

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
OVERSIGHT FIELD VISIT REPORT TO KIAMBU COUNTY
19TH TO 21ST APRIL 2022**



The Oversight Team with Kiambu Governor Dr. Nyoro and CHMT Kiambu.

Acknowledgement

The Kenya coordinating mechanism (KCM) appreciates the financial and technical support received from the Global Fund over the years. This facilitated the KCM in conducting the successful oversight field visit to Kiambu county. The KCM also appreciates all KCM members, Technical Officers, KCM secretariat, The National Treasury, Kenya Red Cross, AMREF, HAHA, The Division of National TB Program, National Malaria and Control, program NASCOP, NACC and all Sub s recipients implementing Global Fund activities in Kiambu County. The KCM sincerely appreciated his Excellency the Governor Dr. James Nyoro, County Secretary, the Chief Officer of Health, County Director of Health, the County Health Management Teams, Sub County Teams, Health Workers, Community Volunteers and Beneficiaries for the warm welcome, information sharing and support to the various teams while on the field.

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ACRONYMS

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

INTRODUCTION

The Kenya Coordinating Mechanism (KCM) for Global Fund (GLOBAL FUND) conducted a COVID 19 focused Oversight Visit in Kiambu County on the 19th to 21st April 2022. The team comprised the secretariat, KCM Members from Key Populations, Non-Governmental Organisations (NGO), People Living with Malaria (PLWD-Malaria), and County representative /Council of Governors. The team also included implementing Principal Recipient (PR) from Kenya Red Cross Society (KRCS) and AMREF HA in Kenya (AMREF) for the Non-State Principal Recipients and The National Treasury as the state Principal Recipient. Representatives from the ministry of health (MOH) Divisions Malaria and Tuberculosis (TB) were also present. The County Teams were to provide guidance for KCM to reach the objectives of the Oversight Visit within the County. The sub-recipient (SRs) for both Non-State PRs comprising of ICWK for General Population and Respiratory Society of Kenya (RESOK).

BACKGROUND

County Visited

Kiambu County has a total population of 2,544,724 million. The County has 12 Sub-Counties namely Gatundu South, Gatundu North, Ruiru, Kikuyu, Githunguri, Lari, Juja, Thika, Limuru, Kiambu, Kiambaa and Kabete. The county has 507 Health facilities: - 108 Public Health Facilities, 330 private Health Facilities and 69 Faith Based Facilities. Kiambu County has 3prisons. Kiambu County was selected for an Oversight site because of the following reasons: - COVID 19 Positivity Rate; COVID 19 Response Mechanism and Considerable COVID 19 Support. The overarching purpose of Oversight is to ensure that COVID 19 grants accessed from the Global Fund are implemented as planned and are yielding targeted results, and further those challenges and bottlenecks are identified and resolved, and verifiable results are achieved within agreed timelines.

Specific objectives of the oversight visit were to: -

1. Establish the Progress of grant implementation; bottlenecks/challenges affecting Global Fund implementation and recommend solutions/ strategies to improve grant performance/best Practices.
2. Establish HIV/TB/Malaria Commodity Status and Progress made in strengthening supply chain systems.
3. Establish progress made on distribution, implementation, and uptake of COVID 19 support under Global Fund/mitigation of COVID 19 effects.
4. Engage with Stakeholders/ Beneficiaries and share/document information experiences regarding GLOBAL FUND programming in Kenya.

Methodology

The methodological approach applied in carrying out the oversight enabled the team to answer the standardised questionnaire. The responses to the questions including the target participants and departments, sample size, data collections methods, and data collection instrument are explained below. In addition, a movement plan is provided to illustrate the oversight engagement.

Target Participants/ Target Departments

The assessment targeted Service Delivery Points like the Outpatient, Laboratory, Comprehensive Care Centre, Pharmacy and Community Health Units. Key participants in the assessment were Pharmacists, Clinicians, Community Volunteers and Laboratory Technicians.

Data collection instruments

A standardised questionnaire guided the process of gathering information from the different stakeholders during the Oversight Visit. The approach varied to suit the Objectives of the Oversight Visit and the different situations.

Movement Plan

Day 1. Courtesy call meeting with the County Leadership: Governor's Boardroom

1. The team had a courtesy call with the County Leadership represented by the Governor, County Secretary, CECM for Health, Chief Officer for Health, and members of the CHMT.

2. Meeting with CHMT; Kiambu County Referral Hospital CME room hosted by the Chief Officer.

We received updates on status of the county on HIV, TB, Malaria and COVID 19 including county performance reports, commodity status and Global Fund grants implementation status. The Oversight Visit team presented an overview of KCM and the Global Fund investment in Kenya and County. The State and Non-State PRs (TNT, AMREF HA and KRSC) shared on Global Fund investment and implementation status. The sub recipients were also in the meeting. We made a courtesy call meeting with the County Referral hospital CEO/Medical Superintendent; Tour of the Kiambu County Referral Hospital OPD, COVID 19-unit, pharmacy and laboratory.

Day 2. Meeting Sub Recipients: ICWK Kiambu Offices

Engaged with community volunteers/Peer Educators/Mentor Mothers and Community Resource persons on GLOBAL FUND support regarding COVID 19 (implementation status, measures in place to control the spread, mitigation). Later the team met for Report and Presentation/Preparation.

Day 3. Respiratory Society of Kenya (RESOK); Lari Sub County Referral Hospital

1. Meeting with CHVs and Community Resource persons.

2. Discussion on GLOBAL FUND support regarding COVID 19 (implementation status, measures in place to control the spread, mitigation).

Debrief CHMT; Kiambu Referral Hospital CEC Boardroom

Made a debrief of the 3day visit findings and recommendations to the CHMT Kiambu.

1. DATA COLLECTION

Data collection was systematically executed throughout the three days. The teams further divided themselves into smaller teams. Each team managed a section of the sampled stakeholders with well laid out targets per day. The teams filled out the guiding questionnaires from the respondents. Data was obtained from the site visits, conversations from the courtesy call, Presentations made by the County, PRs, SRs and other stakeholders and conversations held during meetings with various stakeholders over a period spanning 3 days. Ethical considerations in ensuring confidentiality and anonymity of responses were strictly adhered to.

