



Dr Newton Ang'wa, Pharmacist at the NTLD-Unit conducting the TB forecasting and quantification session with the county pharmacists in Machakos

County Pharmacists Meet To Discuss TB Commodities

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported two meetings with County Pharmacists to discuss emerging challenges in the procurement and supply of TB medicines within Kenya's devolved government system .

The meetings, which were held under the theme 'Optimising TB Procurement and Supply Chain In A Devolved System,' took place between August 4 - 6, 2014 in Nakuru and August 11 – 13, 2014 in Machakos. At the meeting, pharmacists discussed challenges in the TB supply chain, logistics and information management and particularly focused on the challenges in procurement, distribution and management of TB drugs at the county and sub county level.

During the meetings, staff from the National Tuberculosis, Leprosy and Lung Disease Unit (NTLD-Unit) took the County Pharmacists through the current TB situation in Kenya, highlighting their role in the management of the TB supply chain. NTLD-Unit staff further updated the pharmacists on the latest national TB clinical guidelines in specific areas such as adult and paediatric TB, multi-drug resistant TB (MDR-TB), TB/HIV co-infection and Isoniazid Preventive Therapy (IPT).

The pharmacists were also introduced to the use of the District Health Information Systems (DHIS) for TB commodity reporting and also briefed on the national Forecasting and Quantification (F&Q)

The meeting particularly discussed the challenges in procurement , distribution and management of TB drugs at the county and sub - county level

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Word from the Acting TB ARC Chief of Party, Dr Brenda Mungai

The End TB Strategy is here! On May 19, 2014, the 67th World Health Assembly adopted the global strategy and targets for Tuberculosis Prevention, Care and Control after 2015.

The Vision: *A World Free of Tuberculosis (TB)* with a goal to end the global TB epidemic. The targets for 2035 include 95% reduction in TB deaths, 90% reduction in TB incidence rate as compared to 2015 and no affected families facing catastrophic costs due to TB.

Kenya has adapted these strategies and included the indicators in the almost complete National Strategic Plan (NSP) 2015-2018. The Tuberculosis Accelerated Response and Care (TB ARC) activity continued to offer support to the National Tuberculosis Leprosy and Lung Disease Unit (NTLD-Unit) during the July- September 2014 quarter to finalise the NSP as we prepare to launch this important document during the next quarter.

The July - September 2014 quarter also marked the beginning of TB ARC's second year of operations. There was a lot of learning and running in the first year to ensure smooth transition and alignment to the devolved government system in TB operations. During this quarter, TB ARC supported the NTLD-Unit in its priorities, with more



Dr Brenda Mungai
Acting Chief of Party
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(TB ARC)

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focus on county engagement around commodity management, support in early and rapid diagnosis of TB, prevention of TB, support of childhood TB and the STOP TB Kenya Partnership.

“What quantity of TB medication do we need as a county? At what costs?” These are some of the questions that county health directors and pharmacists repeatedly asked during national forums.

As a result, we supported a County Pharmacists’ forum spearheaded by the NTLD-Unit Pharmacy Unit in July 2014 where County Pharmacists were sensitised on TB forecasting and quantification as well as the use of the QuanTB tool. At this session, each county was able to calculate its needs and total costs to be presented to their respective County Directors of Health. This is indeed a big step in getting respective county governments to commit resources to sustainable TB care and prevention.

The quarterly inter-county review forums ‘quarterlies’ were also held during the quarter and we were glad to see USAID implementing partners well represented in the meetings. Their representation and participation in these meetings enhances integration and synergy in TB/HIV implementation, which is quite useful in our efforts to reduce the incidence of TB in this country. During the meetings, we also held TIBU Phase Two trainings for 275 TB and Leprosy Coordinators and completed testing of the system, which signalled the closure of TIBU Phase Two. Plans are now at an advanced stage to scope for TIBU Phase Three, which is expected to open an exciting new frontier of easier access to national data through dashboards to the counties, communities, CSOs, partners and funding agencies as well as full DHIS integration.

During this quarter, GeneXpert machines were installed in Isiolo, Meru, Samburu, Marsabit, Garissa and Wajir bringing the number of installed Xpert machines to 68 out of the procured 70. The NTLD-Unit formed a National Taskforce for GeneXpert rollout to ensure optimisation of GeneXpert technology and streamline commodity management. TB ARC will be the secretariat of this taskforce that will meet regularly to review progress on GeneXpert implementation in Kenya. A Rapid Results initiative (RRI) for GeneXpert testing was also launched in the quarter and will continue into the next quarter.

Prevention of TB among persons at risk is a priority for the NTLD-Unit and National AIDS and STIs Control Program (NAS COP). Isoniazid Preventive Therapy (IPT) has been successfully implemented in a few facilities in Kenya and a wide scale rollout is planned for this year. TB ARC supported the first workshop to draft out the roll out plan, review the documents, and develop the Standard Operating Procedures (SOPs) for the planned IPT rollout strategy. The meeting was attended by representatives from NAS COP the NTLD-Unit, County teams and partners in TB control and care.

