

TB ARC II Impact Highlights

TB ARC II has been able to create the following impact in collaboration with NTLD-P;



47

Total number of counties supported to improve uptake of TB services and reduce the incidence and number of deaths due to TB in Kenya.



86,504

Number of persons diagnosed and notified with TB in 2019.



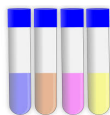
1,932

Number of Multi-Drug Resistant TB patients supported with baseline and follow-up investigations, October 2019 - June 2020.



4,500

Number of treatment sites country wide supported with courier services for TB culture transport, October 2018 - September 2019.



11,319

Number of culture samples transported, October 2019 - June 2020.



4,347

Number of health care workers trained on TB (Active Case Finding, Paediatric TB, Drug Resistant TB, etc), October 2018 - February 2020.



138

Number of Genexpert machines supported monthly with bundling and maintenance to relay results effectively and efficiently, October 2018 - June 2020.



267,752

Number of GeneXpert tests conducted for TB diagnosis, October 2018 - February 2020.

TB ARC II

The Tuberculosis Accelerated Response and Care II (TB ARC II) project, a USAID awarded grant to Centre for Health Solutions - Kenya (CHS), supports Kenya's National Tuberculosis Leprosy Diseases Program (NTLD-P) in reducing the incidence and number of deaths due to TB in Kenya.

In this issue

TB ARC II Impact Highlights.....	1
Word from the TB ARC II Chief of Party.....	2
Strengthening the Fight Against TB amid COVID-19.....	3
Kenya Steps Up Fight Against Tuberculosis with New Treatment Initiatives.....	4
Kenya Joins the rest of the World in Commemorating World TB Day 2020 Virtually.....	5
TB Algorithm for Schools Launched.....	5
Joint Technical Assistance Missions to Counties.....	6
Collaborating with TB/HIV Partners in Support Progress Meetings.....	7
Capacity Building of Counties for Data Driven Supportive Supervision.....	8
Show me your data, and I will Tell you How "Well" you are Doing, or Not.....	9
One on One with Tharaka Nithi County TB Coordinator, Francisca Mukami.....	10
Battling TB amid COVID-19:*Brian.....	11
Passionately Fighting TB in her Community: Vivian Atieno.....	14
TB ARC II in Pictures.....	15

Word from the TB ARC II Chief of Party

In March 2020, Kenya reported the first case of Coronavirus disease (COVID-19), an infectious disease that presents with cough and fever which are also the key symptoms of TB disease. As the battle against COVID-19 pandemic rages on, efforts to end TB, the oldest infectious disease and the fourth leading cause of death in Kenya, must continue.

At TB ARC II, we have embraced the current happenings brought about by the COVID-19 pandemic and continued to support the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P) in its implementation of TB control activities in the 47 counties. The USAID funded TB ARC II activity has continued to strengthen its support for county level activities in order to promote the quality of care for people with TB so as to improve TB treatment outcomes in the country.

TB ARC II continues to work collaboratively with the NTLD-P and its stakeholders to offer policy direction while supporting county activities such as county level coordination e-meetings, performance review meetings, monthly support supervision, Drug-Resistant TB Clinical Review Team meetings, review of policy and guidelines and capacity building of health care workers among others.

To ensure continued support to NTLD-P in offering TB services while at the same time preventing its staff from COVID-19, TB ARC II staff have been sensitised on COVID-19, educated on the importance of putting on personal protective equipment, adopted a work from home approach, and the use of virtual meetings. The activity has also supported NTLD-P in the roll out of the differentiated care model for TB which reduces hospital visits and frees up human resource to support COVID-19 response.

In an effort to cushion the country against further impacts of the pandemic on TB response and not reverse the gains already made in fighting the disease in the country, TB ARC II in collaboration with NTLD-P have embraced innovative actions to raise TB awareness, create demand for TB services, and promote treatment completion. This includes engagement of mainstream media and use of digital media in disseminating TB information, branding of walls in strategic sites like densely populated areas and public service vehicles in popular routes with TB messages, and engagement of TB champions.

In this newsletter, we highlight activities by TB ARC II in collaboration with NTLD-P and partners towards ending TB in Kenya.

One of our featured stories in this edition highlights the story of a TB champion, Vivian Atieno who is passionately fighting TB in her community through sensitisation. Having been diagnosed and treated TB, Vivian hopes that more



Dr Lorraine Mugambi - Nyaboga, Chief of Party, TB ARC II

of her community members can go for TB screening, get treated, complete treatment, get cured and avoid possible complications.

The launch of the new Drug-Resistant TB Injectable Free Regimen, and Latent TB Infection treatment initiatives by NTLD-P and supporting partners like TB ARC II in June this year, reaffirms Kenya's commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development Goals (SDGs).

Finally, we wish to congratulate Manderla, Tharaka Nithi and Nyamira counties for emerging the best performing counties in the fight against TB during the performance review meeting held March this year. On the one on one segment, Tharaka Nithi County TB Coordinator, Francisca Mukami shares insights on what they are doing as a county to fight TB, some of which we urge other counties to borrow a leaf from.

It's Time to End TB in Kenya!

As the battle against COVID-19 pandemic rages on, efforts to end TB, the oldest infectious disease and the fourth leading cause of death in Kenya, must continue.

**Dr Lorraine Mugambi-Nyaboga,
Chief of Party, TB ARC II**

Strengthening the Fight Against TB amid COVID-19 Pandemic

WHO ranks Kenya among the high burden Tuberculosis (TB) countries in the World, with TB being the leading cause of death among infectious diseases in Kenya. Since 2013, Centre for Health Solutions-Kenya with funding from the United States Agency for International Development (USAID) has been working with the National TB, Leprosy and Lung Disease Program (NTLD-P) to change this narrative. This is through the Tuberculosis Accelerated Response and Care II (TB ARC II) activity, and its predecessor Tuberculosis Accelerated Response and Care (TB ARC) activity, 2013-2018.

