



REPUBLIC OF KENYA



MINISTRY OF HEALTH



# TAITA TAVETA COUNTY: COMMUNITY TB SITUATION

An annual overview of Global Fund  
community Tuberculosis project  
implementation progress.

Blue Cross Community Development Program  
in Taita Taveta County.

JAN 2019 – DEC 2019

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## ISSUE No. 1, April 2020

**Disclaimer:** The authors' views expressed in this report do not necessarily reflect the views of the Global Fund or AMREF Health Africa in Kenya. Publication of this report was done without any financial implications.



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### FROM THE EDITOR'S DESK

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*“Project implementation without regular review of the strides made may be as useless as it sounds. Simply put, the difference between doing it and not attempting to do it remains leanest. As Blue Cross, we are committed to making the much needed information available for anyone, any time. I therefore hope that this will not only be some source of information but will bring more light in terms of our commitment to engage closely the Taita Taveta Community in our joint efforts to #EndTB. We are already somewhere, but the future is brighter.”*

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## Abbreviations

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ACF –	Active case finding
CCHSC	County Community Health Strategy Coordinator
CHA -	Community health assistant
CHC -	Community health committee
CHV -	Community health volunteer
CMCC-	County Malaria Control Coordinator
CTLC –	County TB and leprosy coordinator
CU –	Community unit
GMIS –	Grant management information system
HCW -	Healthcare worker
LA-	Linkage Assistant
NTLDP-	National Tuberculosis, Leprosy and Lung Diseases Program
PHO –	Public health officer
PLHIV-	People Living with HIV
TB-	Tuberculosis

## Acknowledgements

The successful completion of this report has been made possible through the commitment of the CTLC Mr. Williamson Mwadime in close collaboration with the SCTLCS (Mr. Bazil Mwatate, Mr. Damian Machu and Mr. Charles Muthemba) who willfully supported Blue Cross with various data from TIBU and other sources. I would also wish to thank Alice Wanyonyi of AMREF Health Africa in Kenya for reviewing the various data reported before the availing of this report for public view.

The mentorship and distinctive support provided, at various capacities, by Mr. David Musya (the former CTLC), Mrs. Miriam Wakio (the former CCHSC) and Mrs. Christine Kalema (the former MCC) is the foundation of our succesful implementation in Taita Taveta County.

In a special way, I thank the Taita Taveta County government specifically the department of health services (DOHS) for the unwavering support. Thanks to the various HCWs, CHAs/PHOs and CHVs who through their toil the year 2019 was successful and through them, I believe, we shall jointly #EndTB in Taita Taveta County.



Aloyce O. Ogolla.

## Message from Director, Blue Cross

Tuberculosis is the 10th leading cause of death worldwide, top infectious killer and the leading cause of death among people living with HIV. TB remains a high disease burden in Kenya and is ranked fourth cause of death among infectious diseases. The good news is that TB is both preventable and curable, the bad news is that in spite of all the efforts made, 10 million people fell ill with TB with 1.5 million losing their lives to the disease worldwide in 2018 including 251 000 people living with HIV.

And, in order to reverse the trend, the role of communities remains essential as does the resilient and sustainable systems for health (RSSH), for ensuring dedicated and innovative people-centered and community-based and community-led approaches for service delivery, active case findings, active contact investigations, treatment interrupters tracing, health promotion and education using MDR champions and empowering people living with HIV-associated TB to adhere to their treatment and care. Stopping TB requires a functioning and concerted networking between government programs, MOH and community structures that functions every day of the year. And because every breath count and TB has no boundaries, *we cannot continue to do business as usual. The governments (both national and County), the donors and other service providers need to scale up their efforts and support as was suggested by Carol Nawina Nyirenda of community initiatives for TB/HIV and Malaria.*

“Ending TB, the world’s biggest infectious killer, would save millions of lives and help lift people out of poverty and disease. A third of all people living with HIV die of TB, so the impact on the AIDS response would be enormous. By working together we can achieve a healthier future for all.” MICHEL SIDIBÉ, Executive Director, UNAIDS.

By availing this report, you will realize that while there is notable progress made in the fight against TB, more still needs to be done, by everyone of us. It can be done.



Eric O. Okoth

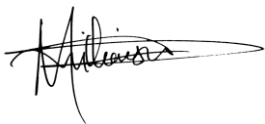
## Message from the CTLC

As Taita Taveta County, we remain glued, focused and determined to the fight against Tuberculosis. The county, the 66 healthcare facilities, all the HCWs of various cadres, various community structures and the community members are the soldiers who must join hands in the fight against this one enemy, TB. I take this opportunity to thank SCTLCs, all our health care workers at different health facilities across the county and those who link our communities with the same health facilities for their efforts towards ending TB which is world's biggest killer infectious killer disease.

Over the years, tuberculosis has been under-rated and not given the necessary attention but by availing this first *Annual overview of Global Fund community Tuberculosis project implementation progress in Taita Taveta*, Blue Cross Community Development Program in Taita Taveta County has eventually availed the platform for TB to reclaim its actual position. While I personally engaged with Blue Cross then as a SCTLC for Voi, the passion and commitments from their staffs were encouraging. I commit to continue working together with and supporting Blue Cross and all other stakeholders in changing the lives of our people as far as the TB care and prevention is concerned. I am pretty sure that amidst the impacts of Covid-19, we shall remain committed to realize an increased case notifications in 2020.

It is usually said you only need to breath to get TB infection, which is mandatory to support life on earth. With this in mind, it is my plea to all healthcare workers in Taita Taveta County to double their efforts by actively screening TB for all clients and patients we serve.

Together we will END TB, it is time.



Williamson Mwadime

CTLC – Taita Taveta County



**Figure 1: The former CTLC, Mr. David Musya and the former CCCHSC Mrs. Miriam Wakio during an OJT at Modambogho dispensary. Photo by: Aloyce Ogolla**

## **BACKGROUND INFORMATION**

Blue Cross Community Development Programme –registered as a CBO in 2007 in Nyatike Sub-county of Migori County in Kenya- is a Christian founded organization; Child, youth and women centered Program currently working in Migori, Homabay and Taita Taveta Counties of Kenya with the sole mandate of reducing the impact of climate change, TB, HIV/AIDS, Malaria, poverty and preventable diseases among the targeted communities.

**Mission:** An empowered community with self-sustaining care and support systems.

**Vision:** To work with local communities, partners and government agencies to support and empower vulnerable children, women, youth, PLHIV, and other disadvantage groups through health promotion, economic empowerment; education support; psychological support and protection.

In Taita Taveta County, Blue Cross implements community tuberculosis project funded by Global Fund through AMREF Health Africa in Kenya. The project which started in March 2019 and which will end in June 2021 is aimed at developing and strengthening the capacity of Taita Taveta County government and the local communities to be able to own up and strengthen the tuberculosis care and prevention strategies putting into consideration the TB/HIV collaborative interventions. **The project's core mandate lies in building the capacity of Health Care Workers, Community Health Volunteers (CHVs) and Community Health Committees (CHCs) on community TB detection, care & prevention, TB/HIV and MDR-TB.** The trained CHVs and CHCs are used to; intensify bacteriologically confirmed TB patients' contact tracing, perform referral of presumptive TB cases to the link healthcare facilities, facilitate physical tracing of patients who interrupt TB treatment and promote community TB prevention activities under the supervision of Community Health Assistants (CHA)/ PHOs. The project is managed by a Project Officer, based in Taita Taveta County. *(Specific activities supported are summarized in Fig. 2 below).*

THE CTLC and the SCTLCS provide guidance and supervisory roles, **including dissemination of the new updates in relation to TB care,** to the health care workers. The table below summarizes the roles played by our closest HIV program partner, Afya Pwani, whose contribution may not be assumed in the TB program.

