the National Treasury, Amref Health Africa and KRCS ✓ Establish HIV, TB and Malaria commodity status ✓ Discuss Measures in Place to Control spread of COVID 19 / Mitigate its effects. Question and Answer session	<i>CHD Offices</i>
01.00 pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Site visit County Referral Hospital <ul style="list-style-type: none"> • Courtesy call on the Hospital CEO • Visit HIV/TB/Malaria service delivery points • Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects • Visit Pharmacy store • Visit Laboratory • Visit youth Centre 	<i>Moi County Referral Hospital. Voi</i>
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 2 09.00am-10.00 am	Visit KRCS SR implementing HIV Programme -show case, Key population and HIV prevention for General Population /meeting with CHVs/Visit beneficiaries /PLHIV. Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects	<i>Hope Network for Gen Pop Hapa Kenya and RCT for KP</i>
01.00 pm-02.00pm	Lunch break	
Afternoon	Visit Subcounty Hospital <ul style="list-style-type: none"> • Courtesy call on the Hospital CEO 	<i>Taita Taveta Sub-County Hospital</i>

**ANNEX I: THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
TAITA TAVETA COUNTY 23RD TO 27TH MAY 2022**

	<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 	
Day 3 09.00am-10.00 am	<p>Visit Amref Health Africa SR implementing TB Programme -show case TB Active case finding, Visit Beneficiaries / MDR Client /meeting with CHVs.</p> <p>Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects</p>	<p><i>Meet Mwangea CHU CHVs, Linkage assistant and MDR clients attached to Moi County Referral Hospital (MCRH). And Kaloleni CU attached to Ndovu Health Centre</i></p> <p><i>Discussion with Blue Cross Nyatike (BCN)- At their offices in Voi town</i></p>
01.00 pm-02.00pm	Lunch break	
2.00pm to 4.00pm	<p>Visit primary health care Facility</p> <ul style="list-style-type: none"> • Courtesy call on the Hospital in Charge • 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 	<i>Mbale Health center- Wundanyi.</i>
Day 4 09.00am-10.00 am	<p>Visit primary health care Facility</p> <ul style="list-style-type: none"> • Courtesy call on the Hospital in Charge • 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. <p>Visit youth Centre</p>	Mwatate Sub-County hospital.
01.00 pm-02.00pm	Lunch break	
Afternoon 2.00pm to 4.00pm	Report writing	
Day 5 9.00am to 11.00am	Debrief CHMT	

11.0 Annex 2 KRCS Detailed Report /Investments in Taita Taveta County

Kenya Red Cross is the Non state Principal Recipient of Global Fund HIV Grant. In Taita Taveta County, the program supports 3 (Three) Sub recipients i.e., Reach out Centre Trust targeting Key population Program – FSW & PWID, Hapa Kenya targeting Key population – MSM & TG, Hope Network targeting PLHIVs. The total investment for Taita Taveta County for the period July 2021- June 2023 is **Kes. 110,241, 940.00** (One hundred and Ten Million, Two Hundred and Forty-One thousand, Nine Hundred and Forty shillings), See table below for GF Investments. For the period July – Dec 2022 the SRs target achievements were RCT FSW – (91%) and Hapa Kenya MSM – (79%) For the current semester, implementation is ongoing with acceleration plans. Hope Network’s Achievement for the Sem Jan – June 2022 (79%). The PR Procured PPE for community actors and Health Facilities under CRM19 Grant. There was also a Cash Sensitive Transfer – Reaching out to the PLHIV including both general population and Key Population (Vulnerability criteria was used. This will run till December 2023)

IMPLEMENTING PARTNER	BUDGETS 1-Jul 21 – 30 June 23				Expenditures	Absorptions
	Portfolio (Taveta & Other Counties)	Taveta County	Taveta County (COVID19)	1-July 21 _31-Mar -22	1-July 21 _31-Mar -22	%
HOPE Network	24,453,554.00	24,055,602.00	4,093,144.00	11,199,952.00	4,720,879.80	44%
HAPA Kenya	181,053,892.00	46,500,022.00	1,533,322.00	20,452,706.00	10,836,115.51	53%
Reachout Centre Trust	174,572,323.08	39,686,316.00	1,638,100.00	15,556,028.00	10,760,419.92	63%
Total	380,079,769.08	110,241,940.00	7,264,566.00	46,705,580.00	26,317,415.23	56%

Annex: Waybills and Distribution List



PPE Distribution -
Taveta.zip

12.0 Annex 3 AMREF Health Africa in Kenya Global fund investments in Taita Taveta County Detailed Report

Amref health Africa supports implementation of TB and COVID-19 grant activities in Taita Taveta county directly and through sub recipients with a total budget of over 57,411,707. The sub grantee supporting implementation is Blue Cross Nyatike as with a total budget of KES 36,823,707.98. Key activities supported include; Household contact screening by CHVs, Training of CHVs and community actors on TB, TB/HIV & TPT, Tracing of Treatment Interrupters, Support of linkage assistants in high volume facilities, engagement of public private mix (PPM) (engage private facilities & riders), Support TB champions to create awareness in the community, Facility based TB Active Case Finding and PQE and capacity building of Civil Society Organizations (CSOs) and TB/HIV/Malaria networks. Amref Integrated sample referral across the county and also implements directly procurement of Oxygen supply in cylinders, Oxygen kits and Manifold installation and piping Taveta Wesu and Wundanyi sub county hospitals amounting to KES 20,588,000. Some of the key achievements include; screening of 397 contacts from 115 households of bacteriologically confirmed patients and children under five years where 4 new TB cases have been identified. Continuous support of 5 facilities with Oxygen supply in cylinders and three facilities with oxygen kits. Implementation of activities ongoing in all sub counties and respective service delivery points.