In March this year, Kenya reported the first case of Coronavirus disease (COVID-19), an infectious disease that presents with cough and fever which are also the key symptoms of TB disease. According to NTLD-P, there is limited data on the exact effects of co-infection with COVID-19 of persons with TB. TB disease usually occurs due to a lowered immune response, and in itself lowers the immunity. COVID-19 has a higher likelihood of being severe in persons with lowered immunity and in persons with other co-morbidities. Therefore, it is also likely that TB patients who get infected with COVID-19 may have a higher likelihood of severe lower respiratory tract infection and/or death.

In the view of the above, NTLD-P recommends that in the duration of the COVID-19 pandemic: persons with suspected, probable or confirmed COVID-19 should also be evaluated for TB disease; a reduction in the frequency of the scheduled follow-up visits for stable TB patients who have completed at least one month of treatment; and scheduled visits as per the current standard of care, or more frequently as the need arises for the unstable patients in the intensive and continuation phase of treatment.

NTLD-P in collaboration with TB ARC II and other partners are also exploring community drug delivery as an additional measure to ensure continuity of TB treatment services in the community.

It is crucial to prevent persons with TB disease from being infected with COVID-19 and also those with COVID-19 from infection with TB. For continued support to NTLD-P in offering TB services while at the same time preventing its staff from COVID-19, TB ARC II has taken the following measures;

Sensitisation on COVID-19

All TB ARC II staff have been sensitised on how to prevent themselves from COVID-19, the symptoms of the disease and what to do in case one falls ill. Additionally, TB ARC II has sensitised courier service providers from G4S on infection, prevention and control when handling samples as well as provided technical support in institutionalisation

of infection prevention measures at the courier hubs. TB ARC II in partnership with G4S offers sample referral of all TB patients culture samples to the National TB Reference Laboratory and KEMRI – Kisian Laboratory.

Use of Personal Protective Equipment

To ensure the safety of the regional staff providing technical support and on job mentorship in high volume facilities in the counties, TB ARC II has emphasised to the staff the importance of using surgical masks, N95 masks, latex gloves, sanitisers and disinfectants while offering the required services.

Work from Home Approach Adoption

To ensure less exposure of its staff to the virus on their way to work and congestion in the office, TB ARC II has adopted a work from home approach since March 16, 2020. However, those staff who are required to work from the office have been supported with adequate information on prevention of infection transmission as well as adequate personal protective equipment.

Adoption of Virtual Meetings

TB ARC II has reviewed its Year 2 work plan to accommodate the different delivery modes that have been adopted due to COVID-19. Some trainings and meetings (both internal and with external stakeholders) have been suspended while others have been converted to virtual meetings. All activities that previously required congregation of health care workers for capacity building sessions, sensitisation on revised guidelines, technical working groups and development of various reports and outputs are now online. These activities are being conducted via zoom and other online platforms.

To effectively deliver e-training content, TB ARC II is working within 5 regional hubs that are overseen by technical experts derived from the NTLD-P and TB ARC II.

Support of Differentiated Care Model for TB

TB ARC II supported the development of a Differentiated Care Model for TB in the January to March 2020 quarter. With support from TB ARC II, this model is currently being rolled out by the National TB Program country wide to reduce hospital visits and free up human resource to support COVID-19 response.

It is crucial to prevent persons with TB disease from being infected with COVID-19 and also those with COVID-19 from infection with TB

Kenya Steps Up Fight Against Tuberculosis With Two New Treatment Initiatives

On Tuesday, July 30, 2020, The Ministry of Health in Kenya in collaboration with implementing partners introduced two new treatment initiatives to step up efforts to end TB epidemic in Kenya: Latent TB Infection (LTBI) and Drug-Resistant TB (DR-TB) Injectable-Free (IFR) treatment policy documents.

The new initiatives comes at a time when the country is battling the COVID-19 crisis, and when protecting individuals with lowered immunity and with other co-morbidities including people affected by TB is of utmost importance.

Speaking during the launch which was conducted alongside the daily COVID-19 briefings, the Ministry Chief Administrative Secretary Dr Rashid Aman said the rollout of Injectable Free Regimens for the treatment of DR-TB is in line with the World Health Organisation's recently released DR-TB treatment guidelines which call on the global community to move from current regimens to Injectable Free Regimens to improve treatment outcomes.

Since 2006, patients diagnosed with DR-TB in Kenya have been treated using injections and oral medicines, with longer treatment periods and more side effects in comparison to drugs used to treat Drug-Sensitive TB. In 2017, the country adopted a shorter treatment option – lasting 9 months – but which still relied on daily injections for a minimum of 4 months. Besides the painful injections, these drugs could lead to permanent hearing loss and associated social challenges in up to one-fifth of the patients. The Injectable Free Regimens (all oral) are revolutionary and will improve the quality of life for DR-TB patients while avoiding the misery associated with hearing loss.

The Latent TB policy aims at providing a framework to guide the management of Latent TB infections as a key strategy to ending TB by 2035 in Kenya. This will be achieved through the systematic implementation of evidence-based interventions on identifying the at-risk populations, screening them, offering a timely diagnosis and effective treatment options and monitoring them to treatment completion. The policy is also aimed at offering guidance to all stakeholders on the management of Latent TB infections in Kenya.

Although TB is a preventable and curable disease, it remains among the world's top infectious diseases, killing 4,000 people each day, and nearly 1.5 million each year. In Kenya, TB affects more than 169,000 people each year and is the fourth leading cause of death, killing nearly 29,000 people annually. The WHO ranks Kenya among the world's 30 high burden TB countries, with TB being the leading cause of death among infectious diseases in the country.

The Ministry of Health and its partners continue to be at the forefront in the fight against this disease, making use of the latest treatment guidelines and innovative interventions to end the epidemic.

TB ARC II activity offered logistical and technical support towards the development and launch of these two policy documents.