2. LIMITATIONS AND CHALLENGES

The Kiambu Oversight field visit was undertaken within three days. The team was able to engage with representatives from the 12 Kiambu Sub Counties however out of the 12 sub counties, the Oversight team was able to physically visit two Sub Counties i.e., Lari and Kiambu. This time limitation constrained in depth engagement with the Health Staff, Community Volunteers and Beneficiaries. The findings herein are not representative of the entire county.

Findings for Each Site Visited

1. GLOBAL FUND SUPPORT TO KIAMBU COUNTY: JULY 2021 TO JUNE 2022

GLOBAL FUND Investments in Kiambu County					
PRS	HIV	TB	Malaria	COVID 19	Total (KSH)
National Treasury	516,852,086	63,585,371	1,276,799	Budget not county Segregated	581,714,256
AMREF HAHealth Africa	-	61,727,524	-	96,562,773	158,290,297
Red Cross	46,336,978	-	-	6,071,700	52, 408,678
Total	563, 189,064	125,312,895	1,276,799.00	102,634,473	792,413,231

2. COUNTY POLICY LEVEL INTERACTIONS AND OVERSIGHT

2.1. ENTRY MEETING

Courtesy call on the Kiambu County Governor: His Excellency Governor James Karanja Nyoro

The KCM members, Oversight Members and Secretariat held a courtesy call to H.E Governor Kiambu County. Present at the meeting was the CECM Health, Dr. Murega Joseph, COH, County Secretary and CHMT leads.

The Oversight Team lead introduced Global Fund as well as the KCM and the purpose of the visit. This opened room for a discussion led by H.E the Governor on the COVID - 19 interventions and mitigation strategies by Kiambu County.

The county team appreciated the support Global Fund on HIV, TB, MALARIA and COVID - 19. That with this support, the disease infection rates had gone down, advocacy and matters regarding infection Prevention had already been catered for. The meeting appreciated that at the height of the COVID - 19 pandemic, no major stock outs had been noted, services delivery was not interrupted, and screening and sensitizations had continued.

The Kiambu team was particularly Proud of the 6 Gene expert machine and Oxygen support received, through the Global Fund, strategically utilized in the county. In addition, the team appreciated the GLOBAL FUND logistic set up which was seamless and guaranteed that the funds did not commingle.

That the county had received testing kits, trainings, commodities, and this was an appreciated investment in the critical diseases.

Non communicable diseases Programs were identified as the biggest challenge and a call was made for further support in the integration of non-communicable diseases with the routine Global Fund Programming with a cascade of services away from the referral hospitals to Primary health care facilities to look at the big picture.

With the governors' blessings, the team embarked on the Oversight Field Visit.

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

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

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

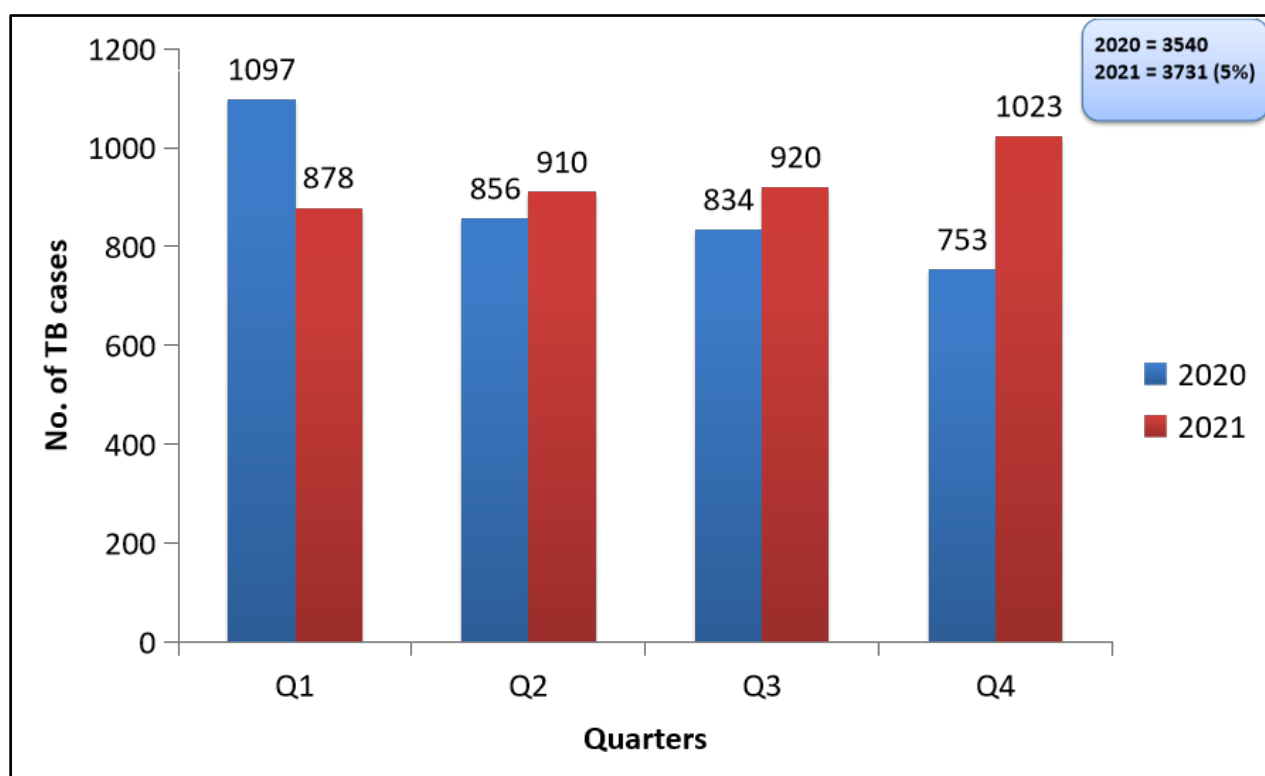
A plenary discussion was held to respond to questions based on the Presentations made and understand the County's implementation of Global Fund grant to mitigate effects of COVID 19 on HIV/TB/Malaria Programming and enhance COVID 19 response.