Paediatric training for health care workers was also done for the Central Region counties to ensure scale up of paediatric TB care. A lot has happened in the quarter and we are grateful for the fruitful partnership with the NTLD-Unit and all partners in the TB community in Kenya. We also wish our former Chief of Party (CoP), Dr Samuel Gitau Kinyanjui well and thank him for setting this ship to sail. We look forward to an even more exciting quarter as we work to a world free of tuberculosis!

Happy Holidays

Thank You

During this new quarter, TB ARC supported the NTLD - Unit in its priorities with more focus on county engagement around commodity engagement, support in early and rapid diagnosis of TB, prevention of TB, support of childhood TB and the STOP TB Kenya partnership.



Pharmacists at the County Pharmacists Meeting in Machakos

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report, the national stock status report and the Global Drug Facility (GDF) monitoring mission report.

One of the key exercises at the meeting was a practical session on commodity forecasting and quantification that was led by Dr Charles Njuguna from Management Sciences for Health (MSH). During this exercise, pharmacists were practically introduced to the GDF quantification tool, which they used to calculate the status of TB commodities in their respective counties and also forecast future needs, based on disease burden and prevalence.

After this exercise, the pharmacists were able to develop 47 county budgets for TB medicines for 1st line, and MDR TB treatment, which will be presented to their respective county health committees for the allocation of funds to purchase of TB medicines through a centralised procurement system.

CHS Pharmacist, Dr Hellen Kalili said, "The meeting was a success because we were able to develop 47 county budgets which will be used to advocate for allocation of resources for TB medicines."

Pharmacist at the NTLD-Unit, Dr Newton Ang'wa, added, "It was important that the County Pharmacists come on board to take up their role as the medicine managers for TB so as to streamline TB procurement and supply in the devolved government."

"This meeting was a success because pharmacists were able to appreciate their role in TB treatment and have a budget that they can present to their health committees for action," he concluded.

The county pharmacists meeting highlighted the importance of engaging county governments in the fight against TB in Kenya. This kind of engagement is expected to result in streamlined procurement and supply of TB commodities, to ensure uninterrupted flow of TB medicines to Kenyans.

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Dr Samuel Gitau, – TB ARC Chief of Party leads discussions at the meeting*

USAID Funded Implementing Partners Meet To Discuss TB/HIV Activities

The Tuberculosis Accelerated Response (TB ARC) activity supported a meeting between USAID funded TB/HIV implementing partners and the NTLD – Unit to discuss TB/HIV support progress in Kenya.

The meeting held on August 28, 2014 at the Centre for Health Solutions – Kenya (CHS) offices, brought together representatives from the APHIAplus teams, AMPATH, the NTLD-Unit and ICAP Kenya to discuss possible areas of collaboration among USAID funded TB/HIV implementers in Kenya.

The meeting further discussed the status of the GeneXpert rollout in supported counties, the implementation and support for paediatric TB, community TB activities and joint supervision/working relationship with County and sub County Tuberculosis and Leprosy Coordinators (CTLCS and sCTLCS).

During the meeting, it was reported that the APHIAplus teams and AMPATH participated in the quarterly data validation meetings in the Thika, Western and Wajir clusters and would continue to attend future quarterlies.

Some of the concerns raised at the meeting included the manner in which Intensive Case Finding (ICF) data was being captured and reported in the counties, poor documentation on the use of Isoniazid Preventive Therapy (IPT) and the sporadic Multi Drug Resistant (MDR TB) clinical meetings at the counties.

To address these concerns, the meeting participants agreed to form a small sub committee to iron out the most practical approach to conduct ICF among people living with HIV (PLWHIV). The APHIAplus teams and AMPATH further agreed to support the facility approach models and to ensure that facility based health care workers are supported to join the county specific monthly MDR TB clinical meetings. It was also agreed that the District Health Information Systems (DHIS) departments would be incorporated in the documentation process on the use of IPT to ensure that the data flow reporting systems are harmonised.

Another key output from the meeting was an agreement that support for sample transfer would only be given to sites not covered by any of the USAID funded TB/HIV implementing partners. It was further agreed that TB ARC would print paediatric tools for the CTLCS and sCTLCS and the training on the paediatric tools will be facilitated by the NTLD-Unit and USAID funded TB/HIV partners on the ground. The meeting proposed that all parties carry out a Rapid Results Initiative (RRI) to ensure that there would be no expiry of GeneXpert Cartridges.

Quarterly meetings of USAID funded TB/HIV implementing partners are hosted by the CHS led TB ARC activity and aim to ensure better coordination of resources and effort in the fight against TB in Kenya.

* Dr Samuel Kinyanjui has since left CHS



Ms Alice Wairia , TB ARC Monitoring and Evaluation Officer at the 2nd Annual M&E conference in Nairobi.

TB ARC Officer Presents Abstract at the 2nd M&E Conference

TB ARC Monitoring and Evaluation (M&E) Officer, Ms Alice Wairia, presented an abstract at the 2nd Annual Monitoring and Evaluation Best Practices Conference held from September 9-11, 2014 at the Panari Sky Hotel.

The conference, organised by the Adam Consortium with support from President's Emergency Plan For AIDS Relief (PEPFAR) and Centres for Disease Control and Prevention (CDC), was held under the theme '*Towards Quality Health Information in Devolved Systems and Beyond*' and primarily sought to promote documentation, sharing and cross learning of M&E best practices among health stakeholders.

