

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND  
OVERSIGHT FIELD VISIT REPORT, ISIOLO COUNTY**

**23<sup>RD</sup> TO 27<sup>TH</sup> MAY 2022**



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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AL	Artemether Lumefantrine
ANC	Ante Natal Care
ASAL	Arid and Semi-Arid Land
AYP	Adolescents and Young People
BCC	Behavior Change Communication
CECM	County Executive Committee Member
CHMT	County Health Management Team
CIDP	County Integrated Development Plan
CRF	County Revenue Fund
C19RM	COVID 19 Response Mechanism
EID	Early Infant Diagnosis
EMMS	Essential Medicines and Medical Supplies
FIF	Facility Improvement Fund
GBV	Gender Based Violence
GF	Global Fund
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Service
ICTRH	Isiolo County Teaching and Referral Hospital
ICU	Intensive Care Unit
KCM	Kenya Coordinating Mechanism
KP	Key Population
LLIN	Long Lasting Insecticide Nets
MCH	Maternal and Child Health
MDR	Multi Drug Resistance
NHIF	National Hospital Insurance Fund
OC	Oversight Committee
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
RTK	Rapid Test Kits
SR	Sub Recipient
TB	Tuberculosis
TPT	Tuberculosis Prevention Treatment
UHC	Universal Health Coverage
VL	Viral Load

## Executive summary

The KCM Oversight team in collaboration with the PRs, Programs, non-state sub recipients, partners and county officers conducted an oversight field visit in Isiolo county from 23<sup>rd</sup> to 27<sup>th</sup> May 2022. The purpose of the visit was to assess progress made in implementation of the grants, ensure that planned activities and targeted results are realized, and any challenges addressed in good time.

Isiolo County is among the four Counties that implemented UHC Pilot project in the year 2019. Regarding Health service delivery, Isiolo County offers free health services to all the indigent population. NHIF does direct refund to the health facilities for Maternity cover under the Linda Mama initiative and other reimbursements. These funds have helped implement a few projects within the facilities. In the financial year 2018/19, the county built a modern TB facility within the County teaching and referral hospital. The TB clinic transitioned to this facility where all TB patients receive their services. The County has managed to pass the Facility Improvement Fund (FIF) bill which was gazetted however the bill currently not in use.

Due to the vastness of the region and its ASAL nature, the County is faced with a myriad of challenges which includes insecurity in some pockets of the County, poor road transport and communication network. Lack of access to CRF funds for utilizations and marginal allocation of the Exchequer funds from the Central Government has led to pending bills affecting service delivery. Other challenges noted during the visit include inadequate stocks of key commodities under HIV, TB and Malaria programs such as condoms, HIV test kits, gene xpert cartridges, ALs, EID reagents and consumables among others, knowledge gaps among health care workers providing HIV, TB and malaria services, most of the facilities use manual system of data collection and reporting that is prone to errors; high stigma and discrimination leading to high defaulter rate of HIV and TB patients and treatment coverage for HIV was 59% which is below the national level. The County also reported that they have not had a partner under the HIV program for about 7 years.

Based on the finding the oversight committee recommended training of the County treasury on the unique needs of the health sector, development of a risk mitigation agenda and succession planning to ensure service continuity during the election period. In addition, the team tasked KEMSA, PRs, and programs to expedite procurement, delivery, and distribution of stocked out commodities at the County level. Since the non-state SRs were recruited late, this has affected implementation. These SR were tasked to develop an acceleration plan to fast track implementation. Due to the vastness of the Counties, non-state PRs were requested to adjust their budgets to reason amount that can facilitate community to carry out their functions at community level.

## Background information

Isiolo County is in the Upper Eastern Region of Kenya. It borders seven Counties and covers an area of 25,350.6 KM<sup>2</sup>. The Estimated population is 283,139 with a population density of 11 people per KM<sup>2</sup> and an annual growth rate of 1.45%. The main economic activity is pastoralism, subsistence agriculture and small-scale trade. In terms of County Health service delivery, the County has 3 Sub Counties namely Isiolo, Garbatulla, Merti Sub Counties with 56 health facilities.

According to the HIV estimate report 2020, the estimated number of PLHIV in Isiolo County is 3,248 with a prevalence of 1.6%. The prevalence among females (2.3%) is more than twice that of male (1.0%). The MTCT rates is high at 11.4% which is more than double the National Target of 5%. Overall, 107 new HIV infections and 48 AIDS related deaths were recorded in 2020. Number of PLHIV on treatment is currently at 1,901 representing 59% coverage.

In 2021, the County notified a total of 564 cases of TB, a slight drop from 570 cases in 2019. This represents a case notification rate of 199/100,000 in 2021. Currently, TB Treatment success rate is at 92% with a cure rate of 87%.

The County is considered a seasonal malaria transmission zone. It has latent malaria with a prevalence rate of 3% in some pockets according to the latest survey. In 2015 the prevalence rate was less than 1%. The County has some malaria hot spots in three sub counties namely Eremit Location, Rudsi and Kinna town as well as Mirigomasaga.

## Transport and Communication network

Isiolo County is very expansive with poor transport and communication network. This is coupled with rampant insecurity due to banditry and cattle rustling rendering certain areas such as Merti ,Garbatula Sub Counties and Oldonyiro very risky to visit. Insecurity coupled with poor road network makes it hard to reach some far-flung health facilities for support supervision and mentorship hence hampering service delivery.

## TORs, Purpose, and Objectives of the Oversight visit

Grant oversight is one of the core governance functions of the Kenya Coordinating Mechanism (KCM). The KCM Oversight Committee role is to ensure that implementation of grants is undertaken as planned and targeted results are realized and any challenges addressed in good time. The KCM team conducted an oversight mission in Isiolo County from 23<sup>rd</sup> to 27<sup>th</sup> May 2022. The purpose of the visit was to strengthen linkages, establish progress made in GF Programming in the County and to recommend appropriate interventions for any challenges identified.

The oversight team comprised of KCM members, oversight committee members, KCM Secretariat and representatives from The National Treasury, AMREF Health Africa, Kenya Red Cross Society, NASCOP, NMCP, NTLD-P and the County Health Department. (See annex for complete list of the oversight mission team)



The objectives of the field visits were as follows

- Establish the progress of grant implementation including challenges affecting GF implementation and recommend strategies to improve grant performance.
- Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain management systems
- Establish progress made on distribution, implementation, and uptake of COVID-19 support under Global Fund including mitigation of C19 effects.
- Engage with stakeholders and beneficiaries, share information and document experiences regarding GF programming in Kenya

## Methodology

### Approach

The oversight visit was conducted through a highly consultative and participatory process, there was an in-depth interrogation and analysis of programmatic and financial information through various approaches described below.

On arrival at the County, Sub County, health facility and SR offices, the oversight team paid a courtesy call to the leadership and management. COVID 19 protocols were adhered to during the meetings.

The general method of engagements was in the form of:

- Discussions and presentations by the county team, PRs, and SRs.
- Key informant interviews using standardized tools and structured questionnaires (at facility SR, and community level)
- Observation, verification of documents and records at facility level and SR level.

### Technical approach

#### Step 1: Prior Preparations

The KCM Secretariat was instrumental in making prior preparations, creating rapport, and booking appointments through the County Executive Committee Member (CECM) for Health, the Principal Recipients and their sub recipients, the beneficiaries and community health workers across the cadres. The KCM members were alerted early enough of their engagement to adjust their calendars and timelines

#### Step 2: Onboarding and Virtual capacity building of various oversight teams

The KCM Secretariat shared the oversight logistic plans, oversight field visit tools, action plans, program and held virtual discussions with the members in preparation for the field visit.