2.2.KIAMBU COUNTY PERSPECTIVE: -

2.2.1 OVERALL DISEASE BURDEN FOR HIV, TB, MALARIA & COVID 19

Kiambu county faces a burden of both communicable and non-communicable diseases. communicable diseases including Tuberculosis and Human Immunodeficiency Virus remain a public health concern. In 2021, the number of TB cases (both Adults and Paediatrics) increased compared to 2020. There was a gradual increase in the number of TB cases from quarter 2 of 2021. HIV testing among TB patients was 97%, the HIV Co-Infection rate ranged from 21% to 25% and art uptake was above 90%. The nutrition status was normal in 38% of the patients and only 12% had severe malnutrition. Drug susceptibility TB treatment outcomes 2020, had a 81% treatment success rate and only 3 multidrug resistant patients were reported in 2021.

For the TB cases, 73% were diagnosed and treated in the public health sector, 17% in Private sector, 9.40% in faith-based organisations and only 0,8% in the Prisons. From operation research conducted in the county, 14 % of TB patients had diabetes and 12 % of HIV/TB patients also had diabetes, The current HIV Prevalence in Kiambu County is 2.7%. Kiambu county has 356 HIV testing sites and 83 art sites and only 50% use electronic medical records. currently, 86% of the HIV infected adults are on art and 45 % of the paediatrics are on art. there are 236, Prevention of mother to child transmission sites, with 3,287 clients. in 2021, 34 infants had positive PCR results and 82% were on treatment. among adolescents and young persons, 3,983 were on HAART.



COVID 19 ACTIVITIES 2020/2021 SUMMARY SUPPORTED BY RESOK

Activities: - **Sensitized** 472 participants on TB and Covid 19 and continuity of services (*CHVs, MDR champions, linkage assistants, implementers, PLHIV, mentor mothers, CSO representatives, AYPs*). Trained 48 CHVs on sputum sample collection-Dec 2020 and the same number supported with cooler boxes to collect samples at households while conducting contact tracing for PTB+. Contact tracing. Treatment interrupters tracing. TPT uptake among contacts. ACF facility-based CMEs. **PPEs:** CHVs Provided with forty-eight decontaminants for use during sputum collection. 528 reusable masks Provided to CHVs. 84 boxes of clean gloves Provided to CHVs. 103 bottles of hand sanitizers Provided to CHVs.

Challenges and Request

Challenges

- Sample networking challenges – once a week
- Lack of a TB isolation ward
- Lack of DM screening for TB patients
- Lack of nutrition commodities
- Transfer out

Request

- Request for more sample networking support

- Request for isolation ward
- Support for TB patients for DM testing
- Nutrition commodities
- Collaboration with neighboring counties through unique identifier

Malaria Program:

- Low risk malaria zone
- Training of health care workers on disease surveillance in malaria
- Support in Rapid Diagnostic test Kits
- Support in Anti-malarial
- Provision of LLINs in 5 Sub Counties – supported by Afya Ugavi

HIV Program

Total population 2,544,742; Sub-Counties 12(60 Wards); Total health facilities 706; HIV Testing Sites 356 (50%); ART Sites 83 (23 no IP); HIV Prevalence 2.7%; TX Curr All 43,364 (86%); TX Curr Pediatric 1363(45%); Retention 80%; EMR Sites 50.

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT): -

PMTCT sites 236 (36%); Estimated Pregnancies 65,664; ANC Coverage 2021 106%; HIV/SYP Testing 90%/99%; PMTCT Need 2,070; MTCT Rate 9%; Positive PCRs 2021 34(82% on Rx); PMTCT Clients 3287(84% opti.); Retention 84%; Mentor Mothers 57 (18 RED CROSS, 5 CHAK, 25 CRISSP, 8 ICWK).

ADOLESCENTS AND YOUNG PERSONS (AYP):

- 3983 AYP Currently on HAART
- AGYW are 2324 (58%)
- Dreams Program in 2 sub counties Thika and Ruiru
- The OVC Program under Tumikia Mtoto working with 3 LIPs has enrolled 85% of the CALHIV
- 8330 Adolescent PGs (10-14 Yrs 311 and 8019 15-19 yrs)

PRE-EXPOSURE (PREP) and POST EXPOSURE PROPHYLAXIS (PEP)

- PREP facilities are 61 (9%) with 6 PREP dices
- Barely a 50% continuation rate with general population topping the list. Better continuation rates with Discordant Couples and FSWs.
- 4 seroconverted in 2021

Key Malaria Microscopy commodities (Average Monthly consumption):-

ITEM	2019	2020	2021	Current stock status
Microscopy slides	1920	1340	1710	Available
Giemsa powder	16	9	14	Available
Methanol	12	6	10	Available
Oil emersion	12	6	10	Available
Glycerol	12	6	10	Out of stock

COVID 19

	Supplied	Status
Covid19 Antigen kits	20,000 tests	0
PCR Machine	1	Installed , Training done APRil 2022
Water bath	1	Working
Centrifuge	2	Installed
Bio safety cabinet	2	Installed
PCR Reagents	0	0

Pharmacy Department**Measures undertaken due to COVID Pandemic:-**

- ART and TB were given longer return dates and commodities to limit the frequency of visits and chances of exposure
- Tigoni L4 Hospital- Covid Centre- clients- referred to nearby Limuru HC

- No interruptions of services experienced
- Ordering and reporting of commodities continued as scheduled

Challenges' experienced 2020/2021:-

ART:-

- Shortage of TLD and LPVr pellets in 2020 due to Programmatic challenges
- Measures undertaken
 - Redistribution within the county
 - Shorter TCAs for the clients
 - Use of Kaletra syrup

TB:-

- Inadequate TPT supply

Current status:-

- The supply chain currently stabilizing particularly ART
- Lack of Viral load testing slowing down transition- adult and CALHIV
- TLE expiring in Jun 2022
- Low stocks of RH 75/50mg and unavailability of INH 100mg hindering pediatric TPT
- Low stocks of AL due to rationalized supply: Proposed redistribution to mitigate stock out awaiting supply from NMCP in May 2022
- Lack of malaria RDT kits hindering testing for malaria; affects consumption of AL

2.2.3 Global Fund investments by the PRs (National Treasury, Amref, and KRCS)

The National Treasury

Background

The National Treasury (TNT) is the state PR implementing the NFM3 grants through the MoH Programs (DTLTD-TB grant, NMCP-Malaria grant, NASCOP-HIV grant, HSSD-Crosscutting issues and KEMSA-Procurements).