The abstract titled *Kenya Tuberculosis Surveillance System: A Case Study of Treatment Information Basic Unit (TIBU) Electronic Data Management System* was co-authored by the NTLD - Unit and the TB ARC Monitoring and Evaluation team

The abstract described experiences, challenges and lessons learnt in implementing the TIBU surveillance system since its inauguration in 2012. There were diverse reactions to the presentation, with conference participants requesting that TIBU data be made

available beyond the TB program and across the health sector in the same way the District Health Information System (DHIS) does.

TIBU is a core component of the CHS led TB ARC activity that seeks to reduce the burden of TB in Kenya. During the life of the activity, TB ARC will embrace technology, not only in the implementation of TB program M&E activities, through the TIBU system, but also to increase efficiencies through automation of routine activities, utilisation of mobile payment solutions, as well as linkage of implementation to USAID for real time reporting.

In 2013, the CHS M&E team presented an abstract titled Residential Mentorship Program for Health Records Personnel to Address Capacity gaps in Monitoring and Evaluation at Level 2 and 3 Facilities – Gikui Health Centre Case Study at the 1st Annual M&E Conference. The abstract scooped the best abstract award within the Capacity Building category.

The abstract described experiences, challenges and lessons learnt in implementing the TIBU surveillance system since its inauguration in 2012.



Ms Rose Wambu from the NTLD-Unit speaks to a group of school children at the Nairobi International Trade Fair

TB ARC Supports the NTLD-Unit At the Nairobi International Trade Fair

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported the NTLD-Unit to exhibit at the Nairobi International Trade Fair that took place from September 29, to October 5, 2014.

This year's Nairobi Trade Fair, popularly known as the Nairobi Show, was held under the theme '*Enhancing Technology in Agriculture and Industry for Food Security and National Growth*' and further customized to *Quality Health for National Growth* by the Ministry of Health.

The NTLD-Unit exhibited within the Ministry Health booth alongside other Ministry of Health departments such as Reproductive Health, Maternal Health, Mental Health, Emergency Services, Ophthalmology, and Dentistry among others.

There were a variety of exhibits at the NTLD-Unit stand including a wide range of Information, Education Communication (IEC) material, a Light Emitting Diode (LED) microscope and a GeneXpert machine. The NTLD-Unit stand also displayed a range of audio-visual TB messages including the successes of the Unit in TB control to date.

The NTLD-Unit stand was quite popular with school going children who enjoyed learning about the basic tenets of cough etiquette, infection prevention control and TB symptoms. The children were also quite fascinated by the use of the LED microscope and the GeneXpert machine for TB diagnosis.

There was a particular group of school children from a pastoralist community who had questions about Bovine Tuberculosis and Brucellosis that appeared to be prevalent among children from that particular community. Other visitors to the stand had more technical questions around TB/HIV as well as TB amongst health workers.

The Ministry of Health stand was awarded for having the best display and services in the health sector and pharmaceutical stand. The trade fair provided a good forum for learning and disseminating the work of the NTLD-Unit to the general public in line with TB ARC's goal to increase public engagement and awareness of Tuberculosis among the general public in Kenya.

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TALAKU COMMUNITY TB INTERVENTIONS IN KAJIADO COUNTY



Community Engagement by the Talaku Community Based Organisation in Kajiado

The Maasai house, known to many as 'Manyatta,' is an iconic structure in Kenya and an expression of Maasai tradition.

The loaf-shaped domed houses are unique in their construction and a cause of fascination because the Maasai women build them. These houses seem to blend very well into the harsh environment as they are built to keep out the harsh night-time cold and the day time heat. They have no windows and herein lies the problem. These houses are death traps for air-borne diseases like TB.

When a TB infected individual shares the poorly ventilated and dimly lit house with others, the danger of spreading TB is very high. Every cough, sneeze or laugh sees TB causing germs circulate within the house putting everyone in danger of infection. This is where Talaku Community Based Organisation, supported by BMSF and its indefatigable coordinator Ms Timpiyan Leseni are making an impact; they are challenging the traditional way of building and remodelling the Maasai landscape with modern 'slope' houses while fighting TB.

As a TB survivor, Timpiyan has a passion to prevent TB. She suffered from TB of the stomach that she suspects she might have got from either poorly prepared meat, milk or blood which are the staples among the pastoralist community. After she recovered, she embarked on a mission to educate the community about the risk of TB.

Among her crusades is defaulter tracing and she traverses Kajiado County tracing defaulters and linking them back to care at local facilities. She recently traced a woman who she had initially brought to the hospital for treatment only for her to sneak off again. The third time around, Talaku traced her where she lived and found that there were four other individuals who were infected with TB. They managed to link them on treatment and the serial defaulter was now taking treatment while confined at the Machakos Prisons as Kajiado lacks a female ward where she would be treated as an in-patient.

However, prevention is better than cure and Talaku is determined to educate the Maasai so that they can re-model their houses and make them less risky. Talaku Community TB intervention seeks to introduce windows to the Maasai manyatta. The windows will not only improve ventilation and let in light, but will also make the houses safer when cooking is done in the house using firewood by reducing the risk of respiratory tract infections.