<b>AFYA PWANI - Taita Taveta County</b>	<b>Supported:</b> (i) laboratory networking for sputum samples, (ii) quarterly HIV/TB stakeholders' fora & MDR TB clinical review meetings, (iii) joint supportive supervision, and (iv) redistribution and dissemination of guidelines, IEC materials, data collection tools and job aids on HIV/TB.
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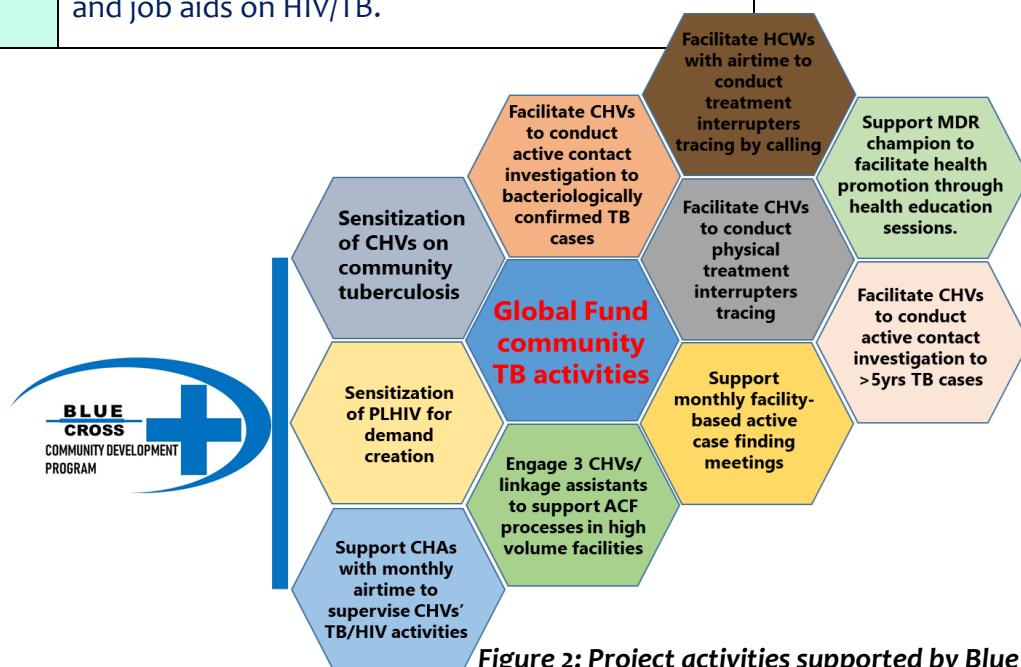
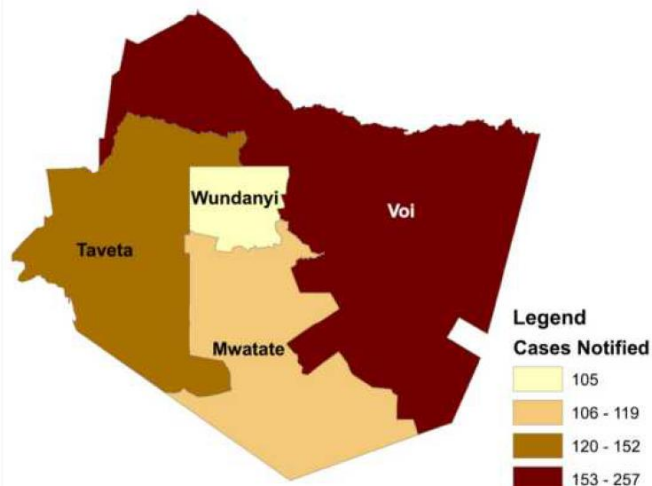


Figure 2: Project activities supported by Blue Cross.

## TAITA TAVETA COUNTY

DSTB Cases Notified, 2014-2018					
Type of TB	2018	2017	2016	2015	2014
New Bacteriologically Confirmed	291	287	316	245	236
New Clinically Diagnosed	201	106	126	153	168
Previously Treated	70	47	28	34	74
Extra Pulmonary	71	71	57	72	96
TB among children all forms (Under 15)	72	43	51	58	51



**Figure 3: DSTB Cases notified, 2014 – 2018. Source: NTLD-P annual report, 2018.**

Kenya conducted its first post-independence TB prevalence survey in 2015-2016. The survey revealing that the true burden of TB in Kenya was 426 cases per 100,000 population with an annual incidence of 169,000 persons. The annual decrease in TB incidence is estimated at 4%. Therefore, mathematically, an estimated 162,000 persons would have TB in 2017; 156,000 in 2018 and an estimated 150,000 TB incidence in 2019.

### Burden of TB in Taita Taveta

Taita Taveta County has four (4) administrative sub-counties, which are also the Tuberculosis control zones, with each having a sub-county tuberculosis and leprosy coordinator (SCTLC). A total of 25 HCWs were trained in Taita Taveta County in 2017 by NTLD-P in a bid to strengthen tuberculosis control activities at community level as a commitment by the program to end TB in Kenya. According to NTLD-P, Taita Taveta County has 48 AFB sites, 52 TB treatment sites and 2 GeneXpert sites with GeneXpert utilization rate of 31% in 2017. In the same year, the county's case notification rate was at 145 per 100,000 persons while the proportion of Childhood TB was at 8%.<sup>4</sup> The 2 GeneXpert machines are at Moi County Referral Hospital in Voi TB control zone and the other at Taveta Sub-County Hospital in Taveta TB control zone. Due to the terrain of the county, the GeneXpert machine at Taveta Hospital serves mostly Taveta TB control zone while the one at Moi CRH serving the remaining TB control zones.

While the set target for the proportion of deaths among TB patients in Kenya in 2018 was >5%, **Taita Taveta County reported 11% deaths of all forms of TB cases, thereby becoming the 3<sup>rd</sup> highest nationally after Siaya and Vihiga Counties.**<sup>5</sup> This is even after reporting 8% deaths in the previous year 2017.

<sup>4</sup> NTLD-P Annual report 2017. Annex 1 pg. 65.

<sup>5</sup> National Tuberculosis, Leprosy and Lung Diseases Program, annual report 2018.

## Focus on community engagement

Taita Taveta County has 66 health facilities in total, 47 of them being TB diagnostic centres (AFB sites) as summarized in Table 1 below. Only 10 out of these 66 healthcare facilities have fully embraced active case finding (ACF) while 9 of the 10 are supported by Blue Cross to conduct ACF meetings quarterly. 9 of the 10 were reported by the SCTLCS to be reporting on monthly basis.

The County currently has 56 functional community health units each having averagely close to 30 CHVs. **The CU coverage stands at 62%.** These 1530 CHVs can be actively engaged, their potential tapped to help the county in health promotion initiatives and in realization of the UHC agenda once locally adopted. **However, currently, the CHVs lack consistent and sustainable motivation hence are underutilized. They often prefer engaging in other endeavors which would bring food into their tables by the end of the day than volunteering without any form of motivation to perform their roles as CHVs.**

**Table 1: Healthcare facilities and community unit distributions, ACF uptake per TB control zone. Source: CTLC**

TB Control zone	County referral hospitals	Sub-county hospitals	Health centres	Dispensaries	Private facilities	Total facilities	Total TB diagnostic centres	Gene X-pert availability.	No. of facilities fully embraced ACF.	No. of facilities sending ACF reports to sub-county monthly	ACF facilities supported by Blue Cross	No. of community units	No. of community health volunteers.
VOI	1	0	7	14	2	24	13	Yes	3	3	3	17	390
MWATATE	0	1	4	13	1	19	14	No	2	2	2	12	493
WUNDANYI	0	2	6	3	0	11	8	No	4	3	2	14	340
TAVETA	0	1	2	8	1	12	12	Yes	1	1	2	13	307
<b>TOTALS</b>	<b>1</b>	<b>4</b>	<b>19</b>	<b>38</b>	<b>4</b>	<b>66</b>	<b>47</b>		<b>10</b>	<b>9</b>	<b>9</b>	<b>56</b>	<b>1530</b>

**NOTE:** Out of the 22 community units in Mwatate, only 12 are currently functional. Assuming that every sub-location should have a functional community health unit, Taita Taveta County with 90 sub-locations in total (Wundanyi-24, Mwatate-27, Voi-16 & Taveta-23) therefore has a deficit of 34 community units. With this in mind, the CU coverage stands at 62%.