Commodities

The GF grants under TNT are mainly for the Procurements of health commodities (approximately 80%), Programmatic activities and grant coordination. The funding for HIV is KSH 18.7B, TB KSH. 6.3B, and Malaria KSH 4.2B.

GF Commodities investment in Kiambu County

The TNT commodities investment for Kiambu County is HIV - KSH 516,852,086, TB – KSH 63,585,371 and Malaria – KSH 1,276,799.

The Covid 19 Global Fund investments was channelled through the National response and was not county specific as is the case with the other three disease grants.

GF Programmatic activities in Kiambu County for the 2021-2022 Financial year

HIV grant

1	Biannual counselors support supervision at County level for 47 County				
2	Support for counsellor- community index testing follow up in 10 facilities per county for 47 counties				
3	Semi Annual Facility support supervision visits by the County teams (to check issues of service delivery, EID, Maternal HAART, integrated service delivery).				
4	Biannual Mentorship visits by county TOTs on Revised ART Guidelines, DSD/QI guidelines				
5	Support KP TWG advocacy sub-committees (HIV & TB) (national and county levels) to ensure a wider range of KP participation in the meetings.				
6	Data quality Initiatives- County Led				
7	CME for referral clinics on diagnosis and management of VH and co morbidities by trained TOTs to cascade in the same to HCWs in the counties with FSW, TG, PWID and MSM programmes				
8	County MAT linkage forums in 7 counties with MAT programmes				
9	MAT induction preparation for MAT clients				

TB grant

S. No.	Activity	Q1	Q2	Q3	Q4
1	County clinical review meetings in 36 counties				
2	DR TB modular training for HCWs sensitizations on DRTB care management; 2 per quarter				
3	D4D on TB data for HRIOS and Lab officers - TB Specific				
4	Capacity building 240 health Product management mentors across the 47 counties				
5	County Advocacy on transition Preparedness towards health financing in 47 counties				
6	Annual County Meetings to monitor facility organizational assessment				
7	Annual facility level Organizational Assessment of Program Management Progress				
8	Conduct integrated Support supervision in 47 counties				
9	Facilitate CHMT and SCHMT to visit Private for Profit Providers for technical support, supervision				
10	Training the staff on new molecular diagnostics				
11	Sensitization of HCWs on TB screening, recording, and reporting (hubs and spoKsh.)				

12	Conduct one day sensitization meeting for county team to main stream ACF in PQE implementation in 10 selected counties.				
13	Conduct a 2 days PQE orientation for 1,250 health workers from 250 PQE selected HFs (10 counties)				
14	Conduct quarterly mentorship visits to selected HFs by sub county PQE/SCTLC in 10 Priority counties targeted for PQE implementation				
15	Select and orient 2500 HCWs on PQE(10 HCWs/HF, 5 HF per subcounty, 50 subcounties).				
16	Sensitize/re-sensitize Health Management Team on ACF policy guidance, supervision of ACF activities to create ownership				
17	Conduct ACF sensitization/re-sensitization meetings for all departments and SDP including recording and reporting (Half day meeting)				
18	Capacity building of county lab staff through training/re-fresher training on GeneXpert, TrueNat and TB LAM testing Procedures				
19	Refresher training of newly recruited MLTS on AFB smear microscopy including annual refresher training for newly recruited Medical Laboratory Technologist for smear microscopy - Practical session new lab staff				
20	Support TOT training for CMLC and sub county on ultra cartridge, TB LAM and WRD Procedures.				

MALARIA grant

No.	Activity	Q1	Q2	Q3	Q4
1	Conduct quarterly sub county QA field visits for Technical Support Supervision (TSS) and mentorship				
2	Capacity building of 39 county & sub-county commodity managers on supply chain & commodity management dashboard				
3	Development of county-level data quality improvement plans (39 counties)				

KRCS

The Kenya Red Cross Society is the Principal Recipient for Non- State implementing GF HIV grant in the country in addition to C19RM activities. Within Kiambu County, KRCS has contracted ICWK for the HIV and C19 program while MPEG and KIASWA are Non SRs who are appropriately linked to implement C19 interventions reaching key populations in the county. ICWK being the SR for the HIV interventions in the county have been assigned targets on various modules being; TCS, PMTCT, Program to reduce Human rights & related barriers, as well as comprehensive HIV program for Vulnerable populations- DC and MHRS. The SR in its implementation covers Thika and Kabete Subcounty with link facilities being Kianduta, Ngoliba, Makongeni, Mulumba,

Uthiru, Wangige and Nyathuna. For the period 1st January 2018 to 31st June 2023, Kiambu county has had a budget of KES 86,392, 779.00 for HIV while C19RM was allocated a total of KES 6,071, 700.00.

Amongst the key activities conducted under the HIV grant include defaulter tracing, SGBV awareness targeting men, Know your rights campaigns, training of Peer Champions on TCS, home visits for PLHIVs, support group sessions, advocacy forums and sensitization of MCAs, religious leaders, health care workers on stigma reduction against PLHIVs. Currently, ICWK is working with 125 Peer trained Peer Champions who have managed to enrol a cohort of 2,535 PLHIV and have thus far contacted 2,469 PLHIVs through home visits. As for C19RM activities, 15 level II health care workers were trained on C19 Infections Prevention and Control, 41 community health volunteers and 114 peer champions sensitized on C19, SGBV and anti-stigma messaging, while a total of 688 masks and 168 sanitizers distributed to community volunteer, paralegals and PLHIVs. Other stakeholders equally sensitized on C19 include 40 community leaders, 83 matatu and boda boda operators, and 30 law enforcement officers. The C19 RM grant also has support for SGBV survivors, support for mental health for beneficiaries, strengthening Differentiated Service Delivery model and support for community groups for distribution of PrEP medicine and other related prevention products such as condom lubricants, self-test kits among the KPs and Discordant couples.