In neighbouring Narok County, the remodelling of the houses has gone a notch higher with the incorporation of corrugated iron 'slope' roofs that make it possible for the women to harvest rainwater for domestic use.

Apart from tracing defaulters and re-linking them to the health facility so that they can complete their TB treatment regimen, Timpiyan is changing the skyline of the Maasai plains – all while preventing TB.

When a TB infected individual shares a poorly ventilated and dimly lit house with others, the danger of spreading TB is very high.....



TB ARC Acting Chief of Party, Dr Brenda Mungai, addresses participants a Stakeholders Forum on the STP Partnership Strategic Plan

STOP TB PARTNERSHIP KENYA: The Place To Be...

We no longer have to wonder of pertinent issues on TB such as what is the new information on TB, where to find technical or financial resources, or who has new case studies and best practices to share, or why institutions or organisations operate on diverse scopes.

Stop TB Partnership Kenya (STP) provides the perfect platform to find answers to all these questions.

Diverse organisations, public or private, working within or beyond the health sector, individuals or groups of TB patient communities, form the membership of the Stop TB Partnership in Kenya. This is because TB is a concern for everyone.

With the newly developed five (5) year road map, the Stop TB Partnership will implement its strategic plan towards reducing

the TB burden in Kenya. This will be through the support and collaboration of many stakeholders, whose diverse competencies, input and contributions are always invaluable.

The Stop TB Partnership Kenya will be sharing its new Strategic Plan for 2014-2018 at a Stakeholders' Forum in January 2015.

The Stop TB Partnership Kenya will endeavour to build and strengthen a synergised partnership, where all members and stakeholders will benefit, with one clear objective - to reduce the TB burden in Kenya.

Be a partner; join the Stop TB Partnership Kenya today! For more details on how to become a member, please send an email to stoptbpartnershipkenya@gmail.com

The STOP TB Partnership will endeavour to build and strengthen a synergised partnership where all members and stakeholders will benefit with one clear objective - to reduce the TB burden in Kenya.



Miura Takashi from JICA with Jeremiah Okari from the NTLD - Unit at the GeneXpert Taskforce Meeting



Dr Qabale Hussein , County Pharmacist , Laikipia explains a point during a Paediatrics Tuberculosis Training Workshop in Laikipia.



Rose Wambu from the NTLD - Unit celebrates with Ruth Wanjala CHS - TB ARC Communications Officer , Doyle Leonard from MoH and Josiah Mwenda from Caroga Diagnostics on the MoH Stand winning 1st Prize for the the best display and services in the health sector and pharmaceutical stand

Dr. Shobha Vakil from NASCOP with James Maina from KAPTLD and Richard Muthoka from the NTLD - Unit at the GeneExpert Taskforce Meeting



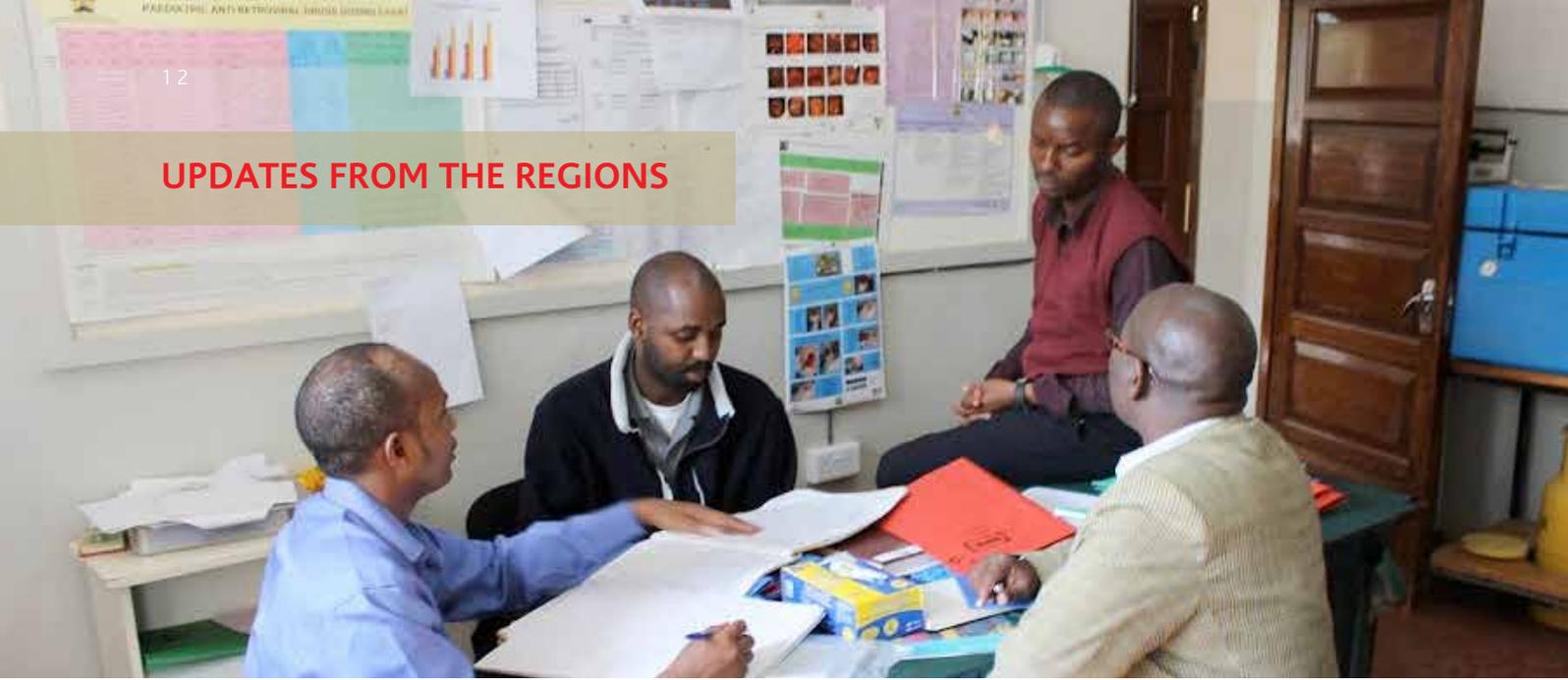
Ms Joan Waminja from TB ARC PATH engages School children at the Ministry of Health Stand during the Nairobi International Trade Fair(NITF)