#### Step 3: Travel and Courtesy call

The team members arrived in Isiolo County a day before the start of the oversight visit. On the first day of the visit, the team members visited the CECM health Hon Wario Galma for a courtesy

call, for introductions and to share the purpose of the visit by the KCM oversight team. The CECM was joined with the technical team.

#### **Step 4: Formation of oversight teams**

To make best use of time at a facility, allow the health care providers render quality health services and the patients enough time to receive services, the team was divided into two main groups and subgroups at the facility to enable coverage to various departments. The division also allowed team members sufficient time to visit the SRs field offices and meet the beneficiaries and community members.

#### **Step 5 Actual Data Collection**

On arrival at every facility the team paid a courtesy call to the facility in charge. The general methods of engagement were in form of

- Administration of structured questionnaires
- Discussions with the service providers
- Key informant Interviews using standardized tools for the community and facility
- Observation and inspection of documents and records at facility level.
- Conversations with both patients and service providers including CHVs and beneficiaries
- End of day recap and reconciliation by team members and team leads.

#### **Entry meeting with County Executive Committee Member**

The oversight team visited the CECM health Hon Wario Galma for a courtesy call, for introductions and to share the purpose of the visit. The CECM was joined with the technical team i.e., acting County Director for Health, County TB, Leprosy and Lung Disease Coordinator, County HIV/AIDS and STI Coordinator, and the COVID 19 focal point person. The CECM registered apologies from HE the Governor who was away at the time.

#### **Highlights of the discussions**

- The County has transitioned to a modern TB facility within Isiolo County Teaching and Referral Hospital. The facility was built by the County government in 2018 and 2019.
- Exchequer allocation from the National Treasury to Isiolo county is among the bottom 3 (KES 4,710,388,265) and the health sector competes with other sectors for that budget. The funds are disbursed in installments making it difficult to use it for development projects. The focus is therefore on recurrent expenditure. In addition, every year the County register's pending bills that negatively impacts on the funds available thus affecting allocation to the health sector from the funds released by the National Treasury.
- The County has passed and gazetted Facility Improvement Fund (FIF) bill however, they still experience challenges accessing the funds through the County treasury - County Revenue Fund (CRF). This is because when it comes the County Government has other

competing priorities hence health sector including HIV, TB and Malaria are not given the priority.

- Experienced challenges accessing funds from other donors such as THS and DANIDA and as such, the County lost funding due to non-adherence of the grant agreement. The team agreed to sensitize the treasury on conditional grants so that they can adhere to the rules of the MOU.
- The CASCO reported that Isiolo county has not had HIV partner for the last seven years.
- Delayed SR selection was noted affecting implementation of the grant on the ground. The SR under KRCS and AMREF started implementation around February 2022. EMAC, a KP network that was to implement KP program in Isiolo County, was suspended pending investigations and as such there is no KP program support in this County under GF grants through KRCS.
- Commodity security – The team reported having enough ARVs but experienced stock out of other key commodities such as RTK, EID, VL and condoms.
- Stigma and discriminations –The County registered high rates of stigma, and discrimination leading to high defaulter rates among PLHIV.
- The Country expressed the need to receive funds directly from PRs. The county requested that GF funds flow directly to the counties as opposed to the current practice of using PRs and SRs. The team reported that there was a detailed analysis three years ago around this proposal and it was agreed that the current practice is the best now.

#### Meeting with County Health Management Team

The following were highlighted during the meeting;

- Inadequate diagnostic capacity both molecular and diagnostics - The County has 12 diagnostic sites and 2 gene xpert machines. The need for an additional gene expert at Merti was expressed by the County to improve efficiency and effectiveness of service delivery for TB patients.
- Sample transportation stopped in June 2021 due to procurement delays affecting grant implementation and access to services by the beneficiaries. AMREF in collaboration with the Counties have done mapping and identification of the riders. Next step is to conduct training for the riders and health care workers before start of implementation. Sample transportation is expected to resume soon.
- Stock out of key HIV and TB commodities such as EID commodities, Gene Xpert cartridges, HIV test kits, Condoms and VL reagents and consumables.
- The county has a budget of Ksh 10M for TB program which is captured in the County integrated development plan (CIDP) over a period of 5 years.
- Gender based Violence cases in the county are not reported due cultural practices at the community level.



- Oxygen supply – The county referral hospital has two oxygen plants however there are challenges with transportation of oxygen to other facilities. The county was earmarked for Oxygen support under GF C19RM however since inception, the County has not been able to request for oxygen. Each County was tasked to deposit funds to BOC for cylinders. Isiolo got a quotation of Ksh. 1. 2 million but have not been able to raise the funds. BOC only supply oxygen using BOC cylinders. Due to reduced number of COVID 19 cases and the need for oxygen, re-evaluation of the county requirement should be done to ascertain the facilities and quantity of oxygen needed.
- Stigma is high in the county, and it is a major challenge to overcome, in some cases patients need exceptional care to avoid cases of defaulting.
- Strengthening AYP program in schools to provide HIV and TB prevention interventions.
- Delayed start of implementation was noted i.e., Hope worldwide an SR under KRCS started implementing its activities late but they will ensure that all the activities are done. Some will spill over to the next financial year.
- Isiolo County reported ART treatment coverage of 59% (adult and paediatric) which is below the national level. High stigma level and the pastoralist nature of the community has contributed immensely to this performance.
- Public Private mix (PPM) in the County is exceptionally low at 4%, the need to engage the private sector to improve this to about 30%.

#### Hope World Wide Kenya – SR under KRCS HIV grant

The KCM oversight team visited Hope World Wide Kenya (HWWK) office in Isiolo County, gave a brief background on the purpose and objectives of the visit thereafter invited the executive director to provide a brief background of the organization and progress of implementation.

HWWK Kenya was recruited as an SR by KRCS in January 2022 and started implementation in February 2022. The total budget for the grant is Ksh. 26,540,000. The budget for this reporting period is Ksh. 6,966,615. So far, the SR has expended Ksh. 841,588 with a commitment of Ksh. 33,668 representing fund absorption of 12%.

The interventions supported by the SR include;

- Treatment care and support through defaulter tracing, support groups, community ART groups and psychosocial support.
- PMTCT through engagement of mentor mothers and expert clients.
- Gender and human right activities such as know your right, legal clinic among others
- HIV testing with emphasis on index testing
- COVID 19 interventions

Key discussions points during the meeting included the following:

- Delayed recruitment and start of implementation by the SR affecting overall grant performance and achievement of objectives i.e., the SR is yet to start tracing defaulters in Isiolo County teaching and referral hospital.
- Below is a summary of activities implemented

S. No	Activity	Target	Achievement
1.	Sensitization on Mental health in relation to Covid 19 targeting PLHIVs.	25	24
2.	Sensitization on GBV including referrals for services targeting PLHIVs.	15	15
3.	Sensitization on Covid 19 targeting PLHIVs on home-based care and referrals mechanism and response against Covid 19.	15	20
4.	Conducted dialogue between law enforcers, community leaders and PLHIVs on responsive policing.	20	20

- County referral hospital uses IQ care platform for treatment however the system is not able to generate names of PLHIV who have defaulted treatment. As such the facility did not have a list of PLHIV who had defaulted treatment. HWWK in collaboration with the County referral team line listed 182 PLHIV who had defaulted (56 men, 107 women and 19 children) ART treatment.
- The SR is in the process of recruiting community volunteers (CHVs) who will conduct defaulter tracing. Due to high stigma level, CHVs recruited will be PLHIV and leaders of support groups. The SR targets to recruit 22 CHVs, train them and assign each to trace defaulters at community level in collaboration with the County referral hospital team.
- The SR has approval to recruit one expert client however the team felt that due to the vastness of the county, KRCS should consider increasing this number for proper linkage between community and facility on matters PMTC.
- The SR commenced implementation targeting high volume such as Isiolo County Teaching and Referral hospital however the team will scale up the interventions in other sub-counties hospitals in the County.