AMREF HEALTH AFRICA

AMREF in Kenya is supporting implementation of the Global Fund Tuberculosis and Malaria grants for Non-State Actors in the country. In Kiambu county, AMREF HA is supporting only TB activities as it is not an endemic Malaria County. AMREF HA has engaged two Sub Recipients to support implementation of TB and COVID 19 activities across the county. These SRs are Respiratory Society of Kenya (RESOK) with a budget of Ksh. 80 million for the period July 2021-June 2024 and RODI supporting implementation of KIC-TB innovations whose contractual Process with PR is ongoing. The interventions supported include; Facility Active Case Finding, support of linkage assistants, contact screening, tracing of treatment interrupters, Public Private Mix (PPM), Program quality and efficiency (PQE), sensitization on Tuberculosis Preventive therapy (TPT), Procurement and distribution of PPE and Oxygen Supply. Implementation of activities through SR are ongoing.

AMREF HA and SRs have received maximum support from the County leadership and health management teams and both County and Sub Counties. AMREF HA directly supports Kiambu county Procurement and supply of oxygen across five health facilities (Tigoni Level 4, Thika L5, Kiambu L5, Ruiru Level 4, Kihara Level 4 And Wangige Sch Hospitals) to a tune of Ksh. 78m for the period July 2021 to December 2023 and Procured and distributed 49,800 boxes of surgical masks and 13,120 particulate respiratory masks. AMREF HA has also continuously supported social support for 21 MDR TB patients and 11 DOT HCWs of Ksh. 6,000 monthly. AMREF Health Africa total budget for the county is about Ksh. 158,290,297.

3. OVERSIGHT FIELD VISIT SITES

3.1. KIAMBU COUNTY REFERRAL HOSPITAL

3.2. Findings

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

Food supplements are not available in health facilities as a result of the protracted court cases which have been resolved and deliveries are expected from quarter five. The Gene-Xpert Cartridges were received last year, and distribution is ongoing. The viral load testing is currently being rationalized commodities are currently under distribution. Sample networking support is done once a week using a rider. This has affected the finding of active cases. Currently AMREF HA stopped using G4S and is currently using Sub-Recipients to transport samples twice a week.

There is a stock out of TLD in Kiambu county health facilities. The county needs EMR support for TB patients to minimise on the defaulter cases. Kiambu county referral hospital needs an isolation ward for TB MDR cases. There is need to rationalize facility commodity order systems/ DHIS with those of KEMSA, and MOH Disease Programs to prevent wastages. Factors to consider include quantities at the central stores, shelf life and orders from one region to another etc. The entry of POSTA in transportation of commodities has also delayed distribution of commodities. The county also needs the support for integration of TB/diabetes testing because recent testing shows the TB diabetes cases are on the rise.

COVID - 19, Outpatient Department, Laboratory & Findings at the Oxygen Tank

During the COVID - 19 period, the facility ensured suspect cases were treated at separated area to avoid mixing suspected cases with other hospital patients. The well-staffed, well equipped and teams were capacity build to handle the COVID-19 related emergencies. The facility has an oxygen tank and is supplied with oxygen funded by Global Fund through Amref HA. COVID-19 Cases were handled and treated from Tigoni Sub County Hospital as it had an isolation wing.

Outpatient Department

Due to the high population coming to the facility for medical services, the facility has increased the patients' service points. The triage is set at the parking under a tent and it is spacious and well organised with patients moving systematically to service points. Eighteen (9 on contract) clinicians are available for service provision throughout the hospital. This is insufficient to serve the referral hospital. The Outpatient facility does not have adequate consolation facilities hence some of the clinicians attend to patients in the open. There is need for structural development in the facility and a short run measure, there is need to invest in screens to allow for Client privacy.

Laboratory

Has greatly benefited from the Global Fund funded commodities ranging from GeneXpert machine (4 chamber), GeneXpert cartridges, centrifuge, COVID 19 testing equipment, PPEs, masks were also provided but it was not immediately established the source of the support. HIV testing is done using 1st response testing Kits amongst other methods. The laboratory conducts a genre of about 150-200 tests daily. Malaria testing is done using microscopy. With a low monthly positivity rate. The Laboratory has 15 members of staff who are in adequately to serve the hospital population. The county has installed a six-tone oxygen tank in the hospital serving the casualty COVID-19 centre and Inpatient departments. The oxygen is piped to hospital beds. Oxygen refill is by Global Fund

through Amref HA. The oxygen tank was helpful to COVID-19 patients during the height of COVID-19 pandemic.

Pharmacy: -

Support received included mainly non-pharmaceuticals: N95 and K95 masks, face shields, gowns, goggles, hand sanitizers and information, education and communication materials. High risk areas/key departments were prioritised in allocation of the support received. Some challenges were that: Delivery notes, bin cards, hard copies of store records were not readily available. Distribution of commodities to all facilities up to the last mile were coordinated by the pharmacist in-charge.

Community sensitization and strategy

Community sensitization on COVID - 19 included advocacy, health education through barazas, churches and trained community volunteers WhatsApp platform. Initial resistance in uptake of COVID - 19 vaccines and services by the communities. Uptake of vaccines increased gradually through sensitization. Community volunteers visited COVID 19 cases households and offered mitigation measures to prevent transmission to other household members.

Challenges/ unmet needs

Delay in test results via PCR; Inadequate Oxygen during the pandemic; Stock out of commodities. The Hospital increased budgetary allocations for expensive commodities like Heparin, Dexamethasone, Azithromycin and Vitamin C required for management of COVID-19 patients.

Field observations.

The sample networking is weak with once weekly sample collection days. Need for linkage between KEMSA and The National Treasury to streamline the supply chain of Program commodities. Dire need for an isolation ward at the county and support for the co-infected patients/TB/diabetic patients. It was only the pharmacist in charge who seems to be aware of the source of commodities, especially the Global Funded commodities. The Community Representatives were aware of Global Fund support to the facility. The health care workers attested that they received some commodities for the Prevention of COVID - 19 spread. Accountability of the COVID -19 items received was evident through availability of bin cards which were updated.

3.3.ICWK FOR GENERAL\POPULATION: (KRC)

3.2.1 HIV

The International Community of Women Living with HIV-Kenya Chapter (ICWK-Kenya) is a National network run by and for women living with HIV and AIDs in Kenya. ICWK through Kenya Red Cross Society has been implementing the HIV Global Fund grant since January 2020 to date. In the current grant, ICWK covers Kabete and Thika Sub Counties.