Dr Claver Kimathi, County Pharmacist Isiolo and Dr Hellen Kalili, CHS Pharmacist, listen keenly during the County Pharmacists meeting in Machakos



UPDATES FROM THE REGIONS



Godana Mamo – Regional Officer Coast region discusses a point with Scaver Mwadime , sCTLG Wundanyi and Gona Raymond Kalamathe , Facility in charge at Wundanyi sub county hospital during a technical support visit in Wesu Taita Taveta County

Godana Mamo TB ARC Regional Officer - Coast

During this quarter, the six counties in the Coastal region reported a 4% decline in the number of TB cases reported from the previous quarter but saw an 8% increase in the number of children diagnosed with TB.

The region reported an increase in the number of people on Anti Retroviral Therapy (ART) and this could be attributed to the improved TB/HIV collaboration in some of these counties. TB ARC in the Coast region is thrilled to report that the cure rate and treatment success rates rose to 88% and 91% respectively and this can be attributed to more vigilant tracking of TB clients who transfer out from the region and intensified technical assistance with coastal county TB coordinators. 557 HIV positive clients were started on IPT in Kilifi District, which further demonstrated the improved linkages between TB and HIV within the region.

During this quarter, TB ARC in the Coast Region had a fruitful meeting with Mombasa County Executive for Health, Mrs Binti Omar, to introduce the activity and discuss TB care and control interventions within the coast. During the meeting, the need for support from the County government Mombasa towards the training of health care workers on TB/HIV, Multi Drug Resistant TB, Paediatric TB, IPC and lung health was emphasised. Mrs Omar was quite impressed with TB ARC's work in the region and promised to support TB care and control activities within the County. She also requested for regular briefings in the future so that she is properly updated on TB care and control efforts in the county.

In this quarter, significant effort went into improving the quality of care for MDR TB clients in the region. In this regard, TB ARC worked the APHIAplus Coast team to reactivate the MDR TB clinical review meetings within Tudor sub County.

The meeting, supported by the APHIAplus team in the Coast, brought together 12 members who will be expected to meet every month and review all cases with follow up results from Lancet Laboratories

During the same meeting, a summary of scheduled laboratory tests for liver functioning, renal functioning, thyroid functioning and full haemogrammes was prepared and disseminated to all MDR TB treatment centres within the Coast.

Following recommendations made to Kinondo Kwetu Clinic in Msambweni Sub county, Kwale County on IPC, TB ARC was happy to observe that the facility had implemented their IPC plan and expanded outpatient care services as recommended during an earlier joint technical assistance visit. This was quite commendable and as a result, the area sCTLG, Samuel Githui, prepared an abstract on the process, which was presented during the first Kwale Scientific Conference.

During this quarter, county teams and TB ARC offered intensified technical assistance to Kwale, Kilifi and Taita Taveta counties, managing to trace and update the registers for more than 20 smear positive patients who either did not have the final sputum results or had transferred out. During this exercise, about 40 patients were contacted and asked to bring their sputum for examination to determine the actual cure rates in the region.

A significant amount of time and effort went into disseminating a number of tools to the different facilities within the region. This included 80 copies of the National TB Guidelines, 50 copies of the IPT Registers, 200 copies of the Sputum Request Forms and a number of TB appointment cards.

Going forward, TB ARC in the region plans to have a GeneXpert networking meeting to improve utilisation of the technology and also carry out training on paediatric TB for Taita Taveta and Lamu counties. The activity also looks forward to reactivating the MDR TB clinical review teams in Changamwe so as to help manage MDR TB within the region.

TB ARC is optimistic that these efforts coupled with the generous support from USAID and partnerships with local implementers working in the Coast region will be useful in reducing the burden of TB.



Benjamin Omondi, TB ARC Regional Officer, Nyanza Western discusses a point with Mary Wambura, CTLC Siaya and Kennedy Wakoli, clinician at Usenge Dispensary in Bondo

Benjamin Onyango - TB ARC Regional Officer - Nyanza Western

During this quarter, TB ARC participated in the Quaterly data review meetings where discussions were centered on how to effectively review performance against set indicators.