From left WHO Kenya Representative - Dr Rudolf Richard Eggers, MoH Kenya Chief Administrative Secretary - Dr Rashid Aman, and Clinton Health Access Initiative Kenya Country Director - Gerald Macharia hold copies of the Injectable Free Regimen during the launch of the document , July 30, 2020.

The rollout of Injectable Free Regimens for the treatment of DR-TB is in line with the World Health Organisation's recently released DR-TB treatment guidelines which call on the global community to move from current regimens to Injectable Free Regimens to improve treatment outcomes

Dr Rashid Aman,
Chief Administrative Secretary, MoH.

Kenya Joins the Rest of the World in Commemorating TB Day 2020 Virtually

In March 20, 2020, Kenya joined the rest of the world in commemorating World TB Day 2020, a day marked every year to raise TB awareness.

Unlike in the past years, this day saw a break from the traditional norm of people gathering in an open field to a digitised form of commemoration due to ban of gatherings by the Kenyan government to curb the spread of Coronavirus disease (COVID-19).

In a quick rejoinder and a well thought off response not to miss out on the day's commemoration which entails raising TB awareness and the profile of TB in Kenya despite the ban, the National TB Program and partners among them TB ARC II and AMREF Health in Africa carried out Radio and TV interviews, and frequent twitter and facebook posts reaching millions of target audience.

This year's global theme is; It's Time to End TB. Kenya has domesticated it to; It's Time to End TB in Kenya with a call for action to find and treat all persons with TB. Before the ban, the event was planned to take place in Meru County.

World TB Day is commemorated every year, March 24. The day commemorates Dr Robert Koch announcement of his discovery on the cause of Tuberculosis - the TB bacillus (*Mycobacterium tuberculosis*). At the time of Koch announcement (1882), TB was responsible for the death of one out of every seven people in Europe and America. Koch's discovery opened the way for diagnosing, treating and curing TB.

Today, World TB Day is designed to build public awareness that tuberculosis still remains an epidemic in much of the world, causing the death of nearly 1.5 million people each year, mostly in developing countries.

According to the TB prevalence survey report of 2016, tuberculosis affects more than 169,000 people each year in Kenya.

TB Algorithm for Schools Launched

On March 1, 2020, The Nairobi Metropolitan Services-TB Unit in collaboration with National TB Program, Ministry of Education and TB implementing partners among them, the USAID funded TB ARC II activity launched a TB algorithm for schools in Nairobi.

This was during a pre-world TB day commemoration event held at Nairobi Primary school before the government ban of gatherings due to COVID-19.

The easy-to-use algorithm will help teachers, school staff, and the pupils determine if TB symptoms are present and, if so, identify steps to be taken in seeking TB screening, diagnosis and treatment.

Nairobi City County remains among the top five high TB burden counties in Kenya. The County has observed a rise in TB cases among school-aged children over the past three years, reaching approximately 25% of the TB burden for the county.

The launched algorithm is aimed at reducing this burden.

In the period August-September, TB ARC II in collaboration with the National TB Program, Nairobi Metropolitan Services, Ministry of Education and other implementing partners will print murals with TB messages in various schools in Nairobi to sensitise pupils, teachers and the support staff on TB.



TB ARC II staff, Nairobi Metropolitan Services-TB Unit staff and school children hold a dummy of the Nairobi TB algorithm for schools during its launch, March 1, 2020 at Nairobi Primary School grounds.

Joint Technical Assistance Missions to Counties

TB ARC II in collaboration with NTLD-P offered on location technical assistance to health care facilities in 14 Counties between May 10-20, 2020.

These technical assistance missions were aimed at strengthening quality of care in view of the COVID-19 pandemic.

The mission involved conducting discussions, mentoring health care workers and reviewing key recording and reporting documents which included presumptive TB registers, patient cards, TB 4 register, drug resistant TB log book and contact management register.

Data along the care cascade was also reviewed from the various tools and analysed. Challenges noted were addressed and health care workers given on job training and mentorship to strengthen quality of care recording and reporting.

Debriefing on the technical assistance findings was also done for all relevant health care workers from key departments; outpatient, maternal and child health, nutrition, laboratory, pharmacy including the facility in charges.

During the visit, the team also met with the County Directors of Health from the counties for a courtesy call and briefing meeting to discuss the objectives of the visit. An overview of the TB situation in counties and its specific sub counties was provided.

One of the key highlights from the technical assistance mission was that there was goodwill from majority of the facilities visited leaderships to integrate TB programming into the health care delivery structures.

The technical assistance visits also saw mentorship on mortality audit tools and facility wall charts in the health care facilities.

TB ARC II technical assistance is aimed at empowering health care workers to adequately diagnose all persons with TB and subsequently provide good quality of care to TB patients, as well as prevent TB transmission to those at risk.

The assistance further provides an opportunity to disseminate new tools, identify and share lessons learnt. and address challenges being experienced on the ground in TB programming.



A data review exercise by officers from TB ARC II, NTLD-P and Homabay County during a facility technical assistance in the county.



TB ARC II Nairobi Regional Officer, Evelyn Nganga (far right) during a technical assistance exercise with Nairobi Metropolitan Services-TB Unit officers and staff of Kayole 1 health centre, Nairobi County.



TB ARC II Coast Regional Officer, Godana Mamo (far left) in a technical assistance exercise with Mombasa County County TB coordinator and facility staff of Bomu hospital, Mombasa County.

Collaborating with TB/HIV Implementing Partners in Support Progress Meetings

In March, 2, 2020, TB ARC II in collaboration with the NTLD-P, and NASCOP brought together Kenyan TB/HIV partners for a one-day meeting to discuss TB/HIV support progress for PEPFAR implementing partners.

The quarterly meeting also provided a forum to discuss key areas of focus and cascade policy guidance and strategic interventions from national level.