ICWK is currently implementing the following modules:

Treatment Care and Support for PLHIVs:- Had a target of identifying 1,535 defaulters in high volume facilities with the help of peer champions. So far ICWK has managed to line list 1,768 out of which 886 have been returned to care, 189 transferred out, 24 died, 553 lost to follow up, 9 declined treatment, 108 are still being followed up.

PMTCT: - Implementing HEI follow up since October 2021 with 10 trained expert mothers.

Vulnerable population module (discordant couples and men in high risk settings):- Preliminary activities being conducted in readiness for dissemination of the National guidelines by NASCOP.
Programs to reduce human related barriers: - ICWK trained 24 paralegals to support in reducing human related barriers and violations against PLHIVs in 12 sub counties.

3.2.2 COVID 19

In order to cushion the investments under the main HIV grant, the SR was allocated additional resources from the global fund to facilitate increased awareness and containment of COVID-19 following the upsurge of cases since 2019. Sensitization was done for community volunteers, health workers, PLHIVs, law enforcement officers, paralegals, matatu owners and boda boda riders on COVID - 19, SGBV and anti-stigma messaging. In addition, community volunteers were engaged to conduct phone call follow ups to ensure adherence. The program also supported in provision of PPEs including sanitizers, masks among others. The visiting divided in to 2 groups to meet with beneficiaries and staff.

3.2.3 MEETING WITH BENEFICIARIES

The team met 13 beneficiaries who confirmed working and trained by ICWK. All the 13 had been vaccinated with 5 having accessed booster shots. They also indicated that they received masks and sanitizers, trained on COVID-19 Prevention and control from Kenya Red Cross through ICWK which were distributed to the community. They also received sanitizers and masks from MOH.

To help contain the disease the beneficiaries stated that they were involved in sensitization of the chiefs, CHVs, Nyumba Kumi and community members on COVID-19; they were engaged in distribution of sanitizers, hand washing facilities to the community; sensitized the community on the importance of hand washing, staying at home and social distances. one the community member used to stitch masks, and gave community volunteers who distributed to the community. the beneficiaries felt their efforts work because they saw community members practicing handwashing, maintained social distance, used sanitizers and wore masks as required.

The community volunteers requested to be trained on first aid, provided with BP machines, gumboots and raincoats to support them in their work at community level

The beneficiaries stated the following as the challenges faced during COVID-19

1. The community was adamant on COVID-19 and needed to be sensitised to accept using masks.
2. Lock down affected the clients going for refill. Kiandutu hf being closer to blue post where the road block was. these affected clients accessing medication. CVs used badges provided by the program to access facilities, collect medication and deliver to clients who were locked out.
3. The community feared visiting health facilities for fear of contracting COVID-19. the CVs used to collect medication from facilities to deliver medication to the clients at home.
4. Increased defaulters, most clients went outside the county, some claimed to lack bus fare to go for refill.
5. Due to cleanliness cholera cases went down
6. Clients also refused be transferred out.
7. Clients defaulting from other areas and transferrin themselves within the county

8. Some clients giving wrong details and posing as new clients to the preferred facilities increasing the number of treatment interrupters

3.2.4 MEETING WITH STAFF

ICWK staff confirmed to have received both PPEs and additional funding. for PPEs, ICWK received 138 branded masks and 138 non branded plus 207 sanitizers of 200ml all of which have been distributed to the intended beneficiaries. This was verified through review of waybills and delivery notes which were duly filled against the distribution lists.

on the rational for COVID-19 sensitization, the team indicated that the consulted the CHMT on areas to focus and that's how pockets in Thika Sub-Counties were identified as Mongeni which is highly congested due to the market and bus stage/boda boda. There was also integration of messaging in every activity. through other donor support ie UNAIDS food baskets were given to most vulnerable population which also motivated uptake of COVID-19. The SR focused on sensitizations which were done virtually to reach all targeted communities. there were also community drives to enforce on the messaging to increase uptake of the vaccine.

It was attested that the COVID-19 support was beneficial as parts of Kiambu which has vulnerable and poor populations were the primary targets for the PPEs. PLHIVs were sensitized on the need to access services at the facilities as people had withdrawn due to fear of contracting COVID-19.

ICWK in their preventive efforts collaborated closely with the administration to support in enforcing messages and increase uptake for the COVID-19 vaccine.

AMONG THE CHALLENGES STATED BY THE TEAM WITH REGARDS TO COVID-19 WERE

- Job losses to staff.
- PLHIVs had acute nutritional needs yet the program only supported with PPEs
- There were shortages of ARVs as a number of children Seroconverted as a result.
- Thika was also affected by lock down hence defaulter tracing was difficult leading to treatment interrupters.
- Increased GBV cases around Kiambu.
- Low demand on SRH services.
- Some activities could be implemented due to staff working from home.

RECOMMENDATIONS

On Nutrition, food baskets could be idea to cushion the vulnerable PLHIVs across the whole country as opposed to few prioritised counties

3.2.3 TREATMENT SITE VISIT

N/A

3.2.4 STRENGTHS

- Good relationship between SR and county
- Well informed. performance was as defined in their work plan and budget.
- CHVs equipped with bags and first aid kits
- Motivated CVs, Paralegals, Mentor Mothers and Community Champions.

- Worked well with the opinion leaders, especially on training.
- CHVs received PPEs from Global Fund and MOH including hand washing facilities distributed.

3.2.5 AREAS OF IMPROVEMENT

- Pick up the modules that are lagging behind such as PMTCT and VP once guidelines are finalised by NASCOP.
- Train CHVs on basic first aid skills
- SR to be trained in networking to further support beneficiaries outside their coverage

3.4. *RESPIRATORY SOCIETY OF KENYA (RESOK)*

3.5. KEY HIGHLIGHTS FROM THE PRESENTATION BY RESOK INCLUDE:

RESOK is a sub recipient for AMREF HA in Kenya implementing TB grant in Kiambu county. the grant started in July 2021 and will be ending in June 2024.