In this quarter, TB ARC also supported the roll out of TIBU Phase II by supporting all CTLCs and sCTLCS in the region to attend the training after which more effective facility supervision by the CTLCs and sCTLCS was observed. A remarkable improvement in the speed and manner in which supervision support requests for MDR TB Clients and DOTs nurses came in was also observed.

The TB ARC activity continued to scale up the USAID supported MDR TB lab investigations at Lancet Kisumu. This has helped in the management and also introduced equity when dealing with MDR TB clients. A series of meetings with Lancet, the regional CTLCs and health care workers were held to sensitise them on how to request and use this provision for faster turn around time in MDR TB management. Another series of meetings was also held to evaluate the utilisation of the GeneXpert equipment in the region as well as working with our implementing partners to sensitise health workers on the GeneXpert technology.

An evaluation of challenges raised in sputum sample transport to GeneXpert sites and relay of results was carried out with a commitment to scale up drug resistance surveillance by ensuring that the EMS sample transport system works effectively for all Ministry of Health officers.

Working with partners in the region including the Ministry of Health and APHIAplus, the TB ARC activity continued to ensure systematic follow up and clinical review of all MDR patients within Nyanza and Western. TB ARC commends APHIAplus partners in the region for offering logistical support to carryout this exercise across all their supported sites. This made it easy to pick out adverse drug effects in good time and helped monitor treatment progress more effectively.

During the quarter, joint supervision visits were conducted with APHIAplus partners and mentorship provided to health care workers and the newly appointed CTLCs and sCTLCS in the region. Through this exercise, TB ARC in the region was able to scale up intensive case finding especially in childhood TB and IPT ensuring quality follow up for registered TB clients.

Moving forward, TB ARC will continue working in synergy with key TB actors in the region to ensure the implementation of new TB program areas and improved quality of service.

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Duncan Barkebo, TB ARC Eastern North Regional Officer having a discussion with Pius Kioko CTLC Kitui and Sylvester Ngei, Clinical Officer, Mbitini Health Center.

Duncan Barkebo **TB ARC Regional Officer - Eastern North**

The July to September quarter was quite busy for the Eastern North region. TB ARC support was focused on strengthening health systems in the region, which involved organising technical assistance visits to hard to reach facilities in Kitui, Meru, Isiolo and Marsabit counties.

In Eastern South, TB ARC supported Pius Kioko, the Kitui County TB and Leprosy Coordinator (CTLC), to conduct joint technical assistance visits to 14 hard to reach facilities in his county including Mwingi East and Central, Mwingi East, and Kitui Central. The support to conduct these visits was highly appreciated by Honourable David Silu, Deputy County Director of Health, who acknowledged the support extended to his county through the CHS lead TB ARC activity and noted that such support will help Kitui achieve its health objectives.

Similar joint technical visits were also carried out in a total of 15 high volume facilities within Meru, Isiolo and Marsabit counties. During these visits, TB ARC supported the visiting teams to conduct quality of care assessments and offer mentorship to the sub-County Tuberculosis and Leprosy Coordinators (sCTLCs) in those counties. TB ARC additionally facilitated the distribution of TB job aids, TB commodities and monitoring and evaluation tools to all the facilities visited.

In Isiolo County, TB ARC organised a meeting with the County Secretary Honourable Ibrahim Wako to discuss how the county government can be involved in TB control activities and how TB ARC can contribute to stronger health systems within the county. The TB ARC team also held a joint technical meeting in Isiolo with the APHIAplus IMARISHA team to discuss TB/HIV indicators for the region. Technical staff at the meeting exhaustively discussed strategies to improve performance and suggested that job aids for facility staff, targeted mentorship and consistent monitoring of TB and TB/HIV indicators would help improve indicators.

In response to this, the team formed a TB/HIV technical working group comprising of the APHIAplus IMARISHA team, County Health staff, TB ARC Regional Officer – Eastern North and the Marsabit CTLC. This Technical Working Group will meet quarterly to review progress in TB/HIV activities.

In Marsabit County, TB ARC met Dr Adano Kochi, the County Director of Health, and the County Health Management Team (CHMT) to introduce the activity. National statistics had shown that Marsabit as having low reporting rates for TB commodities within the District Health Information

System (DHIS) and so during this meeting, Dr Adano and the CHMT were urged to diligently report on TB commodities using the District Health Information System (DHIS).

TB ARC further supported the Marsabit Health Management Team to develop a turn around strategy towards improving reporting rates in the county.

In this quarter, TB ARC in the Eastern North Region intensified its engagement with local implementing partners, ICAP in Kenya. This was done at a meeting held in August where TB ARC Deputy Chief of Party, Dr Brenda Mungai introduced the TB ARC activity to ICAP in Kenya staff working within the Eastern South region. During this meeting, Dr Mungai highlighted the mandate and scope of the TB ARC activity and answered questions around TB/HIV support in the region. During the next quarter, the activity hopes to leverage on the technical support that ICAP Kenya offers to health facilities in Eastern North to ensure the region gets quality TB services.