Speaking in the meeting, Dr Lorraine Mugambi, Chief of Party, TB ARC II noted that the key purpose of the forum was to bring together TB/HIV implementing partners funded by various partners like CDC and USAID to rally them together to ensure all activities at the county level are in line with the strategic initiatives of the National TB Program, HIV Programs as well as international best practices and emerging evidence.

“The role of TB ARC II is to coordinate the partners, to ensure these forums take place on a quarterly basis to engage the TB Program and to identify key areas of focus so that this becomes a key agenda within the various forums,” Dr Lorraine said.

This forum is aimed at strengthening TB/HIV implementing partners to scale up and optimise their support within the counties towards addressing the key implementation challenges at the county level.

TB ARC II also supports the monthly joint USAID implementing partners, NTLD-P and NASCOP community of practice on TB preventive therapy virtual meetings via Extension for Community Healthcare Outcomes (Project ECHO) platform.

Since January 2016, coordination efforts through TB ARC and TB ARC II activities, has seen an increase in the number of the people living with HIV being initiated on Isoniazid Preventive Therapy and incidences being reported in the DHIS system.

This engagement of the TB/HIV implementing partners has also seen the strengthening of the TB sample networking systems at the county level.

Additionally, there has been an improvement on the level of effort being put in place to improve the quality of care of patients. TB patients are now receiving a lot of support at the county level especially those who are co-infected with HIV.



Centre for Health Solutions-Kenya, Director of Programs-Dr Peter Rumunyu making a presentation during the TB ARC II supported TB/HIV implementing partners meeting, March, 2020.



USAID Kenya, Project Management Specialist: Strategic Information-Dr Immaculate Kathure giving remarks during the TB ARC II supported TB/HIV implementing partners meeting, March, 2020.

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Dr Lorraine Mugambi - Nyaboga,
Chief of Party, TB ARC II.

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Capacity Building of Counties for Data Drive Supportive Supervision

TB ARC II in collaboration with the National TB Program, and in partnership with the International Union Against Tuberculosis and Lung Disease (The Union) conducted a one week training on the Principles of TB and Prevention: Translating Knowledge into Action to 27 TB county and sub county coordinators from Migori, Vihiga, Narok and Trans Nzoia counties, March 8 to March 14, 2020 at Kamel Park Hotel, Kisii County, Kenya.

The training was aimed at familiarising the participants with TB epidemiology both globally and in Kenya, the roles and responsibilities of the county and sub county TB coordinators with focus on data driven technical assistance, strengthening recording and reporting in TB control, and how data can be used to strengthen TB patient and program performance at all levels of health services as well as learn the basics of data-driven support supervision and technical assistance.

The end-of-course evaluation indicated a high degree of satisfaction in obtaining the course objectives from the participants.

This was the 11th training of The Union's, Tuberculosis Care and Prevention training in Kenya. The past trainings which have involved County and Sub County Coordinators from the other counties have been sustainable and cost efficient, with the engagement of local trainers drawn from the counties.

County and sub-county TB coordinators are key in the use of subnational data for local planning and programming at county level. They ensure quality of care for patients, act as the link between health care workers, patients and national level, visit facilities monthly, and use the National TB program electronic *TIBU* surveillance system for supervision and data collection.

TB ARC II activity is working with the National TB program to reduce the high TB burden in Kenya by partnering with The Union, an international scientific organisation, and leader in the field of TB since 1920.

NTLD-P, TB ARC II and The Union have developed a tailor-made, innovative training based on the International 'Principles in TB Care and Prevention: Translating Knowledge to Action' course which has run for over 20 years. The training targets county TB staff and was informed by evidence from the Kenya's TB prevalence survey of 2017 and capacity gaps of TB staff.



Participants of the TB ARC II supported 11th training of The Union on TB care and prevention in a data review exercise.



Faculty members and participants of the TB ARC II supported 11th training of The Union on TB care and prevention pose for a photo outside Kamel Park hotel, Kisii County, Marc 2020.

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Show me your Data, and I will Tell you How “well” you are Doing, or Not.....

We all get a kick out of being acknowledged for a job well done, in fact, Herzberg’s Motivation-Hygiene (two factor) theory indicates recognition and achievement as factors for employees’ satisfaction, none withstanding.

Tuberculosis control in Kenya is largely dependent on County and Sub County TB, Lung and Leprosy Disease Coordinators who are at the forefront of spearheading the planning, implementation, monitoring and evaluation of TB related activities at sub national levels.

Every year, the USAID funded TB ARC II activity in collaboration with the National TB Program brings together TB coordinators, County Pharmacists, County Medical Laboratory Coordinators and their respective County Directors of Health from the 47 counties.

The main objective of these themed meetings is to review the performance of key TB Indicators for the previous year, identify gaps/challenges and develop evidence-based and data driven action plan for the counties to adopt towards reducing TB incidence.

This year’s meeting dubbed “It’s time for quality of care in our health systems to end TB in Kenya” was held in February 2020 amidst pop and “glamor”. A deviation from the norm, an innovative approach of ranking counties using a score card that used a select of indicators. Indicators were weighted, counties and sub counties were ranked as per their performance using 2019 data from the National TB Program electronic *TIBU* surveillance system.

Through the support of USAID, TB ARC II in addition to supporting the technical and logistical support for this meeting, provided awards for the top 3 counties.

The minutes leading to the awards ceremony was apprehensive and it was astounding to see the awardees faces when their counties names were called out.

2019 County performance excellence award went to Mandera County, a pleasant surprise indeed!. Mandera County emerged the best county with a total weighted score 79.24, followed by Tharaka Nithi, 71.69 and Nyamira County 71.59. Kisii County produced the best performing and 3 rd runners up Sub Counties.

“I am truly challenged, I am going to work on the indicators my county has performed poorly on, next year that trophy will be ours”, County X TB Coordinator, were some of the comments that could be heard from the small informal gatherings that converged after the awards ceremony.