“However, currently, the CHVs lack consistent and sustainable motivation hence are underutilized. They often prefer engaging in other endeavors which would bring food into their tables by the end of the day than volunteering without any form of motivation to perform their roles as CHVs.”

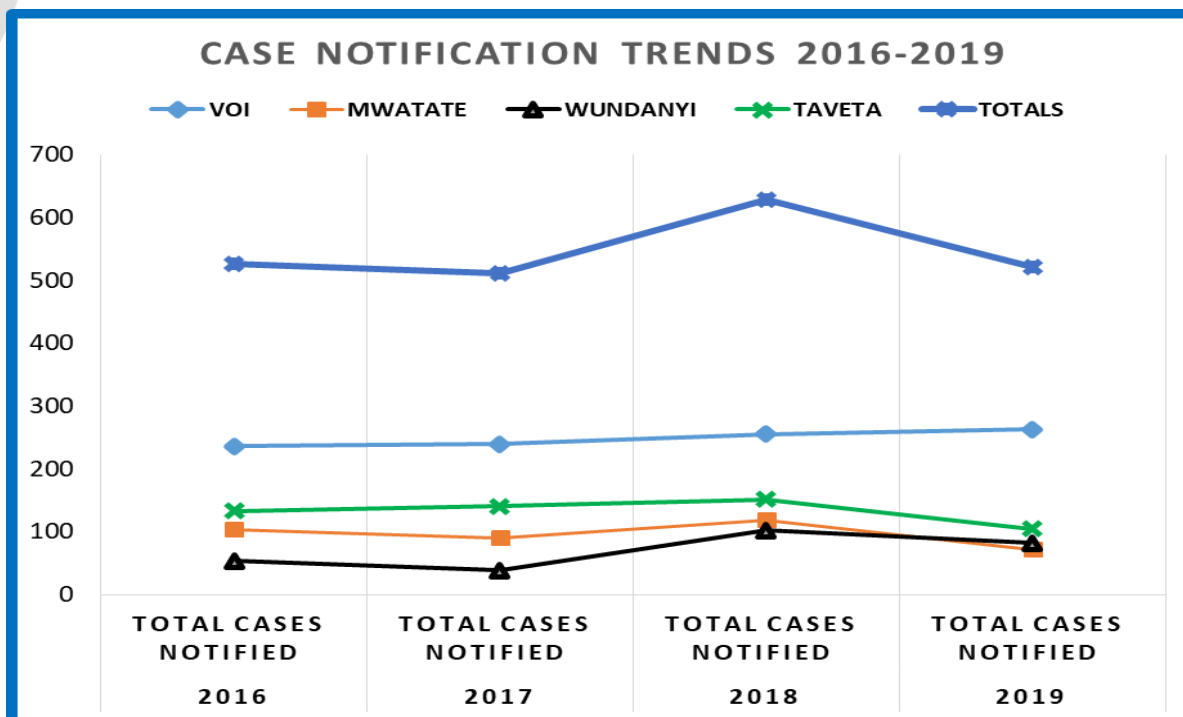


Figure 4: Case notification trends 2016 – 2019 Taita Taveta County

Apart from Wundanyi TB Control zone where cases notified in 2017 dropped as compared to that of 2016, there has been a steady increase in TB case notification in the County. However, a sharp drop in 2019 would take us three years back. Voi TB Control zone has maintained a steady rise in cases notified, recording 1.7%, 6.7% and 2.7% increase between the years 2016-2017, 2017-2018 and 2018-2019 respectively. These are shown by the figure 4 above and table two below.

Table 2: Case notification trends over the period 2016 to 2019. Source: CTLC (TIBU).

TB Control zone	2016			2017			2018			2019		
	Clinically diagnosed	Bacteriologically confirmed	Total cases notified	Clinically diagnosed	Bacteriologically confirmed	Total cases notified	Clinically diagnosed	Bacteriologically confirmed	Total cases notified	Clinically diagnosed	Bacteriologically confirmed	Total cases notified
VOI	91	145	236	105	135	240	121	135	256	123	140	263
MWATATE	35	69	104	31	60	91	64	55	119	27	45	72
WUNDANYI	19	35	54	10	29	39	44	58	102	39	43	82
TAVETA	42	91	133	41	100	141	66	86	152	41	64	105
TOTALS	187	340	527	187	324	511	295	334	629	230	292	522

“Voi TB Control zone has maintained a steady rise in cases notified, recording 1.7%, 6.7% and 2.7% increase between the years 2016-2017, 2017-2018 and 2018-2019 respectively.”

## Community and pediatric case notifications

Before 2016, Taita Taveta County had low community case notification of less than 9% of the total cases notified and low pediatric case notification of less than 8% of the total cases notified.<sup>6</sup> This trend however has not changed. For instance, in 2018 and 2019, the county recorded 8% and 6% community case notifications respectively of the total cases notified. Low pediatric cases of 11% and 9% was similarly recorded over the same period. (Figure 3 below).

The cases recorded a decreasing trend, hence much has to be done. However, there is a growing concern that there could be a missing link hence even the cases referred from the community are documented as self-referral cases. CHVs have been advised accordingly to ensure that all the referrals are accompanied by a referral form (MOH100).

**Table 3: Community and pediatric case notifications, a comparison between 2018 and 2019. Source: CTLC**

TB Control zone	2018					2019				
	Total cases notified (as in table 2).	Of cases notified, # referred from community.	% comm. case notification	Of cases notified, # of pediatric cases	% of pediatric notification	Total cases notified (as in table 2).	Of cases notified, # referred from community.	% comm. case notification	Of cases notified, # of pediatric cases	% of pediatric notification
VOI	256	5	2%	25	10%	263	17	6%	25	10%
MWATATE	119	23	19%	11	9%	72	8	11%	1	1%
WUNDANYI	102	10	10%	14	14%	82	4	5%	13	16%
TAVETA	152	11	7%	22	14%	105	4	4%	9	9%
<b>TOTALS</b>	<b>629</b>	<b>49</b>	<b>8%</b>	<b>72</b>	<b>11%</b>	<b>522</b>	<b>33</b>	<b>6%</b>	<b>48</b>	<b>9%</b>



**Low pediatric cases of 11% in 2018 and 9% in 2019 recorded.**

<sup>6</sup> Kenya National Tuberculosis Prevalence Survey, 2016.





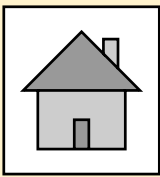
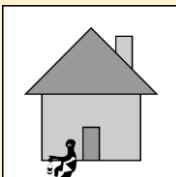






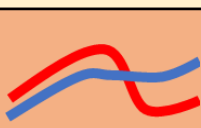
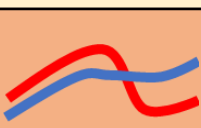
## Laboratory performance indicators

According to the latest data provided by laboratory department, Taita Taveta County has 66 health facilities all of which are TB treatment sites. 47 of these facilities are TB diagnostic centres (AFB sites). The county has 2 GeneXpert sites with GeneXpert utilization rate of 31% in 2017. The geneXpert utilization is expected to reach its maximum in 2020 when Blue Cross is expected to support TB sputum networking in the county by engaging riders.