#### Discussion with hope world wide Kenya beneficiaries

The team had a follow up discussion with the beneficiaries (PLHIV) trained on Mental health, Covid 19 and GBV (Gender Based Violence). Key highlights of the discussion are as follows:

- Members trained were leaders of support groups in Isiolo County and majority were able to cascade the information to their members.
- Those trained on COVID 19 were able to advocate for increased uptake of the vaccine however the vaccine is administered at the County referral hospital which is not easily accessible by community members.

- Through GBV training, members learnt about the existence of HIV tribunal that address issues around stigma and discrimination among PLHIV, referral mechanisms and the hotline number.
- HWWK conducted a dialogue meeting between law enforcers, community leaders and PLHIVs on responsive policing. Since then, the community has observed improved services at the police stations. The police station has set up a GBV desk located in a secluded area to manage all kinds of violence. Those violated report the matter without fear of the perpetrators. In addition, cases referred to community for reconciliation by cultural leaders have reduced.
- The community felt that the trainings were too short and should be extended beyond one day to provide more information and allow sharing of experiences.
- The community emphasized the importance of treatment literacy sessions targeting those who have defaulted treatment.
- The members confirmed that there are 25 functional support groups in Isiolo County consisting of approximately 20 members each.
- Community reported stock out of HIV test kits and Viral load reagents and consumable and requested the programs to accelerate delivery of this items to Isiolo County referral hospital.
- The team reported that the training on mental health has facilitated identification of those experiencing mental issues at community level. They recommended that these trainings should be cascaded to schoolteachers because of the unrest observed in schools over the years.
- Overall, the beneficiaries expressed their gratitude and commitment to work with the stakeholders including HWWK to reduce new HIV infections, improve adherence and retention to HIV treatment. In addition, they indicated that they are ready to work with the county to mobilize communities for COVID 19 vaccination.
- The team noted reduced COVID 19 infections but emphasized the importance of adhering to COVID 19 mitigation measures from GOK. They requested for hand sanitizers and face masks to protect themselves at community level.

#### Sensitization on PrEP at Fisheries ground under HWWK

Some members of the oversight team participated in a sensitization meeting on PrEP where 18 members (**15 females, 3 males**) from the community were taken through PrEP and COVID 19 by CASCO and County COVID 19 focal point person.

The team shared the HIV prevalence (1.6%) for the County and the need to openly discuss issues around ART adherence, stigma, and discrimination.

The discussion areas under PrEP included definition of PrEP, who should take PrEP, why is PrEP issued, retention rate, side effects, and where one can get PrEP

- Main challenge identified was low uptake of PrEP due to lack of information

- The team agreed to increase awareness targeting various groups at community level to improve PrEP use.

For Covid 19, members were taken through the following: what is Covid; how it is transmitted; signs and symptoms of covid; prevention measures; type of Covid 19 vaccines and importance of the vaccine.

Myths and Misconceptions around the vaccine were addressed and members encouraged to be vaccinated.

Team noted that the members were doing well in IGAs, all had registered groups by social services. Activities in the groups included making mats, kitchen garden, buying and selling chickens, table banking, and fishponds.

### *Experiences sharing*

*Makena not her real name mentioned that she stopped using her drugs after a traditional doctor in the village influenced her to use herbal medicine at a cost of KShs 25,000. Her health deteriorated, went back to ARVs and now doing fine, 20 years living positively.*

*Halima not her real mentioned that she gave birth at home, she never attended antenatal clinics, and the baby's health deteriorated, she tested positive and put on care. Later gave birth to 2 negative babies this was because of attending the ANC clinics. Shared that her daughter is doing well now 17 years old. Encouraged others not to shy off going for medication at the facility.*

### Isiolo Teaching and Referral Hospital.

Isiolo County referral hospital is a level 5 facility with both inpatient and outpatient services. The facility hosts the County Health Management Team (CHMT). It provides numerous services including HIV, TB, and Malaria.

### **Key findings**

#### **Oxygen Supply**

The facility has 2 oxygen plants procured by GOK and French program.

- GOK plant has a capacity of 150 litres per minute, serving only 30 patients therefore not sufficient to supply the facility. The refilling system can refill 6 cylinders of 8.5 litres in 8 hours
- The second plant donated by French program has a capacity of 540 litres per minute however it is not operational because it uses a lot of power and cannot be backed up by the current generator. The plant is fast with a refilling capacity of 6 cylinders in 4 hours.
- Under GF COVID 19 RM, Isiolo County referral hospital was earmarked for oxygen support. So far, the facility has received four oxygen kits.
- One of the challenges is that the renal unit, chest clinic and eye unit in the County referral hospital is not piped to receive oxygen from the oxygen plants.

### **Comprehensive care clinic (CCC)**

Comprehensive care clinic has a clinician, nurse, medical officer, and medical social worker serving 950 active PLHIV on treatment. The clinic operates on Mondays, Tuesdays, Thursdays, and Fridays. The clinic is used for surgical and medical clinic on Wednesdays. The facility uses IQ care platform however there are challenges with power outages.

The facility does not have a youth center. However, adolescents are given special treatment, their TCAs are based on school calendars with appointments during school mid-terms or when the schools are closed. Parents or guardians of the adolescents are allowed to collect medicine on their behalf.

The clinic has a suggestion box strategically placed to receive feedback from PLHIV however this is never used. Most of the clients provide direct feedback to the health care workers

### **Outpatient Department (OPD)**

The clinicians in the OPD reviews over 70 patients per day, the team has necessary tools to execute the work. Extremely sick ones are attended to at the casualty however they experience heavy workload by the clinicians per day.

The County should review the true workload and capacity to understand quality of care at the referral hospital then strengthen referral by supporting peripheral facilities to undertake some of the services that do not qualify for referral.

### **TB Clinic**

The clinic receives an average of 1-10 clients per day. TB defaulter rate is at 4% for Isiolo County. The defaulters are traced by 2 CHVs engaged through CHAT under AMREF. The facility holds monthly TB meeting with the CTLT, CMLC, nurses, CHVs, clinical officer, a representative from the main Hospital, Lab technician. In 2021, the facility conducted outreaches and got a yield of 18 clients

In 2021 the facility registered 12 MDR TB patients and so far in 2022 there are 4 MDR patients.

TB patients in this facility are referred directly from the community through the CHVs or sometimes from the outpatient department (OPD)

### **Garbatulla Sub County Hospital**

Garbatulla sub-county has 17 health facilities (1 sub-county, 3 health centres and 13 dispensaries). Garbatulla Subcounty Hospital (level 4) was started in 1974. The services offered at the facility include OPD, IPD, MCH/FP, Maternity services, Theater, X-rays and ultrasound, TB, and HIV services. All services offered by the facility are free, no co-sharing fee since the introduction of UHC.