(Far right), TB ARC II Chief of Party, Dr Lorraine Mugambi-Nyaboga and TB ARC II Upper Eastern Regional Officer, Duncan Barkebo handover a trophy to the Tharaka Nithi County TB Coordinator and County Medical Laboratory Technologist after the county emerged position two in TB ARC II supported performance review meeting held at Sarova Woodlands, Nakuru County, February, 2020.

As we all strive towards achieving the End TB strategy global targets of reducing incidence by 90%, reducing TB deaths by 95% between 2015 and 2035 and ensuring no family suffers catastrophic expenses due to TB, we celebrate and recognize efforts-small and big along this journey of ending the TB pandemic in the world and more importantly in Kenya! IT’S TIME!

I am truly challenged, I am going to work on the indicators my county has performed poorly on, next year that trophy will be ours,

County X TB Coordinator.

One on One with the Tharaka Nithi County TB Coordinator, Francisca Mukami

In this edition of Vipasho, we share Francisca's journey as a County TB Coordinator. Francisca a wife and mother to three adorable children, is a clinical officer by profession with a Bachelor's Degree in Clinical Medicine and Community Health, and a Higher Diploma in Clinical Medicine.

1. What does your job as a TB County coordinator entail?

I act as the team lead for the TB Program in the county, where my job involves coordinating the implementation and monitoring of various TB quality improvement activities at the facility level. This is in collaboration with the Sub County TB Coordinators and other TB partners in the county, among them the Upper Eastern, TB ARC II Regional Officer.

Clinical review of the drug resistant TB patients across the county is also part of my job, taking a lead in clinical review team while at the same time ensuring all TB patients initiated on treatment, complete it.

I also provide technical support to the TB treatment sites and other facilities across the county through trainings, continuous medical education and mentorship hence capacity building of the county health care workers on TB management.

2. What motivates you to wake up every day and do this job?

The biggest motivator is providing quality of services to TB patients. I am always happy to see a patient respond well to treatment, where there is replacement of pain and misery with joy and hope for tomorrow through the recovery process.

Being able to mentor fellow healthcare workers on TB management and witnessing them find solutions to various challenges in TB care at their different levels, and planning for activities and being able to carry them out to successful completion are my other motivators.

3. Since you assumed the position of the CTLC, Tharaka Nithi County, what can you say has been your greatest achievement?

Improving access to TB services in the County has been one of my greatest achievements. This has been a collaborative team effort with the county government, private sector and the non-governmental institutions.

When I became the CTLC three years ago, one of our challenges was access to TB services – few TB treatment sites/facilities, fewer acid-fast bacilli (AFB) microscopy laboratories, and only two gene-Xpert sites.

As a team we mapped out the sub-counties and the facilities; we have 121 reporting health facilities in the County. We then set out on a journey to open more facilities for TB treatment and AFB microscopy laboratories. We have so



Francisca Mukami, County TB Coordinator, Tharaka Nithi

far increased our facilities from 52 to 83 (69%) treatment sites, and we now have 39 AFB labs from 17. We now have at least 2 AFB labs per Ward, and a TB treatment site for each location. We have partnered with 11 private facilities and all our FBO sites (25) are offering free TB services.

We are not yet where we want to be but we are well on our way. We hope to reach 80% of our facilities offering TB treatment, 50% of our facilities being able to do AFB microscopy, and all facilities being able to do TB active case finding/ screening.

4. Tharaka Nithi County is a diverse county with a large portion of the county being a hard to reach area. Despite this, the county has been regarded as one of the best performing counties in the fight against TB in Kenya. In February this year, the County emerged as the second best performing county in this year's National TB Program performance review. How does it feel? What are you doing that other counties can learn from you so as to reduce the high burden of TB in Kenya?

We thank God for this wonderful achievement. I knew we have put in a lot of work towards achieving our targets and goals, but I did not expect to get this award. It was a pleasant surprise.

In our County we have several things that work for us – good leadership in the Department of Health, led by our County Executive Committee, our Chief Officers, Director and the County Health Management Team. This has supported the sub county teams and facilities .

Our healthcare workers are well motivated and very cooperative, ready to learn. They take TB services very well.

I also have a very cooperative team for TB care in the county who include the sub county TB coordinators, the laboratory department, pharmacy and public health department.

At the beginning of 2019, together with the TB ARC II Upper Eastern Regional Officer Duncan Barkebo, we started the Continuous Quality Improvement (CQI) model with the TB team. We made a plan for my individual implementation of the CQI as the County TB Coordinator and for all the Sub County TB Coordinators. Every zone identified areas of weakness and strengths and we

have been working on this.

We have also put a bit of competition among the facilities like during World TB Day celebration we recognize the best facility in TB services especially TB active case finding and reward them with a certificate.

We are also glad to have other programs in the county perform very well. Last year as a county, we won an award for the 2nd best County in primary health care nationally and best in management of Results-Based (Financing RBF) funds.

5. Last year you travelled to India for the 50th International Union Conference. Tell us about your experience? What had you gone to do? What did you learn? Whom did you meet?
This was a wonderful opportunity for me as person and a proud moment for the county.

My journey to the 50th International Union Conference started with a TB ARC II supported The Union training two years ago. After the training as a team from Tharaka Nithi we went on to implement what we learnt. We went on to design a performance/ progress monitoring chart for every facility. We gave feedback to the facilities and Health Management Teams. We agreed on TB services performance targets and did our work plans. We worked on this and at the end of the year we had improved TB services a great deal.

With the help of the TB ARC II Upper Eastern Regional Officer who had supported in the training and in the implementation of the performance/progress monitoring chart, I was able to write an abstract on the same which was accepted at the Union World Conference on Lung health for oral presentation.

The experience of being at the conference was very rewarding. It was not like the usual seminars or trainings. I learnt a lot and got more ideas from different parts of the world to tackle our challenges. One thing that stood out for me was the involvement of civil society and TB survivors in the fight against TB.