During the next quarter, TB ARC activities in the region will be focused on:

- Supporting the implementation of the GeneXpert RRI through frequent support visits to sites offering the service for close monitoring and evaluation
- Strengthening paediatric TB systems through facilitation of selected trainings in the region
- Offering continued targeted Ministry of Health (MoH), APHIAplus and TB ARC technical assistance visits to selected high volume facilities in the region
- Strengthening of drug resistance surveillance through enhancing sample transport systems and staff mentorship
- Enhancing support to existing TB/HIV county technical working groups and initiate others in the region

TB ARC in the Eastern North Region sincerely appreciates and acknowledges the generous support and partnership received from the CHMTs and health workers with the hope that these partnerships will contribute to the reduction of the TB burden in the region and the country as a whole.



Dr Kamene Kimenye, from the NTLD Unit with Sheilla Chebore, TB ARC Laboratory Technical Officer, Dr Peter Muchira from Caroga Diagnostics and Obadiah Njuguna from the NTLD Unit at the GeneXpert Taskforce Meeting

National Taskforce Committee Formed to Coordinate GeneXpert Rollout

A national GeneXpert Taskforce committee has been formed to help coordinate the implementation and rollout of GeneXpert technology in the country.

Kenya currently has 70 GeneXpert machines with low utilisation levels and the task force aims to address challenges that may be leading to low utilisation, which include commodity management, equipment maintenance and low uptake .

The National Taskforce was constituted at a meeting hosted by the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity on September 26, 2014 at CHS offices in Nairobi.

The meeting, which was chaired by Dr Jackson Kioko, Head of the NTLD – Unit, brought together 26 stakeholders from organisations involved in GeneXpert implementation in the country. These organisations included the National AIDS and STIs Control Programme (NASCO), FIND, Management Sciences for Health (MSH), Médecins Sans Frontières (MSF), International Organisation for Migration (IOM), Centers for Disease Control (CDC), Kenyatta National Hospital and Caroga Diagnostics among others.

During the meeting, participants discussed progress on GeneXpert implementation and made presentations detailing the current situation and challenges to effective implementation of the technology.

At the meeting, Jeremiah Okari, Medical Lab Technologist at the NTLD-Unit gave a detailed presentation on the GeneXpert implementation and expansion plans. Mr Okari also highlighted the challenges to effective implementation of GeneXpert technology including low uptake of testing due to inadequate sensitisation at county levels, frequent breakdown of UPS/CPU's leading to temporary discontinuity of services, overdue calibration of machines, forecasting and quantification of falcon tubes and cartridges, inadequate e-reporting, poor lab networking and insufficient use of the GXAlert online reporting system among others.

While coordinating the implementation and uptake of GeneXpert technology in the country, the taskforce will also address some of the challenges around equipment maintenance, commodities and health care workers' capacity to use the technology to ensure smooth delivery of TB diagnostic services in Kenya.

During this meeting, the GeneXpert Technical Working Group (TWG) was reconstituted and more members were nominated to join the TWG that will meet monthly to deliberate on GeneXpert technology rollout.

With a national taskforce in place, Kenyans can now be assured of effective GeneXpert diagnostic services and subsequently, better case detection and treatment of TB.

The taskforce will address some of the challenges around equipment maintenance, commodities, health care worker's capacity to use the technology to ensure smooth delivery of TB Diagnostic services in Kenya....



Josiah Mwenda from Caroga Diagnostics with the Garissa Medical Superintendent and Hospital Paediatrician during the GeneXpert Installation at Garissa District Hospital

Eastern North counties get GeneXpert machines

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported the installation of GeneXpert machines and configuration with GXAlert software in Isiolo, Meru, Samburu, Marsabit, Garissa and Turkana counties in Kenya.

The machines were installed at the Marsabit, Isiolo, Moyale, Nyambene, Maralal District Hospitals as well as the Lodwar Refugee Camp Hospital and the Garissa Provincial General Hospital by a team consisting of Sheila Chebore, TB ARC Laboratory Coordinator, as well as Rose Muthee from the National Tuberculosis Leprosy and Lung Disease Unit (NTLD – Unit) and Josiah Mwenda from Caroga Diagnostics Kenya.

The machines are expected to ensure that TB clients in these hard to reach regions can get quality TB diagnostic services to ensure faster diagnosis, treatment initiation and surveillance. This is in line with the NTLD- Unit's strategy to ensure that each county in Kenya has a functional GeneXpert machine by 2015. Presently, Kenya has installed a total of 68 GeneXpert machines out of the 70 procured and installed the GXAlert software in 40 of these machines.

The GXAlert system was also installed in Kitui, Meru, Chuka and Garissa to foster direct monitoring of the use of the equipment and

reduces turn around time. The GXAlert Software was introduced by the NTLD – Unit to allow the GeneXpert Machine to remotely post both diagnostic and logistical data, into the cloud server for consumption by the National TB Unit.

Speaking on the GeneXpert installation process in Eastern North, Sheila Chebore, the TB ARC Laboratory Technical Officer noted, "There is need to streamline commodities in these regions to avoid cases of expired cartridges or lack of printers."

Tuberculosis is one of the deadliest public health threats today, but there remains a lack of effective diagnostic tools. This contributes to the global TB problem, as untreated TB patients remain a source of infection for other members of the community.

The GeneXpert MTB/ Rif machine is a more rapid, sensitive TB Diagnostic test that is capable of detecting the presence of Mycobacterium tuberculosis and resistance to rifampicin.