The 2 GeneXpert machines are at Moi County Referral Hospital in Voi TB control zone and the other at Taveta Sub-County Hospital in Taveta TB control zone. Due to the terrain of the county, the GeneXpert machine at Taveta Hospital serves mostly Taveta TB control zone while the one at Moi CRH serving the remaining TB control zones.

## COMMUNITY INVOLVEMENT IN TB CARE & DETECTION TAITA TAVETA

### COMMUNITY INVOLVEMENT IN TB CARE & DETECTION

	<p><b>100 CHVS SENSITIZED</b></p> <p>Sensitization of CHVs in community TB - (Contact tracing, screening defaulter tracing, community screening).</p>		<p><b>60 PLHIVS SENSITIZED</b></p> <p>Sensitization of PLHIV and CHVs on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients rights for demand creation.</p>
	<p><b>3 LINKAGE ASSISTANTS</b></p> <p>Facilitated to support ACF processes</p>		<p><b>54 CHAS</b></p> <p>Supported monthly to supervise TB/HIV activities by CHVS</p>
	<p><b>295 HHS (208M, 87F)</b> for Bacteriologically confirmed TB patients reached and <b>829 contacts</b> screened (<b>384M, 445F</b>).</p>		<p><b>21 HHS (10M, 11F)</b> for children &gt;5yrs reached and <b>69 contacts</b> screened (<b>29M, 40F</b>).</p>
	<p><b>39 NEW TB cases (19M, 20F)</b> identified as a result of active investigation of bact. Confirmed TB clients.</p>		<p><b>5 NEW TB cases (2M, 3F)</b> identified as a result of active investigation of &gt;5yrs pediatric clients.</p>
	<p><b>9 HEALTHCARE FACILITIES</b> supported to conduct quarterly ACF meetings.</p>		<p><b>174 TB PATIENTS</b> identified through the linkage assistants.</p>
	<p><b>6 HCWS</b> supported with monthly airtime to help trace treatment interrupters by calling.</p>		<p><b>1 MDR CHAMPION</b> Supported to conduct health education sessions to promote TB detection &amp; improve cure rate.</p>
	<p><b>34 TREATMENT INTERRUPTERS (28M, 6F)</b> referred back and restarted on treatment by calling.</p>		<p><b>40 TREATMENT INTERRUPTERS (28M, 12F)</b> physically traced, <b>28 (20M, 8F)</b> of them referred back &amp; restarted on treatment.</p>

Source: Monthly reviewed narrative reports and data sets, BLUE CROSS.

## INDICATOR PERFORMANCE JANUARY 2019 – DECEMBER 2019

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achiev
1.1.9: (a) Number of sensitization meetings on community TB conducted	4	4		4	0	100%
1.1.9: (b) Number of CHVs sensitized on community TB	100	28	72	100	0	100%
1.3.1 (a): Number of bacteriologically confirmed patients whose households were visited and contact screening done	268	208	87	295	27	110%
1.3.1 (b): Number of households members screened	1180	384	445	829	-351	70%
1.3.1 (c): Number of presumptive or < 5 yrs households members referred	590	99	113	212	-378	36%
1.3.1 (d): Number of new TB cases identified	85	19	20	39	-46	46%
1.3.1 (aa): Number of children < 5 years TB patients whose households were visited and contact screening done	25	10	11	21	-4	84%
1.3.1 (ab): Number of households members screened	84	29	40	69	-15	82%
1.3.1 (ac): Number of presumptive or < 5 yrs households members referred	42	8	1	9	-33	21%
1.3.1 (ad): Number of new TB cases identified	7.8	2	3	5	-2.8	64%
1.3.1 (ba): Number of HCWs facilitated with airtime	72	5	18	23	-49	32%
1.3.1 (bb): Number of treatment interrupters traced through calling	46.4	30	6	36	-10.4	78%
1.3.1 (bc): Number of treatment interrupters referred back and restarted on treatment through calling	36.9	28	6	34	-2.9	92%
(a) Number of treatment interrupters traced physically	39	28	12	40	1	103%
(b): Number of treatment interrupters physically traced, referred back and restarted on treatment	35.1	20	8	28	-7.1	80%
2.5.1. (a) Support for MDR champions in every county to work at sub count level with SSR in 47 counties	12	0	10	10	-2	83%
2.5.1. (b) Number of health education sessions undertaken by the MDR champions	44	44	0	44	0	100%
6.1.4. (a) Number of CHVs/linkage assistants supported to support ACF process	36	12	24	36	0	100%
6.1.4. (b) Number of presumptive clients referred from community linked to relevant department for diagnosis	9381	2601	6780	9381	0	100%
6.1.4. (c) Number of presumptive clients identified from other department and referred for diagnosis	1773	859	914	1773	0	100%
6.1.4. (d) Number of TB patients identified through the linkage	174	98	76	174	0	100%
6.1.4. (a) Number of health facilities supported quarterly to hold facility based ACF meeting	40	29	0	29	-11	73%
6.1.4. (b) Number of clients screened for TB at the health facility (aggregate from all departments and facilities supported)	37839	25028	0	25028	-12811	66%
6.1.4. (c) Number of presumptive TB cases identified (aggregate from all departments and facilities supported)	1591	1522	81	1603	12	101%
6.1.4. (d) Number of New TB cases identified (aggregate from all departments and facilities supported)	139	153	1	154	15	111%
124 (a) Number of PLHIVs and CHVs sensitization meetings conducted on community TB conducted on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients rights for demand creation)	4	4	0	4	0	100%
124 (b) Total number of PLHIVs and CHVs sensitized on community TB conducted on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients rights for demand creation	60	60	0	60	0	100%
CHEWs Support supervision to CHVs TB & HIV activities:- CHEWS airtime	648	154	101	255	-393	39%



An annual overview of Global Fund community Tuberculosis project implementation progress in Taita Taveta County, 2019: Blue Cross.



## 2019 Achievement Highlights

**Activity:** Sensitization of CHVs on community tuberculosis.

**100 participants (28male, 72female)** mostly CHVs and few selected CHAs were sensitized on community TB from across the county to support in the various community TB/HIV activities including contact investigation, treatment interrupters tracing and health education, among others. This was to enhance their knowledge on TB treatment, contact investigation and interrupters tracing where they play a key role. The sensitizations were done by the SCTLCS and the SCCHSFPs. This is shown below.





Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
1.1.9: (a) Number of sensitization meetings on community TB conducted	4	4	4	4	0	100%
1.1.9: (b) Number of CHVs sensitized on community TB	100	28	72	100	0	100%

**Activity: Facilitate CHVs to conduct active contact investigation to bacteriologically confirmed TB cases and to children under 5 years in Taita Taveta County.**

A total of **295 households** for bacteriologically confirmed TB cases were visited and **829 household members** screened by CHVs yielding **39 new TB cases**. **21 households** for children under 5 years with TB were also visited by CHVs in the county where 69 household members were screened for TB and 5 new TB cases identified through this reverse investigation. This is shown in tables 1 & 2.

Contact investigation forms received from CHVs were promptly paid within the month they are received by Blue Cross. Payments were only delayed in June and December when there were delays in funds disbursement.

The county reported **296 bacteriologically confirmed TB cases** to the National Tuberculosis, Leprosy and Lung Diseases Program (NTLD-P) through the online platform TIBU in 2019. Out of this number, **contacts for 295 cases were investigated for TB by CHVs and reported**. Therefore, **99.66%** of all bacteriologically confirmed TB cases in Taita Taveta County were visited by CHVs in 2019 and their contacts screened appropriately.