I was also happy to meet a number of people such as my former boss Dr Enos Masini, my mentor Dr Susan Gaceri and of course people from different parts of the world with a passion in fighting TB.

6. Kenya was the first country to adopt the TB child friendly medicines. You being among the first champions or rather adopters of this medicine, what positive changes have you experienced as a county since you went this way?
As Tharaka Nithi county we do well in paediatric TB case finding at > 15% of all TB cases. The child friendly medicines are a great addition to the care we give to our children. The taste is flavored thus makes it more palatable to the child. The tablets are dispersible and the dosages well adjusted.

It is now much easier to explain to the care giver how to administer the medicine. This has improved adherence to treatment and overall outcomes.

The Direct Observation of Therapy (DOTs) staff in the TB clinics are also happy to have better medicines for the children that are easy to administer.

We are looking forward to a dispersible ethambutol tablet, and patient packs for children would really help too.

7. Recently, Kenya has launched the adoption of the Drug Resistant TB Injectable Free Regimen. What are you doing in the Tharaka Nithi to ensure quick uptake of this regimen at the county level?
The Injection Free Regimen is a most welcome move. It reduces pain and fear of TB treatment and saves our patients from the side effects of hearing loss which is a disability.

We have done the sensitisation for the regimen in the facilities and the clinical team is ready for it.

We are discussing the changes brought about by the regimen in Direct Observation of Therapy support with the clinical teams and hopefully when we have a patient we shall have successful course of treatment.

8. COVID-19 pandemic pauses a great threat in the backslide of TB services in the country. What measures have you put in place as a county to caution yourself against this?

Indeed, the pandemic pauses a threat on all the gains we have made in TB care and control. We have seen a drop in TB case finding for Quarter 2 compared to Quarter 1 of this year. We are also worried that our patients may interrupt their treatment.

We are following the guidelines issued by the National TB program for TB care during this time. We are banking on TB active case finding which is a strategy well established in the county to recover after the pandemic.

For the patients already in our care, we are keeping communication open, calling them, allowing them to call us and ensuring flexibility with the dispensing of drugs.

We are also in constant communication with our peripheral facilities to ensure transferred out patients arrive and are continuing on treatment.

Every cloud has a silver lining just like COVID-19 will/is having for TB if we look at it strategically. With the COVID-19, the campaign on good cough hygiene, one of the TB prevention mechanism has gotten a major boost. Use of face mask is no longer stigmatised for both patients and healthcare workers.

We are looking forward to have a permanent isolation ward thanks to the pandemic. Physical distancing, isolation or quarantine, contact tracing, enforcement of public health act: all this is health education to the public, law enforcers and patients. From this pandemic, it's going to be easier to support TB treatment adherence in future.

9. Donor funding is reducing with each passing day in Kenya. As a county, what measures have you taken to ensure the continuity of the fight against diseases like TB even in the absence of donor funds?

Integration of TB services into the general health services has been one of the key pillars of journey to self-reliance as a county. With this we have had TB active case finding at the fore front.

Joint support supervision, performance and data review activities are ways we have adopted to create awareness and importance of the TB program in the county.

In our county, we have also integrated commodity management under the pharmacy department including redistribution, so that a facility makes orders for essential drugs, non-pharms and TB drugs together.

Joint planning in the county is another major mile stone – TB, leprosy and lung health services are covered in the County annual workplan including a budgetary allocation in the annual financial budget.

Health is an expensive department to run and it may not be possible for a county like ours to take up the entire responsibility of donor funded programs immediately, I believe we shall need some further support and investment in health services not just for TB.

Battling TB amid COVID-19: *Brian

On a cold Thursday morning, we meet 32-year-old *Brian at Bahati Multi Drug Resistant (MDR-TB) Health Centre, Nairobi County. Brian is here to take his medication of the day under the instruction of a healthcare worker as it the practice for all the patients undergoing MDR-TB treatment in Kenya.

“I feel much better today compared to yesterday,” Brian responds to the clinician in charge in a small, sickly voice as we settle down for the interview upon being asked how he is feeling.

Back in April last year, Brian began having a persistent cough often accompanied by chest pain, fever, night sweats and fatigue.

“I assumed it to being a normal cold that would go away after taking some home-made cold remedies but it didn't. I graduated from taking the home remedies to over the counter pain killers from the local chemist. Every time I took the painkillers, the pain would subsidise for a few days and come back again. Instead of getting better, my health kept on deteriorating even after taking these medicines for more a month. I also lost weight in this process. I became sickly and even stopped going to work,” he opens up.

This prompted him to seek medical services in the nearest health centre located in Mukuru Kwa Ruben. It is here that he was screened for TB and referred to Bahati MDR-TB

10.What next for Tharaka Nithi in the fight against TB?

Ending TB epidemic by 2035 is the global target and national target. We hope to get to the same. This is by scaling up TB active case finding in all facilities; public, faith based and private and sustaining our gains.

In our county, 70% of our TB patients are of male gender, thus we have to target our men going forward. For this we have formed a stake holder forum in the county targeting the men.

We are working on strengthening political support for TB in the county for more resource allocation in the fight against TB.

TB care support in the two county prisons is high on our agenda. We have also proposed to have two more TB zones in Igamba Ngombe and Tharaka North sub-counties to ease coordination for these hard to reach areas.

The county department of health encourages research and publication especially for those staff in school. There are a number of our staff who are carrying out school based research projects on TB and lung health. We look forward to the having their publications used to solve some of the TB problems in our county and behold.



*Bahati Multi-Drug Resistant TB Health Centre, facility incharge, Alex Wanjohi examines *Brian, a TB patient.*

Health Centre for further examination.