Effective utilization of this technology in Kenya can enable early and appropriate treatment initiation, and help accelerate the implementation of MDR-TB control measures, ultimately reducing TB case incidence in the country.

The machines are expected to ensure that TB clients in these hard to reach regions can get quality TB diagnostic services to ensure faster diagnosis, treatment initiation and surveillance



John Njenga, TB ARC Monitoring and Evaluation Specialist leads the M&E team in discussions during the IPT rollout meeting

TB ARC supports IPT rollout meeting

The World Health Organisation (WHO) recommends that People Living with HIV (PLWH) and children under five who are exposed to smear positive TB should receive Isoniazid Preventive Therapy (IPT) for six to 36 months to reduce the risk of latent TB progressing to active TB.

Despite this endorsement, there has been considerable reluctance to implement these WHO recommendations because of diverse concerns mainly around PLWH and children under five inappropriately receiving IPT and potentially developing drug resistant Tuberculosis. In this regard, the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity supported a five-day stakeholders forum to discuss Kenya's approach to IPT and develop a roadmap to guide the rollout of Kenya's National IPT Strategy.

The meeting, which took place from 28th September 2014 to October 3rd in Nakuru, was attended by 30 participants who were drawn from the National Aids and STI Control Program (NAS COP), the National Tuberculosis Leprosy and Lung Disease – Unit (NTLD-Unit), County Pharmacists, Centre for Health Solutions – Kenya, AMPATH, ICAP – Kenya, Centers for Disease Control (CDC), Eastern Deanery, FHI360, Walter Reed Kericho, APHIAplus Western, MSF - Belgium, and APHIAplus Nairobi/Coast.

County pharmacists and County Tuberculosis and Leprosy Coordinators (CTLCs) from the region also attended the workshop that generally aimed to develop an IPT rollout plan for Kenya. John Njenga, the TB ARC Monitoring and Evaluation Specialist, was also at the meeting and noted that, "It was important to have an M&E component in the IPT rollout plan because it details what needs to be measured for the program to be successful".

"The M&E component also ensures that the quality of the program is maintained throughout the implementation period." He added.

At the close of the meeting, participants had developed an IPT rollout plan, M&E indicators and tools, IPT national guidelines and a sensitisation package.

As a way forward, the meeting agreed to prioritize the procurement of IPT drugs and the sensitization of health care workers on the IPT rollout strategy. Once this is done, the Kenya national IPT strategy is expected to be officially launched and implemented to protect children and PLWHV in Kenya from the risk of developing active tuberculosis. Effective implementation of the IPT Strategy coupled with intensified TB screening and infection control for TB is expected to significantly reduce the burden of TB in Kenya.

At the close of the meeting, participants had developed an IPT Roll out plan, M&E indicators and tools, IPT National guidelines and a sensitisation package



Dr Jackson Kioko, Head NTLD Unit with sCTLCs and CTLCs from Nyandarua, Samburu and Laikipia Counties at a Quaterly Meeting in Nanyuki

TB ARC supports Quarterlies and TIBU Phase 2 Trainings

The Tuberculosis Accelerated Response and Care (TB ARC) activity supported the National Tuberculosis Leprosy and Lung Disease – Unit (NTLD- U) to host the quarterly data review meetings popularly known as “ quarterlies”.

The Quarterly data validation meetings took place from 18 August 2014 to 5th September 2014 across the country and brought together all the County and sub county Tuberculosis and Leprosy Coordinators (CTLCs and sCTLCs) to share progress reports as well as validate data collected in the July to September 2014 quarter.

During these quarterlies, local implementing partners from the various regions, county health officials and county pharmacists were also invited to attend and give their input to the data that was tabled at the quarterly meetings.

As a departure from the norm, the quarterlies meetings for this quarter lasted five days whereby the first three days were dedicated

to data validation and peer discussion while the remaining two days were dedicated to TIBU Phase Two trainings. During these TIBU trainings, 275 sCTLCs were trained on how to effectively use the support supervision calendar, the expense sheet and the electronic support supervision checklist.

As Alice Wairia, TB ARC Monitoring and Evaluation Officer explains, “Proper user of this calendar will encourage planning among the SCTLCs and CTLCs and also enable the system to provide timely reminders of when supervisory visits are due. ”

“The supervision checklist should not be viewed as tool to use for payments only, but as a document that will assist in identifications of gaps in TB management and subsequent collective action plan.” she added.

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Tuberculosis Accelerated Response and Care (TB ARC)

Goal

To reduce the burden of TB in Kenya

TB ARC Consortium Partners

- Centre For Health Solutions – Kenya (CHS)
- Program For Appropriate Technology in Health (PATH)
- Safaricom
- Tangazo Letu

Project Principles

1. Fostering country ownership
2. Investment for impact
3. Multi-sectorial involvement
4. Building on existing systems
5. Optimal management of project resources

Objectives

1. To ensure NTLD-Unit is supported to provide reliable leadership and coordination of TB services in Kenya.
2. Ensure development, implementation and scale-up of new TB program areas
3. Ensure local adoption and scale-up of globally proven TB interventions
4. Ensure technology driven programming and monitoring of TB services in Kenya

If you have any feedback or comments please contact
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