	<p style="text-align: center;"><b>522</b></p> <p style="text-align: center;"><b>Total number of TB cases of all forms notified in TAITA TAVETA in 2019</b></p>
	<p style="text-align: center;"><b>296</b></p> <p style="text-align: center;"><b>Number of bacteriologically confirmed TB cases TAITA TAVETA in 2019</b></p>
	<p style="text-align: center;"><b>295</b></p> <p style="text-align: center;"><b>Number of HHs of bacteriologically confirmed TB cases whose households were visited and contacts screening done and reported.</b></p>
	<p style="text-align: center;"><b>99.66%</b></p> <p style="text-align: center;"><b>Proportion of HHs of bacteriologically confirmed TB cases whose households were visited and contacts screening</b></p>

**“21 households for children under 5 years with TB were also visited by CHVs in the county in 2019 where 69 household members were screened for TB and 5 new TB cases identified through this reverse investigation.”**

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
1.3.1 (a): Number of bacteriologically confirmed patients whose households were visited and contact screening done	268	208	87	295	27	110%
1.3.1 (b): Number of households members screened	1180	384	445	829	-351	70%
1.3.1 (c): Number of presumptive or < 5 yrs households members referred	590	99	113	212	-378	36%
1.3.1 (d): Number of new TB cases identified	85	19	20	39	-46	46%

**Table 2: Contact investigation for bacteriologically confirmed TB cases in Taita Taveta County, 2019**

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
1.3.1 (aa): Number of children < 5 years TB patients whose households were visited and contact screening done	25	10	11	21	-4	84%
1.3.1 (ab): Number of households members screened	84	29	40	69	-15	82%
1.3.1 (ac): Number of presumptive or < 5 yrs households members referred	42	4	5	9	-33	21%
1.3.1 (ad): Number of new TB cases identified	7.8	2	3	5	-2.8	64%

**Table 1: Contact investigation for children >5 years, Taita Taveta County, 2019**

**Activity: Facilitate healthcare workers with airtime to conduct treatment interrupters tracing by calling.**

6 HCWs are supported monthly with airtime to conduct treatment interrupters tracing through calling. The facilities supported with airtime are: Moi County Referral Hospital, St. Joseph's Shelter of Hope, Wundanyi SCH, Ndovu HC, Mwatate SCH and Bura Model HC. (**Note:** These facilities notified at least 20 TB cases of all forms in 2016, with the exception of Bura Model HC.)

The under-achievement is due to late onset of the actual implementation. Going forward, strategies have been put in place to ensure that the HCWs airtime is promptly and regularly paid. Consequently, **34 treatment interrupters** were referred back and restarted on treatment through calling from the above health facilities in 2019 as shown below.

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
1.3.1 (ba): Number of HCWs facilitated with airtime	66	5	18	23	-43	35%
1.3.1 (bb): Number of treatment interrupters traced through calling	46.4	30	6	36	-10.4	78%
1.3.1 (bc): Number of treatment interrupters referred back and restarted on treatment through calling	36.9	28	6	34	-2.9	92%

**Activity: Facilitate CHVs to conduct physical treatment interrupters tracing.**

When calling treatment interrupters doesn't yield any result, CHVs roles become crucial in the physical tracing of treatment interrupters. Due to industrial action by HCWs from across the county during the year, so many TB patients interrupted treatment especially between the months of September and November. Blue Cross received more number of the treatment interrupters than the project could actually support hence some were not supported, but the issue was explained to the affected CHVs accordingly.

**28 out of 40** treatment interrupters physically traced by CHVs were found, referred back and restarted on treatment. The common reason for missing the ones not found was either died or migrated.

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
(a) Number of treatment interrupters traced physically	39	28	12	40	1	103%
(b): Number of treatment interrupters physically traced, referred back and restarted on treatment	35.1	20	8	28	-7.1	80%

**Activity: Engage 3 CHVs/ linkage assistants in Taita Taveta County to support ACF processes in high volume facilities.**

Blue Cross engages 3 *linkage assistants* to support active case finding initiatives in 3 high volume facilities in Taita Taveta County. **The linkage assistants are attached at Moi CRH, Taveta SCH and Mwatate SCH.** The linkage assistants offer TB health education while identifying coughers in ques at various health facility service delivery points (SDPs) and referring them to the relevant department for further investigations and diagnosis. They actively screen patients, in a bid to support ACF processes.

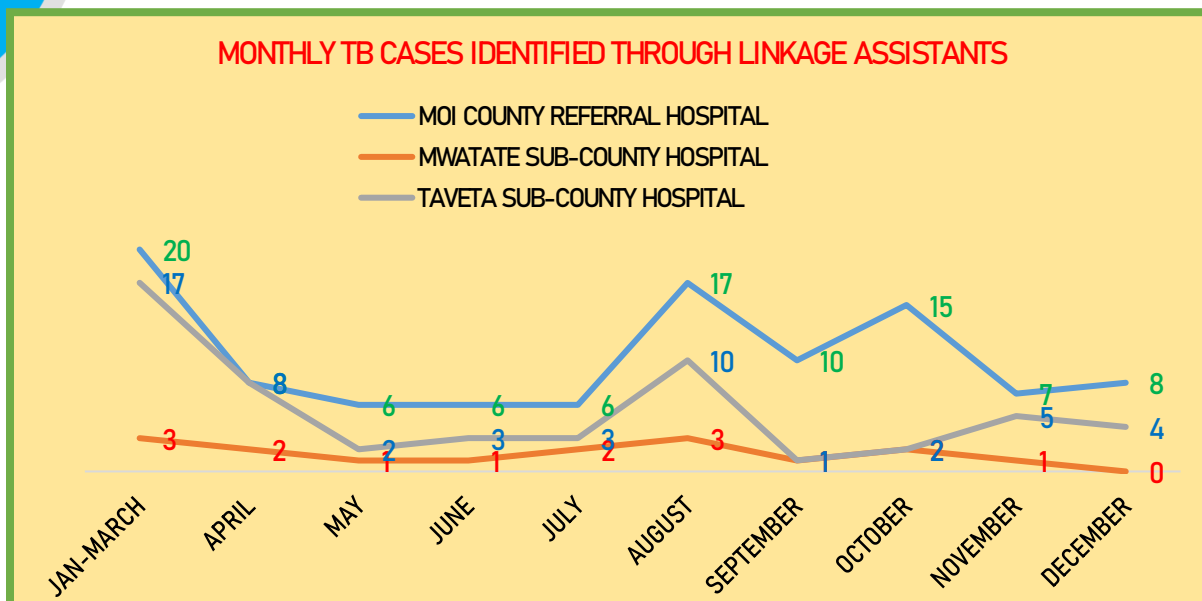
Presence of these linkage assistants at the departments with more workloads such as OPD and MCH have been seen to yield more results than rotationally going round all the SDPs in specific days, which would lead to missed cases in departments with higher workload on days they are not attended to.

The facilities where linkage assistants are linked have posted an increased screening of patients visiting the facility and consequently increasing the cases notified at any given time. However, the linkage assistants are only supporting this noble initiative up to midday hence more cases missed especially in the afternoon.

Indicator performance as per this activity is as shown below.