“ Upon getting here they run a few laboratory tests which included a sputum test. It was from these tests that it was confirmed that I had Multi Drug resistant TB. I got a bit scared after being told that I had MDR-TB. I had heard ,read and seen various TB awareness messages on social media, radio, television, public service vehicles seats and walls across the roads but it never clicked to me that I would suffer this disease. In-fact when I began experiencing the symptoms, I suspected I had the disease but shrugged off the imagination that is why I kept on going back to the chemist to get the over the counter medicines

instead of going to the hospital," * Brian shares.

Immediately after being diagnosed with MDR-TB, Brian was put on treatment and requested to be going to take his drugs daily at the facility, a rule he has followed for the last few months.

"The healthcare workers who work here have been very supportive. At the beginning of the treatment they counselled me that I would get completely cured if I adhere to the treatment given without skipping any dosages. And true to their word, am getting better by day and I expect to be completely healed soon," he says.

His close contacts including his friends and neighbors have also been tested for the disease but luckily none of them had contracted the disease.

"I have also been educated on how to prevent others from being infected by the disease which includes covering my mouth with a mask or bent elbow when coughing and staying in a well ventilated area. Since I don't have a family, I was advised to bring the people whom I have been interacting with closely who are my friends and neighbors but luckily none of them tested positive for the disease," he says.

TB treatment is free in Kenya courtesy of the government of Kenya and development partners like USAID and Global Fund. Apart from the free medication inform of drugs, monthly clinical review and follow-up laboratory tests to access his response to medication, Brian just as is the case for all MDR TB patients, also gets patient support inform of a stipend of Kshs. 6,000 to cater for his basic needs like food and transport. He is also offered nutritional support inform of food supplements to help boost his immune.

"I am happy that the services are still going here despite the disruptions brought about by the Coronavirus pandemic. No day have I been turned away or seen any other patient being turned away. I am thankful that the healthcare workers have sensitised us on how to protect ourselves from being infected by COVID-19 as a result of our weak immune systems, a thing am following religiously by putting on a mask, keeping physical distance, washing hands frequently and avoiding touching the face," *Brian shares.

His sentiments are reiterated by Alex Wanjohi Kamau, Clinical Officer In-charge, Bahati MDR TB clinic, who notes, "as a result of COVID-19 the major challenge we have experienced as a facility is low uptake of services by patients. This we are countering by giving infection prevention talks to the publics and to the patients who show up. We are reassuring the patients we are open to offer them the services needed. We are telling them any cough can be TB and this can only be known after presenting oneself to a health facility for screening and testing."



*A laboratory technologist at Bahati Multi-Drug Resistant TB Health Centre where *Brian goes for his treatment loads sputum samples in a biosafety cabinet. TB ARC II supports the maintenance of the cabinet and others across the country to ensure quality of samples and better diagnosis.*

In March 2020, Kenya reported the first case of Coronavirus disease (COVID-19), an infectious disease that presents with cough and fever which are also the key symptoms of TB disease.

TB disease occurs due to lowered immunity and facilitates further deterioration of one's immunity if not treated. Preliminary research indicates that COVID-19 has a likelihood of being severe in persons with lowered immunity and in persons with other co-morbidities. It is also likely that TB patients who get infected with COVID-19 may have a likelihood of severe lower respiratory tract infection and/ or death.

With funding from USAID, TB ARC II in collaboration with the Ministry of Health-National TB Program has accelerated efforts to ensure the fight against TB goes on despite the COVID-19 pandemic. This is through; mass media campaign to raise awareness on TB, uptake of services and treatment completion, technical assistance to health facilities, monetary support for DR-TB sample transport and test, continuous medical education to health care workers among others to improve active case finding and quality of care for TB patients.

I am happy that the services are still going here despite the disruptions brought about by the Coronavirus pandemic. No day have I been turned away or seen any other patient being turned away. I am thankful that the healthcare workers have sensitised us on how to protect ourselves from being infected by COVID-19,

*Brian, a TB patient.

Passionately Fighting Tuberculosis in Her Community: Vivian Atieno

In the sprawling slums of Mathare, Nairobi, one of the most highly densely populated areas in Kenya, Tuberculosis is rampant. It is here that we meet 23-year-old Vivian Faith Atieno, a former TB patient who is determined to change this narrative. Hers is a story of devotion, sacrifice and passion born out of the many life challenges she has undergone.

“I had just relocated from living on the streets of Nairobi into a friend’s house who had offered to accommodate me as I figured my life out. That is when I began having a cough that I assumed would go away with time as it had previously,” Vivian recalls.

To her disappointment the cough persisted. She also began having chills, night sweats, loss of appetite, chest pains and weight loss. Her friend urged her to go to the hospital, but she remained hesitant instead opting for over the counter painkillers from the local chemist. The painkillers would ease the pain in the body for a short time as her condition worsened day by day. When the pain became unbearable, Vivian gave in and went to the nearest health center.

“In the health center I was screened, tested and diagnosed with tuberculosis. This shocked me as I had seen people in the community die of the disease. Seeing the worry in my face, the health workers counselled me and assured me if I completed the treatment, I would be okay. They gave me a one-month course of treatment and requested me to get a refill, a process I was to repeat for six months,” Vivian says.

Two weeks into the treatment, Vivian felt better. The symptoms she was experiencing before the treatment were now gone.

“Immediately the symptoms disappeared, I stopped taking the medicines given and threw them away. I assumed I had gotten healed and even when the one-month period expired, I didn’t both to go back to the health center for a refill as requested,” Vivian confesses.

After a short period into defaulting the treatment, Vivian became sickly again to an extent of being bed ridden.

“The second wave of the disease was so strong that I thought I would die. Luckily when I went back to the health center, the health workers agreed to put me back to treatment. It is here that I made a resolution to complete the treatment and use my experience to encourage others to complete theirs too. I would not want anyone to die of TB as that is where I was ended to as a result of abandoning treatment,” Vivian says.