Case Study

A needy young man and an orphan MDR patient in Lari sub-county is supported by RESOK. He lives with his aging grandmother and has taken into drinking traditional brew and needs to be rehabilitated. The organisation does not have a provision for this. The community volunteers have to contribute to sustain him with nutrition. They even budget for his food which they give in piece meal to make sure that he is fed.

Key Findings

RESOK is working closely with the county and other implementing partners including university of Nairobi – USAID CRISSP Project, ICWK- KRCS and CHAK- PEPFAR. They capacity built TCHVs with knowledge on TB and COVID 19. Tracing of treatment interrupters is at 80% however referral is at 50%. The performance is attributed to migration of patients, and some not known in their localities based on information provided during registration. The majority of the treatment interrupters are coming from the neighbouring counties making tracing difficult. Tracing of treatment interrupters has helped reduce default rate to less than 5% in Lari Sub County. Activities targeting Program quality improvement/efficiency and TPT are lagging behind due to the fact that these are new activities and the national TB Program had to lay down strategies before implementation.

COVID 19

The SR supported sensitization of 472 community actors (CHVs, MDR TB champions, PLHIV, mentor mothers, CSO reps, AYPs) on COVID - 19 and continuity of services. They received support in distribution of PPEs. 48 decontaminants for use during sputum collection, 528 reusable masks, 15 boxes of surgical masks. 84 boxes of clean gloves. 103 bottles of hand sanitizer, Community volunteers have been actively involved in line listing community members for vaccination by sharing details with HCWs using WhatsApp. The SR reported delay in implementation occasioned by delayed disbursement occasioned due to system error.

Recommendations

- Fast track implementation of quality improvement and TPT activities are lagging behind
- There is a need to develop strategies to improve retention and also enhance success of tracing treatment interrupters AMREF HA to ensure smooth and timely disbursements to avoid delayed implementation of activities.
- AMREF HA to follow up with RODI to improve stipend payment to the CHVs. The SR to work with PR to Provide identification badges and lab coats to the CHVs the Program to relook on requested first aid training by the CHVs.

Meeting with Community Volunteers

The team met two CHVs supporting community and facility TB activities. Supported by RESOK with transport of KSH. 1000- whenever they conduct household contact screening and trace a treatment interrupter. They receive their allowances timely upon submission of reports. They have been well trained on community strategy, and technical modules (TB, HIV, COVID 19, Nutrition, New-born and maternal health and Sanitation). During COVID 19 pandemic, they were provided with masks, sanitizers, cooler boxes for collecting sputum to patients, immunization for children and vaccination for COVID 19 and tracing of hypertensive patients. CHVs played a key role in sensitization of community members on COVID-19, installation of hand washing facilities at households, distribution of PPEs, collection of sputum from community, delivery of drugs to patients among others. This helped facility continue with routine services. CHVs confirmed to have received masks from RESOK and county department of health throughout the pandemic.

Challenges

- i. They lack lab coats and badges for identification and recognition- They requested to be facilitated to get some. *The KCM Secretariat donated some lab coats and overalls.*
- ii. Inadequate financial support to CHV stipend payment and requested counties to fast track the CHS bill which they confirmed that their MCA has been following up.
- iii. Inadequate TPT (RH) commodities at the facility. This has affected treatment of eligible clients.
- iv. Vastness in contact screening and tracing of treatment interrupters. Though they work as a CHUs, some CHVs are not willing to conduct TB activities leaving the few per unit to traverse long distance.
- v. PR to follow up on pending payments from RODI- SR implementing TB activities in Kiambu police stations.

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

1. KEY FINDINGS

STRENGTHS

- Goodwill by the leadership.
- Great teamwork and availability of an effective multi-sectoral COVID -19 coordination structure and surveillance system.
- All facilities visited had COVID 19 Prevention and/or mitigation systems.
- Patient handling was orderly/ Good Security. Well established health Infrastructure.
- Have thorough TB Screening and linkage to HTS

- Commodity & equipment Security.
- Staff were motivated/Great team work/ Courteous / Empowered CHVs.
- Good facility/Community linkages.
- Re- distribution and Decentralization of commodities to the last mile.
- SOPs available at pharmacy/Health education messages were running at the CCC department

C-19 Uptake & Implementation

- Kiambu county received COVID-19 support from not only GF-TNT/KEMSA/AMREF HA/KRCS and other partners as well
- Good infection prevention and mitigation systems/Clean Hospital/ Running water/ Hand Washing Points.
- PPEs available for staffs and volunteers.
- Support received is in form of C-19 commodities/Oxygen Supply & other consumables.
- Uninterrupted Service provision with minimal C-19 infection rates.
- Vaccine deployment and continued Vaccinations.

AREAS OF IMPROVEMENT

1. Improve on Pharmacy documentation ie delivery notes and bin cards were not readily available.
2. Technical teams did not have adequate knowledge on funding body.
3. Improve on Communication/Mentorship/ Information Sharing and visibility
4. Patient privacy, office Ventilation & space.
5. Increase uptake of EMR
6. Need to better track Defaulters and Lost to follow up.
7. Increase testing sights, Retention and ART sights.
8. Create room for improvement.

No.	Sub Recipient	Strengths	Areas of Improvements
1	ICWK	<ul style="list-style-type: none"> ❖ Good relationship with County ❖ Good Performance ❖ CHVs equipped with PPEs bags and First Aid Kits ❖ Motivated CVs, paralegals, mentor mothers and community champions. 	<ul style="list-style-type: none"> ❖ Pick up the modules that are lagging behind ❖ Train CHVs on basic first aid skills and networking
2	RESOK	<ul style="list-style-type: none"> ● Work closely with other implementing partners ● CHVs are well trained and knowledgeable ● CHVs received PPE from GF and MOH 	<ul style="list-style-type: none"> ● Improve activities that are lagging behind ● Return back to treatment ● Disbursement & Stipends ● Identification badges and lab coats to the CHVs

		<ul style="list-style-type: none"> Community volunteers have been actively involved 	<ul style="list-style-type: none"> Train CHVs on basic first aid skills Clear targets vs Achievements
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RECOMMENDATIONS TO THE KCM, PRs AND COUNTY LEADERSHIP