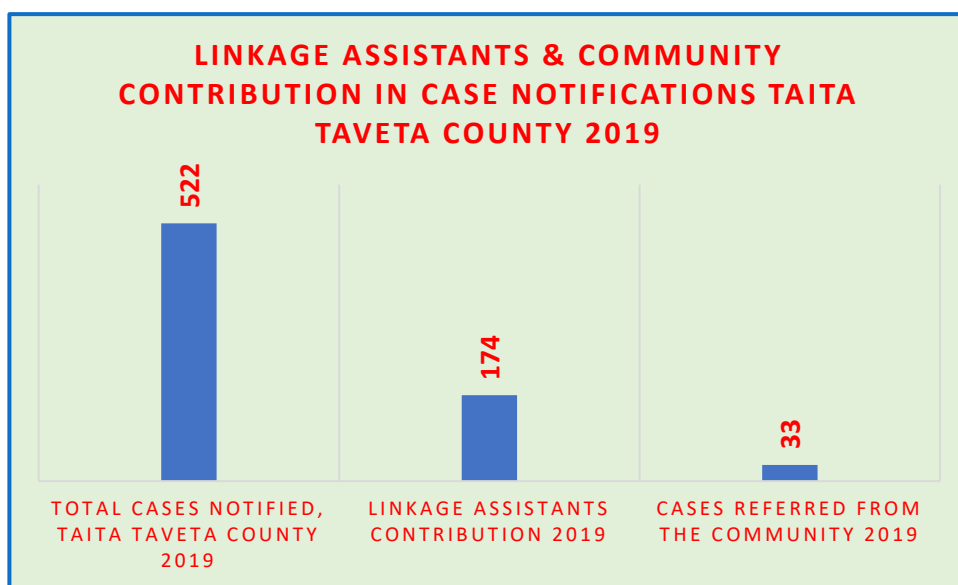
Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achiev
6.1.4. (a) Number of CHVs/linkage assistants supported to support ACF process	36	12	24	36	0	100%
6.1.4. (b) Number of presumptive clients referred from community linked to relevant department for diagnosis	9381	2601	6780	9381	0	100%
6.1.4. (c) Number of presumptive clients identified from other department and referred for diagnosis	1773	859	914	1773	0	100%
6.1.4. (d) Number of TB patients identified through the linkage	174	98	76	174	0	100%

**“The facilities where linkage assistants are based have posted an increased screening of patients visiting the facility and consequently increasing the cases notified at any given time. However, the linkage assistants are only supporting this noble initiative up to midday hence more cases missed especially in the afternoon.”**

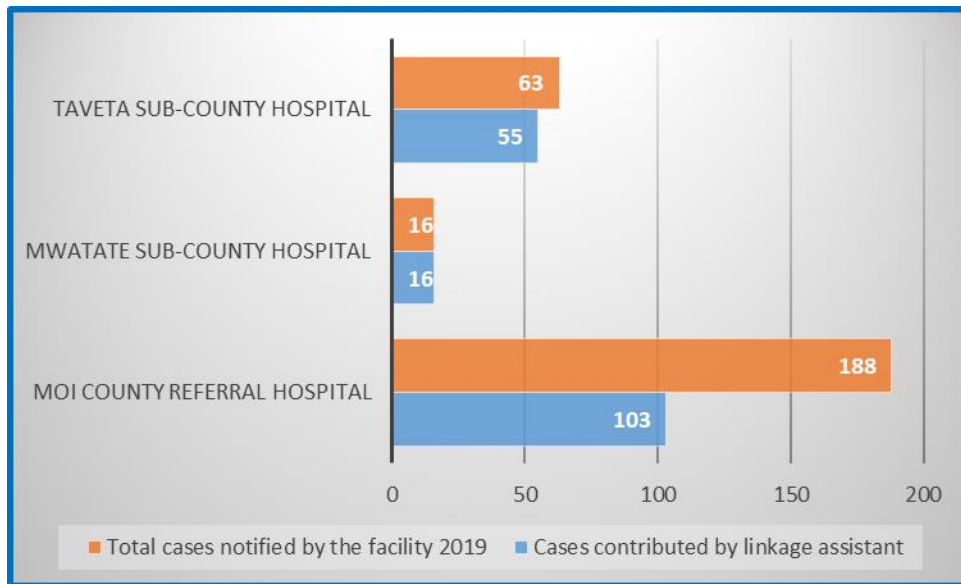


**Figure 5: Number of TB patients identified through linkage assistants, January – December 2019.**  
**Source:** linkage assistants' monthly verified reports.

As depicted in figure 5 above, TB cases identified through the linkage assistants rose to reach its maximum in August before the industrial action by HCWs in the months of September and November would interfere with this trend. On average, 14 TB cases were identified on monthly basis by the linkage assistants in Taita Taveta County.



**Figure 6: TB Case notification contributions by linkage assistants & referrals from the community 2019. (Total cases notified & cases referred from the community are obtained from TIBU).**

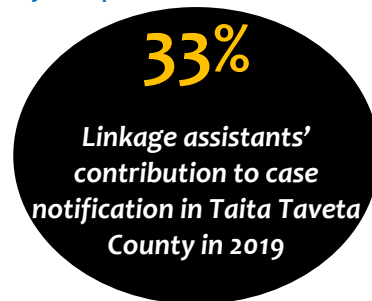
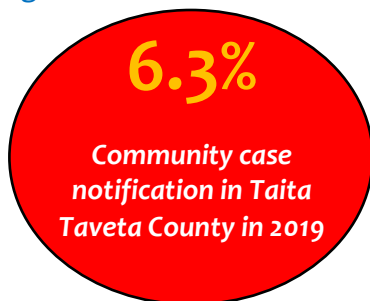


**Figure 7: Total TB cases vs TB cases contributed to the 3 facilities by linkage assistants.**  
**Source: TIBU and linkage assistants verified monthly reports.**

This linkage assistants' contribution to TB case detection has clearly shown that HCWs have a crucial role to play in ensuring that every patient visiting a health facility regardless of whether they present with TB symptoms or not are symptomatically screened. Debates have also been going on whether the linkage assistants should be engaged for more hours or not BUT the fact that health facilities should fully embrace ACF outweighs such thoughts and is seen to be cost effective in the long run.

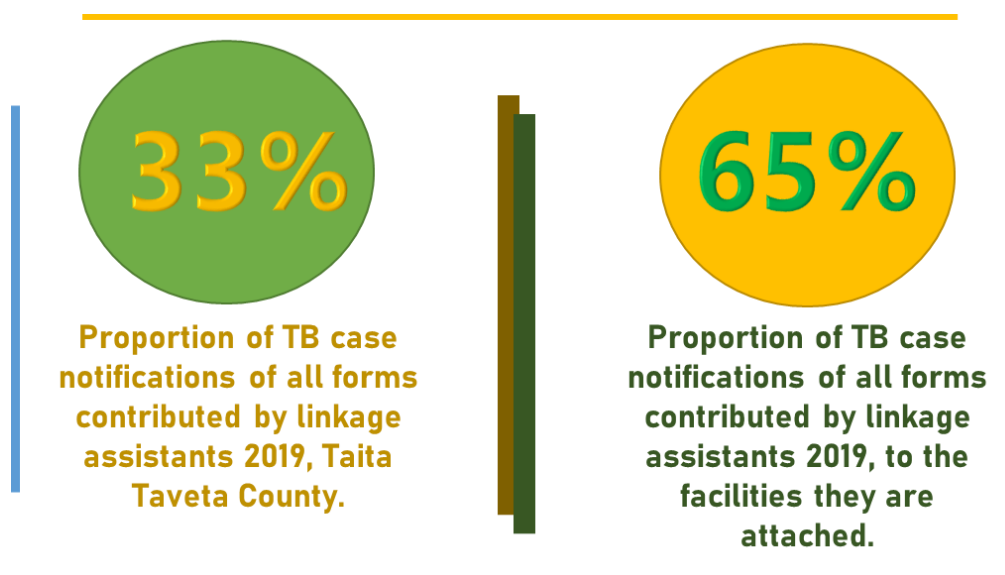
Linkage assistants contributed 174 out of 522 TB cases of all forms notified from Taita Taveta County in 2019. Hence, proportion of linkage assistants' contribution to TB cases notification of all forms in Taita Taveta County in the year stood at 33%. Their contributions to TB cases identified by the facilities they are linked reached a whopping 65% (figure 8). The available data shows that community referrals only contributed 33 out of all the cases notified (6.3%).