Two years down the line into completing her medication and getting healed of TB, Vivian has become a TB champion in her community. Twice in a week she goes to the nearest



Vivian Atieno (in checked blouse), a TB ARC II trained TB champion from Mathare slums, Nairobi during a TB sensitisation meeting with some youths in the area .

health facilities in her community to get names of patients who have abandoned treatment.

“I pick the information given by the patients to trace them in the community and urge them to complete their medication. Majority of the treatment defaulters heed to my advice and go back to completing their treatment,” Vivian says.

A beneficiary of Vivian’s advice, 32 year old Philip Odhiambo, shares, “Weren’t not for Vivian’s counselling on the importance of completing my TB treatment, I would not have gone back to taking the medicines after abandoning them in my fourth month of treatment. The routine of swallowing many tablets had become cumbersome for me as well as the side effects that came along with taking the medicines like the awful body rushes and urine smell. She not only educated me that I risked developing multi-drug resistant TB which is expensive and difficult to treat but also urged me to complete the medication to avoid spreading the disease in the community.”

Vivian also conducts community sensitisations to raise awareness on TB and uptake of its services. You will often find her conducting community talks aimed at educating the participants on the symptoms of TB, its prevention and the need to stop its stigma.

“From the community talks, more and more people are becoming aware of the TB disease. It is from these talks that I inform people that TB treatment services are free in government facilities, the need of staying in well ventilated areas and why it is important to screen for TB to avoid community transmission. From these talks I have seen people go for TB screening,” she says.

Vivian concludes by saying, “Though my work is unpaid, I will continue doing it until Mathare and its environs becomes TB free. It’s time to end TB in Kenya. It’s time to end TB in Mathare!”

USAID funded TB ARC II activity works with the Ministry of Health-National TB Program to support the Stop TB Partnership Kenya -a civil society organisation to capacity build TB champions like Vivian to create TB awareness in their communities, avail appropriate patient information, support patient treatment literacy, and conduct peer-led treatment completion initiatives. Vivian is among the 70 TB champions who have been trained by TB ARC II to conduct these activities.

TB ARC II in Pictures



(From left) Head of NTLD-P - Dr Elizabeth Onyango, WHO Kenya Representative - Dr Rudolf Richard Eggers, MoH Kenya Chief Administrative Secretary - Dr Rashid Aman, and Clinton Health Access Initiative Kenya Country Director - Gerald Macharia hold copies of the Injectable Free Regimen during the launch of the document , July 30, 2020.

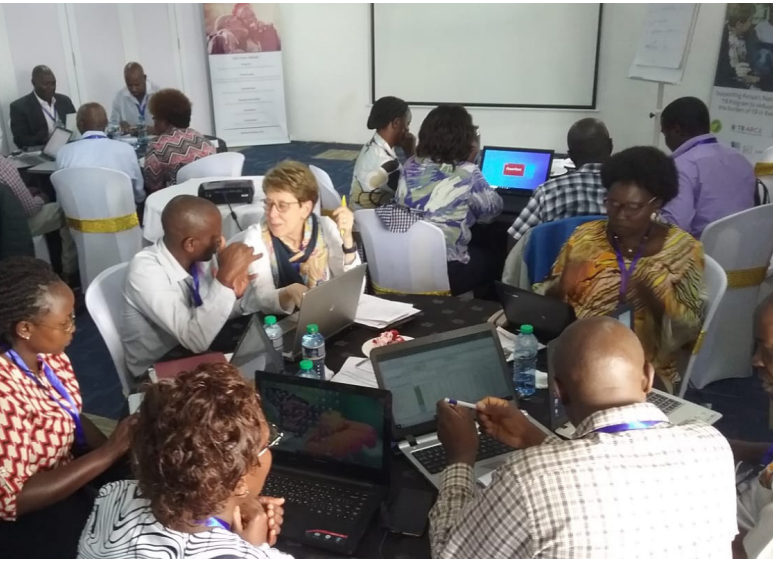


TB ARC II Advocacy Officer-Rose Wandia (left) and Nairobi County TB Coordinator-Elizabeth Mueni hold a dummy of the launched algorithm for TB screening and referrals in Nairobi schools, March, 2020.



TB ARC II Coast Regional Officer, Godana Mamo receiving a certificate of recognition from a Mombasa County official for outstanding dedication and support in health care services delivery in Kisauni/Nyali sub-county

TB ARC II in Pictures



Participants of the TB ARC II supported 11th The Union training on the principles of TB and prevention in a group discussion at Kamel Park hotel, Kisii County, March 2020



Participants of the TB ARC II supported integrated TB, Leprosy and Lung health guideline, tools and job aids development workshop held at White Rhino hotel, Nyeri, January, 2020 in a group discussion.



(First right) TB ARC II Nyanza Regional officer, Stella Omulo and Homabay county health officials during a joint support supervision at Hope Compassionate Dispensary, Homabay County, June, 2020

REPUBLIC OF KENYA



MINISTRY OF HEALTH



TB ARC II KEY PARTNERS



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Tuberculosis Accelerated Response and Care (TB ARC II)

Goal

To reduce the incidence and number of deaths due to TB in Kenya.

Objective

This activity, implemented by Centre for Health Solutions - Kenya, aims to improve TB case finding; improve access to high quality, patient-centered TB, DR-TB and TB/HIV services; prevent TB transmission and disease progression; strengthen TB service delivery platforms; and accelerate research and innovation with the ultimate goal of decreasing incidence, and TB related morbidity, and mortality in line with the 90-95-0 targets to End the TB epidemic.

If you have any feedback or comments on TB ARC II please contact;
Dr Lorraine Mugambi - Nyaboga | TB ARC II Chief of Party | lmugambi@chskenya.org

Center for Health Solutions - Kenya (CHS)

Center for Health Solutions - Kenya (CHS) is a local, indigenous Kenyan not-for-profit organization with in-depth understanding of the local context, utilising local expertise as well as strategic partnerships to ensure the implementation of evidence informed solutions and interventions to existing and emerging public health concerns.

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