The facility catchment population is 6,000 and there are 2 community units each with 20 CHVs. The CHVs are supervised by 1 CHEW and the Sub-County community health strategy focal persons (SCCHSFP). The OPD attend to an average of 50 to 60 patients per day.

The facility has a bed capacity of 75 (60 in patient wards and 15 maternity beds). The maternity conducts an average of 20 to 30 deliveries per month. Cesarean sections are carried out by the medical officer (MO) who is also the medical Superintendent. In the absence of the medical Superintendent, all patients requiring caesarian section (CS) are referred to Isiolo County referral hospital or Maua hospital which is about 73kms.

Staffing capacity at Garbatulla Sub-County hospital is outlined below;

<b>Cadre</b>	<b>Number in the facility</b>
Medical Officers/Medical Supretendant/MOH	1
Clinical Officers	5
Nurses	13
PHOs	2
Laboratory Technologists	3
Radiographers	1
Pharmaceutical technologist	1
HRIO	3
Ambulance drivers	2
Linkage assistant	1

- The facility has solar systems installed by the ministry of energy years back. However, this system is currently not functional due to lack of maintenance. The batteries are out of service and are expensive to maintain.
- The major source of water is a bore hole within the hospital. However, the water is extremely hard and has damaged the basins, piping's, and taps. The facility collects rainwater which is utilized for sterilization of equipment since the bole hole water cannot be used.
- The facility has a linkage assistant supported through Global Fund to support TB processes and linkages of TB patients within the facility. KCM recommended that the linkage assistant should support processes for other disease within the facility including tracing and linkage of HIV treatment interrupter.
- There are 13 nurses 4 supported under UHC and 9 under County Government, but they are not adequate to fully support 24 hours functionality of the facility. One nurse must cover various departments at any given time for example during the visit one nurse was covering: OPD, injection/dressing room. It is worth noting that the contracts for nurses under UHC are coming to an end soon and the salary structure between UHC supported nurses and



County nurses are disproportionate. One nurse under UHC support mentioned that this is very demoralizing and demotivating.

- The facility uses a manual system for record capture in all departments. The reports are entered into the system at the subcounty level by the sub-county health record and information officer (SCHRO). This causes a challenge of missing crucial patient records since a plain sheet of paper is used and not patient files.
- Sample networking was supported in the previous grant up to June 2021 and has not resumed since the new grant started but is scheduled to start in June 2022. The importance of sample transport was emphasized since it is the only way through which the community members can access laboratory services.
- Linda mama maternity cover and other NHIF reimbursement money is paid directly to the facility and has helped carry out a few projects within the facility. There is currently no user fee for all the services within the facility.
- Essential Medicines and Medical Supplies (EMMS) were received a week before the visit. This order took a long time to be delivered and not all commodities ordered were supplied. KEMSA clarified that the county had a debt amounting to Ksh 39M which took time to be paid therefore occasioning the delay. The debt was invoiced in September 2021 and paid in April 2022. To note is that the KEMSA refill rate was low at 50% after payment of pending bill by the County.
- There is a clear treatment interrupters tracing mechanisms for both HIV and TB. CHVs play a key role in supporting this process. CHVs conducting TB interrupters tracing are supported through CHAT but there is no support for tracing HIV treatment defaulters. The team noted integration under TB and HIV, leveraging on available resources however this need to be strengthened.
- Nonpayment of pending bills has led to cutting of supply by the venders affecting service delivery. At the time of the visit, there was no food for patients admitted because the supplier had cut down on delivery. Relatives were requested to deliver food to patients admitted at the facility. In addition, pending bills sometimes affect supply of fuel hampering movement of patients who require ambulance services. The facility has 2 ambulances; one bought by the county government and the other one by World bank.
- The last time joint supervision was conducted by CHMT in the facility was in 2020. Since then, it is only the CTLC that conducts quarterly support supervision facilitated by Centers for Health Solutions (CHS). SCTLG is also facilitated to provide monthly support supervision for TB sites in the subcounty.
- The facility has an oxygen plant that is piped in most of the departments apart from the maternity ward. The plant refill cylinders for all 16 lower-level facilities. The facility is also earmarked for provision of oxygen in cylinders under the Global Fund grant.
- There is no utility vehicle at the sub county, affecting movement of the sub county team.

## **Laboratory**

- The current utilization rate of gene Xpert machine is 24%, down from 57% when GF supported sample transport was in existence. The facility had 100 gene expert TB cartridges representing two months of stock. There were no cartridges for EID, yet the machine can do both TB and EID test.
- HIV test kits – Fifteen Determine and Eight first response test kits for HIV were available. Dual HIV/Syphilis test kits were stocked out. The facility prioritized testing pregnant and breastfeeding women (PMTCT program).
- High staff deployment and turnover - at the time of the visit, there was a fresh member of staff at the laboratory transferred from another facility.
- COVID 19 personal protective equipment (PPE) - Laboratory team had face masks, hand sanitizers, and washing stations from CHAT and other donors. This team supported the distribution of reusable masks and hand sanitizers to community Health Volunteers and community members.
- The facility reported overstock of condoms while County referral hospital was stocked out. The oversight team wanted to facilitate redistribution however this was not possible because the team could not access additional condoms in the store.

#### Isiolo GK Dispensary

Isiolo GK dispensary is a level 2 facility offering OPD, MCH, CCC & TB clinic and Laboratory services. The facility has a catchment population of 4,948 as at 2022 with some of the patients coming from the neighboring community. The facility offers free services hence no social protection schemes are in place; however, the in-charge is in the process of negotiations to have the facility registered.

Average number of patients seen per day is 100. The facility has a mobile phone used to remind clients their scheduled appointments. They conduct monthly review meetings to monitor progress and address challenges.

The total number of staff is 14 serving both prisoners and the public as outlined below.

<b>Cadre</b>	<b>Number</b>
Clinical officers	2
Nurses	5
Pharmaceutical technologist	1 Under UHC
Laboratory Technologist	2 (1 from county and 1 from Prison department)
Medical social worker	1
CHV	1
HTS-Counsellor	2 from prison department

#### **Malaria service delivery point**

The facility provides malaria services after testing through microscopy. At the time of the visit, Malaria drugs were stocked out however prescriptions were issued to patients who turn out to be positive for malaria to purchase the drugs from chemists.

Reporting and requesting for malaria commodities were done through the SHRIO who in turn uploads the data into KHIS

The facility provides routine LLINs to ANC mothers

### **TB clinic**

The facility is not a testing site for TB however they withdraw samples from patients and send to the referral hospital. Those who turn out to be positive, TB drugs are administered at the facility. Currently the facility has 8 adult patients on TB drugs with no children on treatment. They had one patient with MDR, treated in 2021.

The facility works very closely with the County referral team to ensure that TB patients have a linkage to the gene Xpert testing. Currently they have tools to monitor active case findings

### **HIV clinic**

The facility has 265 patients on ARVs with 14 defaulters being followed by the CHVs using available contact list. During the visit, filled DARs and monthly reports were missing.

- Measures in place to control COVID 19 include routine COVID testing for the prisoners, isolation of those found positive, retesting after seven days and Covid 19 vaccination.
- The facility conducts basic routine laboratory and draws samples for presumptive TB patients.