However, the case of Mwatate Sub-County hospital is worrying. The facility recorded a drop of 63% in TB case notification, only notifying 16 patients in 2019 from the 72 cases notified in 2018. At the same time, all the 16 cases for 2019 were as a result of the LA's contributions and therefore this should act as a wake-up call for re-energizing and re-organizing the ACF activities at this sub-county hospital.



The engagement of linkage assistants in supporting the acceleration of active case finding is therefore vividly evident. **A nerve-racking 174 TB cases presumably might had been missed in 2019 in Taita Taveta County alone if the linkage assistants were not engaged.** Am pretty sure, nobody would want to imagine the number of cases this would translate to nationally.

Altogether, Mwatate SCH, Taveta SCH and Moi CRH notified **267 TB cases** thereby contributing approximately **51%** of all the cases notified by Taita Taveta County in 2019.



**Figure 8: Proportion of all forms of TB cases notified in Taita Taveta County in 2019 contributed by linkage assistants.**

**Altogether, Mwatate SCH, Taveta SCH and Moi CRH notified 267 TB cases thereby contributing approximately 51% of all the cases notified by Taita Taveta County in 2019.**

**Activity: Support CHAs with monthly airtime to supervise CHVs' TB/HIV activities.**

While Blue Cross could support up to 54 CHAs from across the county with airtime monthly, the number supported is usually less than this on monthly basis depending on the number of forms received. The most affected sub-county is Mwatate where coordination of airtime signing by the CHAs was not effective. The issue has been discussed with the sub-county CHSFP hence better results expected in 2020.

CHAs/PHOs from Voi, Wundanyi and Taveta Sub-Counties consistently received monthly airtime from June 2019 to December 2019.

Indicator	Total achieved					
	Jan - Dec 2019 targets	Male	Female	Total	Variance	% Achievt
CHEWs Support supervision to CHVs TB & HIV activities:- CHEWS airtime	594	151	98	249	-345	42%



## ACTIVE CASE FINDING





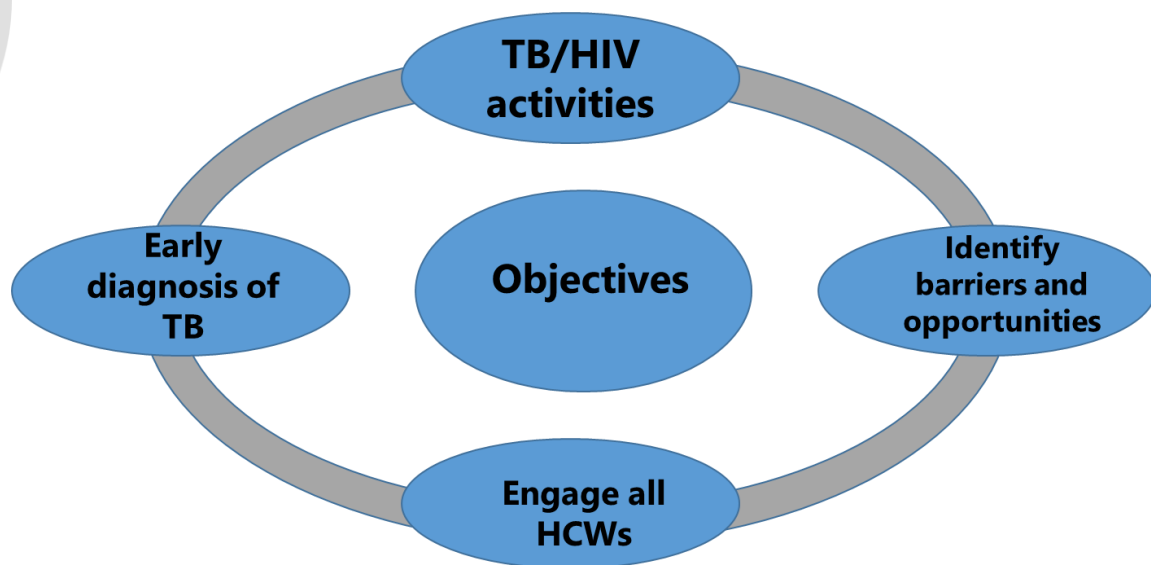
**Figure 9: Monthly Facility-based active case finding meeting at Wesu Sub-County Hospital in Wundanyi TB Control Zone. Photo by: Aloyce Ogolla- Blue Cross.**

## ACTIVE CASE FINDING: The Taita Taveta scenario

The National TB Prevalence Survey (2016) showed that 40% of the nation's TB cases go undetected and untreated. Therefore, making progress towards the elimination of TB in Kenya requires improving access to TB services through early diagnosis and proper treatment. It is in regards to this that the Kenyan government embraced Active Case Finding (ACF) as an intervention to implement the first Pillar of the End TB strategy - **integrated, patient-centred care and prevention**.

As a scale up of Active case finding activities by NTLD-P, ACF was piloted in Taita Taveta County in 2018 with support from Global Fund through AMREF Health Africa in Kenya. This piloting started with 2 high volume healthcare facilities in each control zone in a bid to expand the same to other healthcare facilities within the county. This initial phase of implementation in 2018 had seen a notable increase in TB case notification as compared to previous year, 2017. The approach consist of the systematic screening of TB among all patients presenting to health facilities regardless of whether they present with TB symptoms or not. It was believed that by the end of 2019, the county would have realized full implementation of active case finding. While this would be so, the ACF uptake at the county is still experiencing a number of loopholes for it to hit the full implementation target.

About 43% of the patients visiting health facilities are currently estimated to be actively screened for tuberculosis in Taita Taveta County. (*Undocumented source*).



**Figure 10: Objectives of facility-based active case finding. Source: NTL-D-P annual report 2017**

As a quality improvement intervention, Blue Cross is supporting quarterly facility-based ACF meetings in 9 health facilities across the county to strengthen ACF and consequently improve case notification. The facilities include 8 high-volume healthcare facilities (Moi County Referral Hospital, Mwatate SCH, Wundanyi SCH, Wesu SCH, Taveta SCH, St. Joseph’s Shelter of Hope, Ndovu HC and Bura HC) and 1 low-volume facility (Kitobo Dispensary).

**The main objective of facility-based Active Case Finding is to:**

- i. Foster early diagnosis of TB through prompt identification of various barriers and mitigating them.
- ii. Careful analysis of opportunities and maximizing on their impact.
- iii. Expanding and sustaining TB/HIV collaborative activities.
- iv. Engaging health care workers who are at the core of ACF implementation.

There is a notable progress in terms of documentation and reporting of TB related data in the 9 health facilities closely supervised. The SCTLCS are incorporated to be part of the quarterly meetings hence enforcing the agreed upon strategies has been easier. At some point, the CTLC is involved. The facilities are sending monthly ACF report summary to the sub-counties while copies are being filed. Blue Cross will support each of the facilities with ACF stamps the following year to further enhance complete ACF uptake by the target facilities. St. Joseph’s shelter of hope which is using electronic mode of recording (EMR) has also promised to include screening questions to further enhance TB case finding at the facility.

The extent of the success in this particular activity implementation and the yield are summarized below. However, active case finding is still marred with numerous challenges in Taita Taveta County, some of which include; (1) Laxity from the healthcare facilities from across the county to embrace the practice, (2) Inadequate funding for close and regular monitoring of Active Case Finding, and (3) Reporting tools available but are either not in use or poorly filled.