RECOMMENDATIONS	
KCM AND PRs <ul style="list-style-type: none"> Adequate time and flexibility for the field visit. TB Program to provide additional Cooler boxes for sputum collection and TB Sputum Riders. Cash transfer to MDR Clients to cater for special needs. Principal Recipients and County leadership update meetings on Grant performance Principal Recipients to build capacity and Succession plans for the Sub Recipients. Principal Recipients to closely monitor Grant Implementation within the county. 	KIAMBU COUNTY <ul style="list-style-type: none"> Increase uptake of EMR SR/KCM/County/PR collaboration. Sensitization/M&E. Improve on Communication/Mentorship/Information Sharing. Fast track the absorption of Global Fund supported Staff once their contract expire. Fast track the uptake of CHV stipend payment. Employ sufficient staff in the various departments. Upgrade the Asbestos roofing in the various hospital departments. There is need to Integrate Services ie NCDs within routine programming

APPENDICES

1. EXTRACT FROM KCM MEETING MINUTES

Kenya Coordinating Mechanism Oversight Field Visit Sites: February to June 2022

No	Activity	Dates	Sites		Justification	Justification
			Team 1	Team 2		
1.	COVID - 19 specific all letters c oversight field visit 5 & 6	19th -21st April 2022 counties near Nairobi:	Kiambu	Embu	Kiambu disease burden considerable investments made around oxygen and disease Prevention.	Embu disease burden considerable investments made around oxygen and disease Prevention.

2. PROGRAM

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KIAMBU COUNTY 19 TH TO 21 ST APRIL 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. 	County Headquarters
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 Global Fund (HIV/TB/Malaria/c-19) ✓ overview of KCM& Global Fund. ✓ Presentation on Global Fund investments and by PRs, the national treasury, AMREF HA and KRCS ✓ establish HIV, TB and Malaria commodity status 	CHD offices

**THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
KIAMBU COUNTY 19TH TO 21ST APRIL 2022**

	<ul style="list-style-type: none"> ✓ Discuss Global Fund COVID-19 support/implementation status/measures in place to control spread of COVID - 19 / mitigate its effects. <p>question and answer session</p>	
01.00 pm-02.00pm	lunch break	
2.00pm- 4.30pm	site visit county referral hospital /COVID - 19 site <ul style="list-style-type: none"> • Courtesy call on the hospital CEO • Discuss Global Fund support on COVID-19 / implementation status/measures in place to control spread of COVID - 19 / mitigate its effects. • Visit the testing center/ service delivery outlets /establish infection Prevention and control 	<i>Kiambu county referral hospital</i>
5.00 pm – 6.00 pm	recap of day's activities	
Day 2 9am- 12.30 pm	<ul style="list-style-type: none"> • Discuss Global Fund support on COVID-19 /implementation status/ measures in place to control spread of COVID - 19 / mitigate its effects. • Meeting with CHVs/peer educators/mentor mothers and community resource persons. 	<i>ICWK for gen pop</i>
1.00pm – 2pm	lunch break	
Afternoon 2.00pm- 5pm	<ul style="list-style-type: none"> • Discuss Global Fund support on COVID-19 /implementation status/ measures in place to control spread of COVID - 19 / mitigate its effects. • Meeting with CHVs/peer educators/mentor mothers and community resource persons. 	<i>meet CHVs and linkage assistant at lari sub county referral hospital</i> <i>discussion with respiratory society of Kenya (RESOK) representation- SR</i>
5pm- 6.00pm	Complete report writing & Presentation Prep.	
Day 3 8.30am-10am	Debrief CHMT	
10.30 am	E xit	

3. LIST OF PARTICIPANTS

PARTICIPANTS	ORGANIZATIONS
1. Ms. Khatra Ali	- KCM/Team Lead
2. Mr. Peter Njane	-KCM
3. Mr. John Muiruri	-KCM
4. Ms. Pamela Kibunja	-KCM
5. Dr. Catherine Kilonzo	-DNMP
6. Mr. Cornelius Muthiani	- TNT
7. Mr. John Mutisya	- TB Program
8. Mr. Titus Kiptai	- AMREF HA
9. Ms. Khalda Mohammed	- KRCS
10. Ms. Joyce Wanyonyi	- KRCS
11. Ms. Mwanaisha Hamisi	- KRCS
12. Ms. Isabella Mugada	- KEMSA
13. Ms. Josephine Mwaura	KCM Secretariat
14. Ms. Margaret Mundia	KCM Secretariat
15. Sub recipients, ICWK AND RESOK CHMT, Sub County Teams	

9. COVID 19 questionnaire

County.....
Principal recipient.....
subrecipient
name of the respondent/s..... designation:cell number.....
email address: date.....sign.....
name of the rapporteur: cell number:email
address.....date: sign.....

checklist/items to verify	measurement/score
1. Did you receive any support to control the spread of COVID - 19 or mitigate its effects in Global Fund supported Programme	yes or no
2. Please indicate the source of this support	name of agency.....
3. Please highlight the kind of support received, for funds received indicate amount in ksh	

4. Please highlight the support received from the Global Fund or Global Fund Principal recipients. for funds received indicate amount in ksh	
Please note the kind of support received example oxygen support, sanitizers, masks, cash transfers, testing kits, sensitization, infection control etc	verify documentation; delivery notes; stores records
5. Describe the implementation status/ utilization of this support	
6. Provide documentary evidence on how the financial support or items received were taken on charge	verify documentation, delivery notes, stores records (electronic/hard copies / bin cards)
7. Please describe on how this support was utilized /distributed	Copies of reports / list of beneficiaries /telephone contacts
8. Please describe rationale adopted to ensure community sensitization on COVID - 19	
9. Please describe the uptake of the COVID - 19 vaccines and services by the communities.	
10. Briefly describe activities undertaken/ uptake of services/effectiveness of containment measures / beneficiaries /community engagements to control spread of COVID-19/ mitigate effects in Global Fund Programmes	

11. Briefly describe how this support was beneficial to the community/ utilization.	
12. Describe any challenges / unmet needs in controlling the spread of COVID - 19 or mitigating its effects in Global Fund supported Programme	list challenges list unmet needs starting with the need with the highest Priority to the lowest
13. Does the organization/facility have a well-functioning hospital or organization incident management system team	

10. oversight field visit pictures (during sessions)