### **Challenges**

- Sample transportation and lack of cartridges deemed a great challenge leading to delayed results from the CTRH hampering patient's confidence
- Inadequate facility space with manual patients' records
- Training gaps among technical staff
- Inadequate IEC materials and shortage of HIV commodities i.e., first response test kits
- No incinerator for medical waste disposal

### **Community Health Africa Trust (CHAT) - SR under Amref TB grant**

The team had a meeting with the community implementers for TB grant supported by Global Fund through CHAT. The total budget for the grant is Ksh. 31,586,068. The budget for this reporting period is Ksh. 1,053,930. So far, the SR has expended Ksh. 814,159 representing fund absorption of 77% as at end of March 2022.

The teamwork with link assistant, TB champion and CHVs.

**Link assistant**

There is only one link assistant in the entire facility who receives a stipend of Ksh. 6,500 monthly after submitting a report to CHAT. Link assistant support linkages between departments within the facility and patients diagnosed with TB.

**TB champion**

A former MDR TB patient who was cured and engaged as a TB champion. He receives a stipend of Ksh. 6,000. His duties include providing health education in the community (Chief barazas, public gatherings) and facilities. He also supports community drug delivery for MDR patients.

**Community Health Volunteers**

The team met two CHVs whose work include conducting health education in the community and health facility, contact tracing, treatment interrupters tracing, offering psychosocial support, family planning, nutrition assessment through MUAC, Malaria testing in the community, among others. During covid-19 pandemic, the CHVs were provided with face mask and hand sanitizers. They supported community drug delivery for stable patients who could not be able to visit the facility. The CHVs are provided with contact screening tools, interrupters tracing tools and referral tools

**Training**

- During the Covid-19 pandemic, the CHVs were trained on Covid-19, TB and HIV for continuity of services.
- Contact tracing data is populated in contact management register and uploaded to TIBU by the SCTLIC.
- Through GF TB grant, AMREF in collaboration with NTLD-P developed community TIBU lite module, an EMR system for community TB activities. Once rolled out, the CHVs will use their personal smart phone to upload community TB activity and data directly to TIBU but this data will pass through the SCTLIC for approval.
- There is no defined method of receiving feedback from the clients or client satisfaction. However, the CHVs receives feedback directly and showed the team one of the thank you SMS received from the patients.

**MDR Patients**

The team had an interview with two DR TB patients on 18 months injectable free regimen. The patients are on 13<sup>th</sup> and 7<sup>th</sup> month of treatment respectively. These patients are on community ambulatory method of management and reported that they have had medication throughout the period. The patients are attached to a DOT worker who deliver drugs to them. Both patients reported receiving monthly social support of Ksh. 6,000 that they use for buying food and transport to the hospital however they reported delay in payment. One of the patients started an income generating activity with the money, a charcoal business. Challenges reported by the MDR patient include Pill burden, loss of income and strength to work

**Courtesy call to the County Commissioner**

The team visited the County commissioner to pay a courtesy call. During the visit, it was highlighted that the communique for supporting the triple threat (HIV, Teenage pregnancy and

GBV) has been drafted and is already with the Cabinet secretary awaiting approval. The team is in the process of developing training manual to facilitate the process.

The County commissioner reiterated the importance of collaborating with stakeholders and invited Hope World Wide and CHAT to take an active role in the multi stakeholders forum.

Summary of key findings and recommendations

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
1	Entry meeting with CEC	<ul style="list-style-type: none"> <li>• Delayed disbursement and access of funds from County treasury by the County health sector. This affected THS and DANIDA grants leading to non-adherence of the grant agreement and loss of the grants.</li> <li>• Delayed SR recruitment and selection from non-state PR affecting grant implementation. KP implementer under KRCS is yet to be recruited.</li> <li>• Stock out of key commodities under HIV, TB and Malaria affecting service delivery and treatment outcomes.</li> <li>• High rate of stigma and discrimination leading to increased defaulter and or treatment interrupters under HIV and TB treatment.</li> <li>• Capacity gaps due to high staff turnover through separation, frequent transfers, redeployment, and ageing staff.</li> <li>• Inadequate oversight, supervision, and mentorship due to insecurity, vastness of the County, poor transport network and lack of resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization of the County treasury on the unique needs of the health sector including conditional grants.</li> <li>• Expedite engagement of a KP implementer and implementation of delayed activities in Isiolo County.</li> <li>• Fast track procurement and delivery of key commodities under HIV, TB, and Malaria program.</li> <li>• Community empowerment including PLHIV and engagement of cultural and religious leaders.</li> <li>• Capacity building, on-the-job training, and mentorship through county mechanisms in collaboration with partners.</li> <li>• Leverage on existing support from other programs to fill the gaps affecting HIV, TB, and Malaria i.e., MNCH</li> </ul>	<p>KCM and County health department by June 2023</p> <p>KRCS by July 2022</p> <p>KEMSA, NASCOP, TB program, Malaria program, AMREF</p> <p>County Government, HWWK, CHAT</p> <p>County health department, NASCOP, TB program, Malaria program</p>



Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<ul style="list-style-type: none"> <li>• Stock out of reporting tools at facility level, most are using photocopiers.</li> <li>• It is a campaign period, changes anticipated in the health sector, however there is a need to ensure continued service delivery.</li> <li>• Counties are not aware of the support under GF and other partners working under them.</li> </ul>	<ul style="list-style-type: none"> <li>• County in collaboration with disease program to fast-track printing of reporting tools.</li> <li>• Succession planning to ensure smooth transition from one county government to another</li> <li>• Development of a risk mitigation plan for emergencies such as election, drought, among others.</li> <li>• Development of a partnership framework to facilitate engagement with partners at the County level.</li> <li>• Facilitate timely sharing of the workplan with the County from both state and the non-state PRs.</li> </ul>	<p>County health department by September 2022</p> <p>NASCOP, TB program, Malaria program.</p> <p>County department of health.</p> <p>KCM</p>
	Meeting with the CHMT team	<ul style="list-style-type: none"> <li>• Inadequate diagnostic sites both for molecular and diagnostics. The County has 12 diagnostic sites and 2 gene expert machines</li> <li>• Sample transportation stopped in June 2021 due to procurement delays under AMREF.</li> <li>• Isiolo County was earmarked to receive oxygen under GF COVID 19RM. Counties were tasked to deposit funds in BOC for</li> </ul>	<ul style="list-style-type: none"> <li>• Additional gene expert or TRUNAT machine to be placed at Merti sub-county due to vastness of the County and insecurity</li> <li>• Fast track finalization of the process to enable transfer of samples from one facility to the next.</li> </ul>	<p>KEMSA and TB program</p> <p>AMREF by June 2022</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<p>resupply of oxygen cylinders. This has not taken place. In addition, with reduced COVID 19 cases, the need for oxygen has changed. Some of the facilities earmarked to receive oxygen were closed.</p> <ul style="list-style-type: none"> <li>• Stock out of key commodities for HIV, TB, and malaria such as HIV test kits, Gene xpert cartridges among others</li> <li>• Delayed start of implementation by non-state PR because of delayed recruitment of SRs.</li> <li>• Isiolo County reported an ART coverage of 59% which is below the National target. High stigma level and pastoralist nature of the community has contributed immensely to this performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Re-evaluate County requirement to ascertain the need for oxygen.</li> <li>• Fast track procurement and delivery of key commodities under HIV, TB, and Malaria program.</li> <li>• Fast track the roll out of targeted testing to ensure alignment to HIV testing algorithm.</li> <li>• Development of acceleration plan to fast track implementation of delayed activities by SRs.</li> <li>• Development of key performance indicators target high budget movers i.e., Oxygen supply, Sample referral, procurement of commodities</li> <li>• Engagement with PLHIV, community leaders and other departments to identify PLHIV not on treatment.</li> <li>• Ring fence resources coming to the county for health including allocation for HIV, TB, and Malaria to demonstrate</li> </ul>	<p>County, AMREF and Oxygen TWG by July 2022</p> <p>KEMSA, NASCOP, TB program, Malaria program, AMREF County</p> <p>KRCS, AMREF, HWWK, CHAT, disease programs</p> <p>KCM by September 2022</p> <p>County government, HWWK.</p> <p>County</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
		<ul style="list-style-type: none"> <li>County allocated Ksh. 10 million for TB over 5 years but none for HIV and Malaria</li> </ul>	<p>journey to self-reliance based on the dwindling donor funds.</p>	
	Hope World Wide Kenya	<ul style="list-style-type: none"> <li>Delayed start of implementation and low fund absorption at 12%. Yet to recruit community volunteers who will trace defaulters at community level.</li> <li>SR has approval to recruit one expert mother to work with mentor mother at the facility on matters PMTCT.</li> <li>High stigma levels in the community affecting uptake and retention into HIV care.</li> <li>Isiolo County is vast with pastoralists who move from one area to another. This calls for differentiated services that will consider the diversity of the community and distance covered during implementation. Due to the vastness of the County their transport allocation in the budget may not be</li> </ul>	<ul style="list-style-type: none"> <li>Accelerate implementation including recruitment of CHVs who will facilitate defaulter tracing in collaboration with facility teams.</li> <li>Increase the number of expert mothers due to vastness of the county to increase coverage.</li> <li>Engage PLHIV, cultural leaders, opinion leaders, community leaders, administration, religious leaders and other stakeholders and work with them through community dialogue to demystify myths that affect HIV programming in the County.</li> <li>Review the budget and adjust accordingly to factor adjustments for transport to cater for the vastness of the County.</li> <li>Develop cost-effective innovative mechanism that will allow the program to reach the target population.</li> <li>Galvanize effort and leverage on existing support including integration of services</li> </ul>	<p>KRCS and HWWK by June 2022</p> <p>County and HWWK by November 2022</p> <p>KRCS and HWWK by August 2022</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<p>sufficient to facilitate the project staff and CHVs moving around.</p> <ul style="list-style-type: none"> <li>Uptake of COVID 19 vaccine in Isiolo county is at 16.07% partly attributed to myths and misconception at community level and administration of vaccine at facility level.</li> <li>HWWK reported data quality issues during line listing of defaulters in collaboration with a team from Isiolo CRTH.</li> <li>Discussion with the beneficiaries indicated that mental health training is important and should be cascaded, the need to continue observing COVID 19 containment measures and tracing of defaulter.</li> </ul>	<p>to improve efficiency and strengthen HIV programming at community level</p> <ul style="list-style-type: none"> <li>Support sensitization on COVID 19 and should work with the County team and communities to strengthen uptake of the services.</li> <li>County should decentralize COVID 19 vaccination centers and conduct outreaches at community level.</li> <li>NASCOP in collaboration with other partners to support the county referral hospital migrate from IQ care platform to Kenya Electronic medical record system</li> <li>Intensify mental health programming in the county including peer to peer support and training of teachers in schools.</li> <li>Distribute face masks and hand sanitizers targeting CHVs and PLHIV.</li> <li>Training of PLHIV on treatment literacy and defaulter tracing of PLHIV who have dropped of treatment.</li> </ul>	<p>County and HWWK by September 2022.</p> <p>NASCOP, County and IPs.</p> <p>County, KRCS and HWWK</p> <p>County, NASCOP and HWWK</p>
	Isiolo County and teaching	<ul style="list-style-type: none"> <li>The County has two oxygen plants, one is not operational because it uses a lot of power and cannot be backed up by the</li> </ul>		

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0	referral hospital	<p>existing generator. In addition, some of the units are not piped such as renal, chest clinic and eye unit.</p> <p><b>Comprehensive care clinic (CCC)</b></p> <ul style="list-style-type: none"> <li>• Erratic supply of key HIV commodities such as EID cartridges, PCR and RTK Kits since October 2021</li> <li>• Inadequate space for consultation especially on Wednesdays where the clinic is used for medical and surgical clinics.</li> <li>• High workload leading to Health care workers burnouts coupled with knowledge gaps especially around provision of HIV services among discordant couples.</li> <li>• Poor health seeking behaviors by the community with low acceptance rate of the services offered at the clinic.</li> <li>• High defaulter rates attributed to poor communication and transport network, vastness of the region, stigma and discrimination, myths, misconceptions, cultural issues, and missing contact information, among others.</li> </ul>	<ul style="list-style-type: none"> <li>• Fast-track procurement and deliveries of stocked out commodities in the County.</li> <li>• County to work closely with the NASCOP on forecasting and quantification and commodity security.</li> <li>• Identify innovative alternatives to provide services to PLHIV on Wednesday i.e., utilize TB clinic or conduct integrated structured outreaches.</li> <li>• Train HCW at CCC, provide psychosocial support and deploy staff at the facility.</li> <li>• Facilitate engagement and empowerment of community leaders/influencers, religious leaders, PLHIV and community members to enhance understanding on HIV care and treatment.</li> <li>• Sensitize the community and empower them on stigma and discrimination, address myths and misconceptions, advocate for treatment adherence and retention. The team should also trace defaulters using various mechanisms such as phone calls, locator forms, CHVs.</li> </ul>	<p>KEMSA, NASCOP AND County</p> <p>County referral hospital</p> <p>County, CRH and HWWK</p> <p>County team and HWWK</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<ul style="list-style-type: none"> <li>Power surge leading to breakdown of the system and loss of data/documentation of the patient and potential damage of equipment.</li> <li>The facility uses IQ care and care soft system, yet the HIV program is migrating to Kenya-EMR.</li> </ul> <p><b>TB clinic</b></p> <ul style="list-style-type: none"> <li>Erratic supply of TB commodities leading to shortage or stock out i.e., as gene xpert cartridges, nutritional supplements.</li> <li>The clinic had TB packs for patients who were transferred to lower-level facilities for continued care.</li> <li>Sample networking has been a challenge since June 2021 attributed to delays in procurement of a service provider.</li> <li>The facility uses a manual system that is prone to errors.</li> <li>Capacity gaps among health care workers working in the TB clinic due to staff transfer, redeployment among others</li> <li>Unclear ordering and reporting mechanism by the county.</li> </ul>	<ul style="list-style-type: none"> <li>Assess electrical issues in the County and address them to avoid interruption of service delivery.</li> <li>Migrate the facility from IQ care to Kenya EMR.</li> <li>Expedite procurement of TB commodities to maintain minimum stock levels at the county and avert stock outs.</li> <li>TB Program to consider procuring the loose packs RHZE that can be used for patients starting TB treatment who will take their medication in another facility.</li> <li>Fast-track training of the riders and healthcare workers to facilitate sample referral mechanisms from one facility to another.</li> <li>The county advised to digitalize the TB clinic</li> <li>Sensitize HCW on TB screening to facilitate active TB case finding in all departments.</li> </ul>	<p>Ministry of energy and County department of health</p> <p>NASCOP, County and CRH by December 2022</p> <p>KEMSA, TB program, County and AMREF by September 2022</p> <p>County and TB program, ongoing</p> <p>Malaria program and County by Sept 2022</p>



Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
			<ul style="list-style-type: none"> <li>Streamline ordering and reporting mechanism for Malaria</li> </ul>	
	Garbatulla Sub-County Hospital	<ul style="list-style-type: none"> <li>Sample networking was supported in the previous grant up to June 2021 and has not resumed since the new grant started but is scheduled to start in June 2022.</li> <li>Nonpayment of pending bills has led to cutting of supply by the venders affecting service delivery. At the time of the visit, there was no food for patients admitted because the supplier had cut down on delivery.</li> <li>The facility has solar system installed by ministry of energy however the system is not functional due to poor Maintenance.</li> <li>The major source of water is a bore hole within the hospital. However, the water is extremely hard and has damaged the basins, piping, and taps. The water cannot be used for sterilization of equipment's</li> <li>The facility uses manual reporting prone to errors and missing critical patient level records. Missing basic documentation tools such as OPD cards, maternity files, and</li> </ul>	<ul style="list-style-type: none"> <li>Expedite Sample transportation mechanisms</li> <li>Fast track payments of pending bills by counties to facilitate service delivery for improved treatment outcome at all levels.</li> <li>County health department to liaise with the ministry of energy to repair the solar panels.</li> <li>Put in place a water treatment system to purify the water and make it suitable for all purposes including sterilization.</li> <li>Updating of the bin cards in the pharmacy, ART register and other documentation in HIV, TB, and Malaria clinics.</li> <li>Strengthen forecasting and quantification to ensure adequate supply of products,</li> </ul>	<p>AMREF by June 2022</p> <p>County</p> <p>County health management team</p> <p>Garbatulla sub-county hospital, immediate</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<p>inpatient files. Bin cards in the pharmacy and ART registers not updated.</p> <ul style="list-style-type: none"> <li>• Stock out of key commodities such as dual test kits, EID tests, TPT drugs for adults.</li> <li>• Low refill rate by KEMSA estimated at 50% for the last EMMS supplied</li> <li>• The facility was unkept with used products that have stayed for an extended period especially in the maternity ward.</li> <li>• There is no clear mechanism to assess client satisfaction or get feedback from the clients.</li> </ul>	<p>EMMS, HIV, TB, and Malaria commodities. The County should therefore consider redistributing condoms and AZT to avert expiry.</p> <ul style="list-style-type: none"> <li>• Address low refill rate by KEMSA when supplying orders from the Counties, especially EMMS.</li> <li>• Facility management needs to be strengthened to improve the appearance of the facility, including cleanliness.</li> <li>• Develop a defined mechanism for client feedback for the service provided.</li> </ul>	<p>NASCOP, KEMSA and County, continuous</p> <p>KEMSA, continuous</p> <p>Garbatulla sub-county hospital, immediate</p>
	Isiolo GK dispensary	<ul style="list-style-type: none"> <li>• Sample transportation deemed a great challenge due to lack of transport</li> <li>• Delay of results of samples from the CTRH due to lack of cartridges hampering patient's confidence.</li> <li>• Training gaps among technical staff</li> <li>• Shortage of the First Response HIV test kits</li> <li>• Patient records are store manually, there is no EMR for HIV and other programs. Bin cards are not enough and the ones available are not up to date.</li> </ul>	<ul style="list-style-type: none"> <li>• Fast track and strengthen coordination for sample transportation at GK prison</li> <li>• Health care workers to undergo training/refresher courses based on need.</li> <li>• Fast track procurements, deliveries, and distribution</li> <li>• Strengthen filing, data storage and retrieval</li> </ul>	<p>County, GK prison and AMREF, June 2022</p> <p>NASCOP, TB and Malaria program</p> <p>KEMSA and NASCOP, July 2022</p>

Summary of Key Findings and Recommendations				
S/N	Site Visited	Key findings	Recommendations/actions	Responsibility and timeline
0		<ul style="list-style-type: none"> <li>• Stigma against TB in the community; some patients give wrong name and wrong phone number due to stigma.</li> <li>• No incinerator for medical waste disposal, however this is done by the County referral hospital</li> </ul>	<ul style="list-style-type: none"> <li>• County to support the facility to digitalize their patient records</li> <li>• Engagement and empowerment of community leaders, religious leaders, influencers at community leader, TB patients through dialogue meetings and patient education.</li> </ul>	
	CHAT	<ul style="list-style-type: none"> <li>• Expansive nature of the county with long distances during community visits for contact tracing and interrupters tracing.</li> <li>• Lack of transport mechanism for the champion.</li> <li>• Nomadic nature of the community and insecurity in some part of the county.</li> <li>• Stigma against TB in the community; some patients give wrong name and wrong phone number due to stigma.</li> </ul>	<ul style="list-style-type: none"> <li>• Review budget to ensure that the link assistant and community health volunteers are facilitated.</li> <li>• Provide motorbikes or a mechanism to ease transport difficulties for the community workers, and TB champions.</li> <li>• Work with other departments i.e., with the County commissioner on matters security</li> <li>• Engage the community, TB patients including the leaders on matters stigma and discrimination.</li> </ul>	<p>Amref and CHAT, immediate</p> <p>County and CHAT, immediate</p>

### Note: UNICEF support to Isiolo County

Based on the findings of the field visit, UNICEF is putting in an emergency response support continuity of essential and quality PMTCT, Paediatric care and Adolescent HIV prevention services as part of drought response plan. This will be through

- A redistribution plan for 50 EID POC cartridges from Laikipia to Isiolo county.
- Emergency procurement of the pediatric diagnostic (EID) supplies that might take about 6 weeks, but the team plans to fast track the process
- Capacity building of the HCWs on p-DTG use.
- Blood collection for HIV diagnosis. The team will liaise with their colleagues to leverage planned activities like immunization or maternal child health related activities to support the process.
- Community engagements leveraging on planned nutrition activities during mass screenings for malnutrition in community outreaches
- Development of key SBCC messages for adolescents to keep them in school, and continue going to the facilities for HIV prevention services etc.
- Explore non-conditional cash transfers with social policy colleagues to see if priority populations (children, adolescents and pg/bf women living with HIV) can be included in their response.

### Conclusion:

The team noted that there were some strengths and weaknesses that can be worked on to improve delivery of HIV, TB and Malaria services at the County with proper collaboration and coordination. As such the following conclusions were drawn from the visit:

- Isiolo has realized a downward trend in the incidence and prevalence of the three diseases in the last ten years, and investments in health need to be sustained to avoid rolling back gains made in the same period.
- Although there are good practices in commodity security in the county, including regular meetings to discuss issues, more effort is needed in ensuring the availability of important health products and technologies. There were no reports on stock outs of ARVs, but the supply chain for gene xpert cartridges, ALs, EID, VL, HIV test kits and condoms needs to be strengthened to avoid stock outs and improve commodity availability, thereby inspiring confidence in the delivery of health care services.
- The coordination of health partners in the county needs further strengthening, including involvement of Global Fund implementing partners in county planning and budgeting processes to ensure that key county health priorities are being addressed and Global Fund activities are aligned with those priorities. In addition, coordination between the County treasury and County health sector needs to be strengthened to reduce pending bills that affect service delivery at all County, sub-county, and health facility.

## Appendices

### Annex 1: Stock status of tracer commodities at Isiolo CTRH

Drug/Item verified	Quantity	Months of stock
<b>Malaria Commodities</b>		
AI/Lum-6s	2,700 Dozes	Over 3 months
AI/Lum 12's	1,320 Dozes	2 months
RDT-Kits	Received none from KEMSA	
The need is 300 per month. They are currently using microscopy	Received 65 from Garbatulla Hospital have redistributed, and the balance is 46	
<b>TB commodities</b>		
R-H-Z-E Patient pack	133 full Packs	2 months
RHZ- 60/30/150 Pead Tabs or New Formulation	0	0
IPT (INH 300)	0	0
MDR (9/24 Months)	560 tabs	5-6 months
Nutrition Commodities	0	0
Gene Xpert Cartridges	0	0
<b>HIV commodities</b>		
TDF/3TC/DTG 300/300/50	402 packs	1-3 months
ABC/3TC 120/60mg	138	2 months
HIV Test Kits	0	0
HIV/Syphilis Dual Kit	0	0
Male Condoms	0	0
EID Kits	0	0
AZT	8 Bottles	1 month
Nevirapine Syrup	53 Bottles	2 months

### Annex 2: Stock status of tracer commodities at Garbatulla sub-County hospital

Product	Quantity	Months of stocks (MOS)
<b>Malaria commodities</b>		
AI/Lum-6's	30 packs	10 months
AI/Lum 24's	0	0
RDT-Kits	3450	For health centers and dispensaries
<b>HIV commodities</b>		
TDF/3TC/DTG 300/300/50	339 packs	4 months
ABC/3TC 120/60mgs	21 packs	1 month
HIV test kits	15	Less than 1 MOS

HIV/Syphilis dual kits	0	0
Male condoms	Not able to access the store but indicated that they had enough to redistribute	
EID	0	0
<b>TB commodities</b>		
RHZE	11	2
RHZ	9	4
IPT (INH 300)	0	0
MDR	0	0
Nutrition commodities	Earmarked for the under 5 under USAID support.	
Gene xpert cartridges	100	2
Zidovudine syrup	18	Expiring in June 2022

### Annex 3: Stock status of tracer commodities at Isiolo GK dispensary

#### HIV and TB commodities

Product	Quantity	Months of stock
<b>TB commodities</b>		
R-H-Z-E	7	3 open packs and 4 full packs
R-H-Z	0	No pediatrics patient
IPT	0	0
INH 300MG	0	0
MDR		
Nutrition commodities	RUTF, RUSF, CSP	Received recently
<b>HIV commodities</b>		
TDF/3TC/DTG 300/300/50	92	
ABC/3TC 120/60MG	5	
HIV Test kits	0	0
HIV-Syphilis dual kit	0	0
Male Condoms	3039	
Female Condoms	320	



## Annex 4: Photographs Gallery



Figure 1: Oversight team at GarbaTulla Subcounty Hospital



Figure 2: Courtesy call with the Isiolo county Commissioner



Figure 3: Oversight team at the Isiolo TB Establishment

Annex 5: List of participants

<b>Isiolo County Team</b>		
<b>S.No</b>	<b>Name</b>	<b>Designation</b>
1.	Dr. Douglas Bosire	KCM Alternate/NACC
2.	Ms. Zilpha Samoei	KCM Alternate Member FBO
3.	Dr. Terezar Alwar	KCM OC Alternate Member/HIV ICC
4.	Ms. Margaret Ndubi	KCM OC Member
5.	Ms. Josephine Mwaura	KCM Secretariat
6.	Ms. Margaret Mundia	KCM Secretariat
7.	Mr. Cornelius Muthiani	The National Treasury
8.	Mr. Sospeter Gitonga	NASCOP
9.	Mr. John Mutegi	NLTP
10	Ms. Phirez Onger	NMCP
11	Mr. Dennis Muriithi	NACC
12	Mr. Japheth Kioko	NACC
13	Ms. Caroline Wambui	KEMSA
14	Mr. John Mungai	Amref Health Africa
15	Ms. Emily Muga	KRCS
16	SR Representatives	Amref Health Africa/KRCS
17	Isiolo CHMT representatives	



Annex 6: Itinerary/ Programme

<b>THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION                      ISIOLO COUNTY 23<sup>RD</sup> TO 27<sup>TH</sup> MAY 2022</b>		
Day/Time	Activity/Event/Tentative Discussion Points	Venue
	<b>Travel</b>	
Day 1 09.00am-10.00 am	Courtesy call on the Hon. Governor <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Purpose / Objectives of the visit.</li> </ul>	<i>County Headquarters</i>
10.00am to Noon	<b>Meeting with County CECMH/COH &amp; CHMT &amp; Partners</b> <ul style="list-style-type: none"> <li>✓ Introduction/ Welcome Remarks</li> <li>✓ Presentation by CHMT about GF (HIV/TB/Malaria/C-19)</li> <li>✓ Overview of KCM&amp; Global Fund.</li> <li>✓ Presentation on GF investments and by PRs, the National Treasury, Amref Health Africa, and KRCS</li> <li>✓ Establish HIV, TB, and Malaria commodity status</li> <li>✓ Discuss Measures in Place to Control spread of COVID 19 / Mitigate its effects.</li> </ul> Question and Answer session	<i>CHD Offices</i>
01.00 pm-02.00pm	<b>Lunch break</b>	
2.00pm- 4.30pm	<b>Site visit County Referral Hospital</b> <ul style="list-style-type: none"> <li>• Courtesy call on the Hospital CEO</li> <li>• Visit HIV/TB/Malaria service delivery points</li> <li>• Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects</li> <li>• Visit Pharmacy store</li> <li>• Visit Laboratory</li> <li>• Visit youth Centre</li> </ul>	<i>Isiolo County Referral Hospital.</i>
5.00pm – 5.30 pm	<b>Recap of Day’s Activities</b>	
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 world Wide- Kenya</i>

01.00 pm-02.00pm	Lunch break	
Afternoon	HIV/ COVID 19 Community Activities	<i>KRCS/Hope Worldwide Kenya</i>
Day 3 09.00am-1.00pm	<p>Visit Subcounty Hospital</p> <ul style="list-style-type: none"> <li>• Courtesy call on the Hospital CEO</li> <li>• Visit HIV/TB/Malaria service delivery points.</li> <li>• Discuss measures in Place to Control Spread of COVID 19/Mitigate its effects</li> <li>• Visit Pharmacy store</li> <li>• Visit Laboratory.</li> <li>• Visit youth Centre</li> </ul>	<i>Garbatulla Sub County Hospital</i>
1.00pm-2.00pm	Lunch Break	
	<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>	<i>Meet CHVs, Linkage assistant and MDR client at <b>Isiolo county referral Hospital</b> Discussion with Community Health Africa Trusts (CHAT) representation- SR</i>
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 4 09.00am-12.00 am	<p>Visit primary health care Facility</p> <ul style="list-style-type: none"> <li>• Courtesy call on the Hospital in charge</li> <li>• Visit HIV/TB/Malaria service delivery points</li> <li>• Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects</li> <li>• Visit Pharmacy store</li> <li>• Visit Laboratory</li> <li>• Visit youth Centre</li> </ul>	<i>Isiolo GK Prison Dispensary</i>
01.00 pm-02.00pm	Lunch break	
Afternoon 2.00pm to 4.00pm:	Report writing	
Day 5: 9.00am to 11.00am	Debrief CHMT	