### Implementation challenges Taita Taveta:

Laxity from the healthcare facilities from across the county to **embrace** the practice.

Inadequate funding for close and regular monitoring of ACF activities

Reporting tools available but are either not in use or poorly filled.

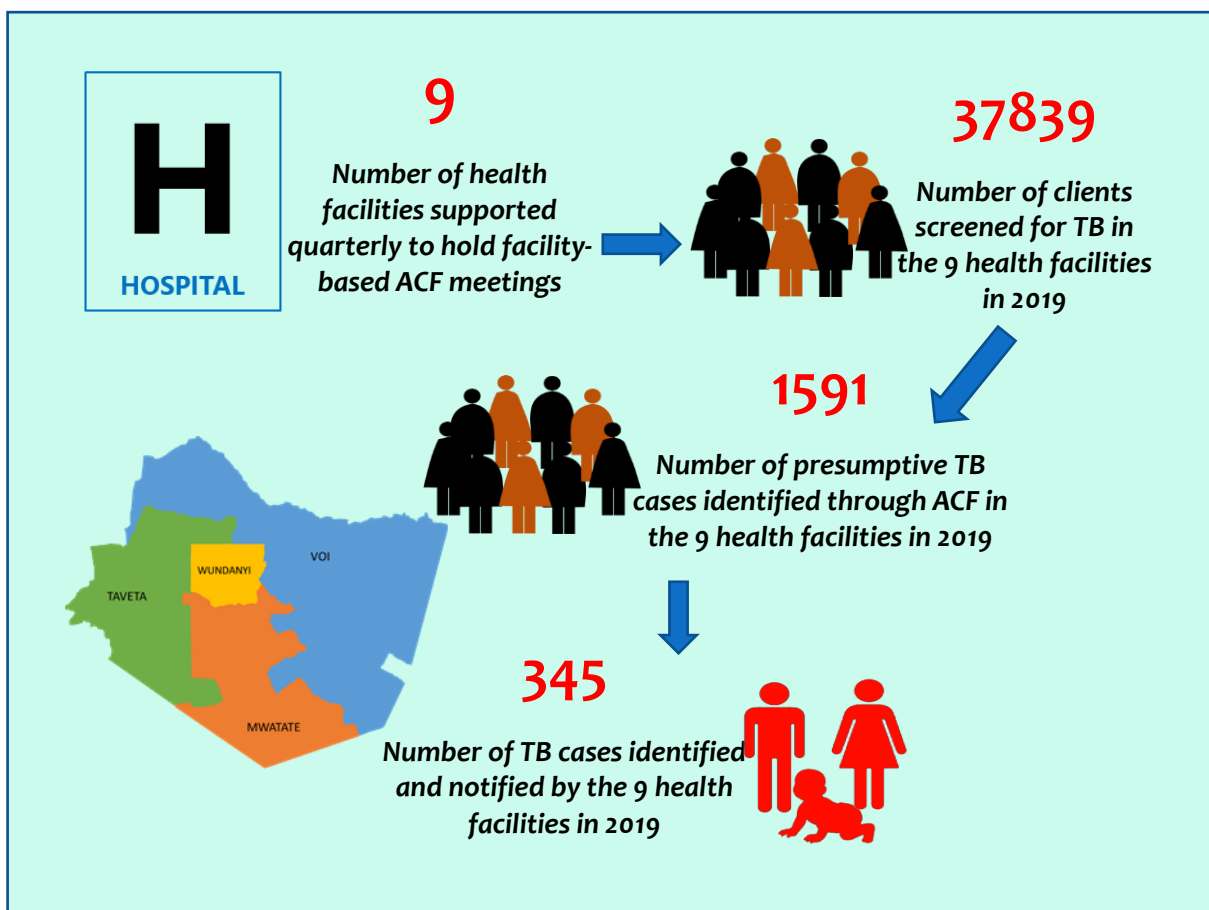




Figure 11: Section of participant during an ACF meeting at ST. JOSEPHS.

## FOCUS ON PRIVATE HEALTH FACILITIES

### ST. JOSEPH'S SHELTER OF HOPE

St. Joseph's Shelter of Hope is a Catholic Mission Hospital with their main facility at the outskirts of Voi Town. Bura Mission Clinic in Mwatate and St. Joseph's Maungu Dispensary also in Voi Sub-County are the other branches in Taita Taveta County. Case notifications in 2018 and 2019 is shown in the screenshot attached below.

The facility is among the 9 which are being supported by Blue Cross to hold quarterly facility-based ACF meetings. The facility is in the process of ensuring that the TB screening questions are included to be among the mandatory questions in their EMR system.

The facility immediately embraced ACF and as a cascade has promised to ensure that ACF is fully implemented in all its branches.

The main facility notified 22 TB patients in 2019, missing by 3 cases to reach the 25 notified in 2018. The facility has however promised a more rigorous proactive TB care

CASE NOTIFICATION IN THE TWO YEARS	2018	2019
St Joseph's Shelter Of Hope	25	22
St. Joseph Catholic Dispensary Maungu	3	4
Bura Mission Clinic	5	4
<b>Total TB Cases</b>	<b>33</b>	<b>30</b>

25

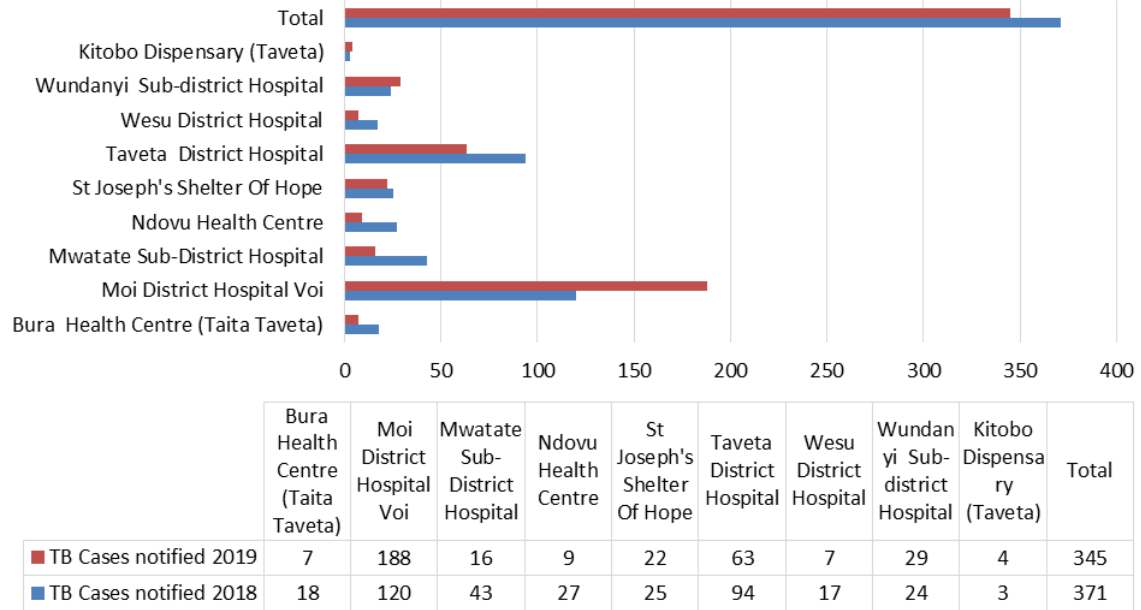
TB cases notified  
by the main  
facility in 2018

22

TB cases notified  
by the main  
facility in 2019

The facility TB  
case notification  
dropped by 3 in  
2019

### Facilities supported to hold quarterly ACF meetings



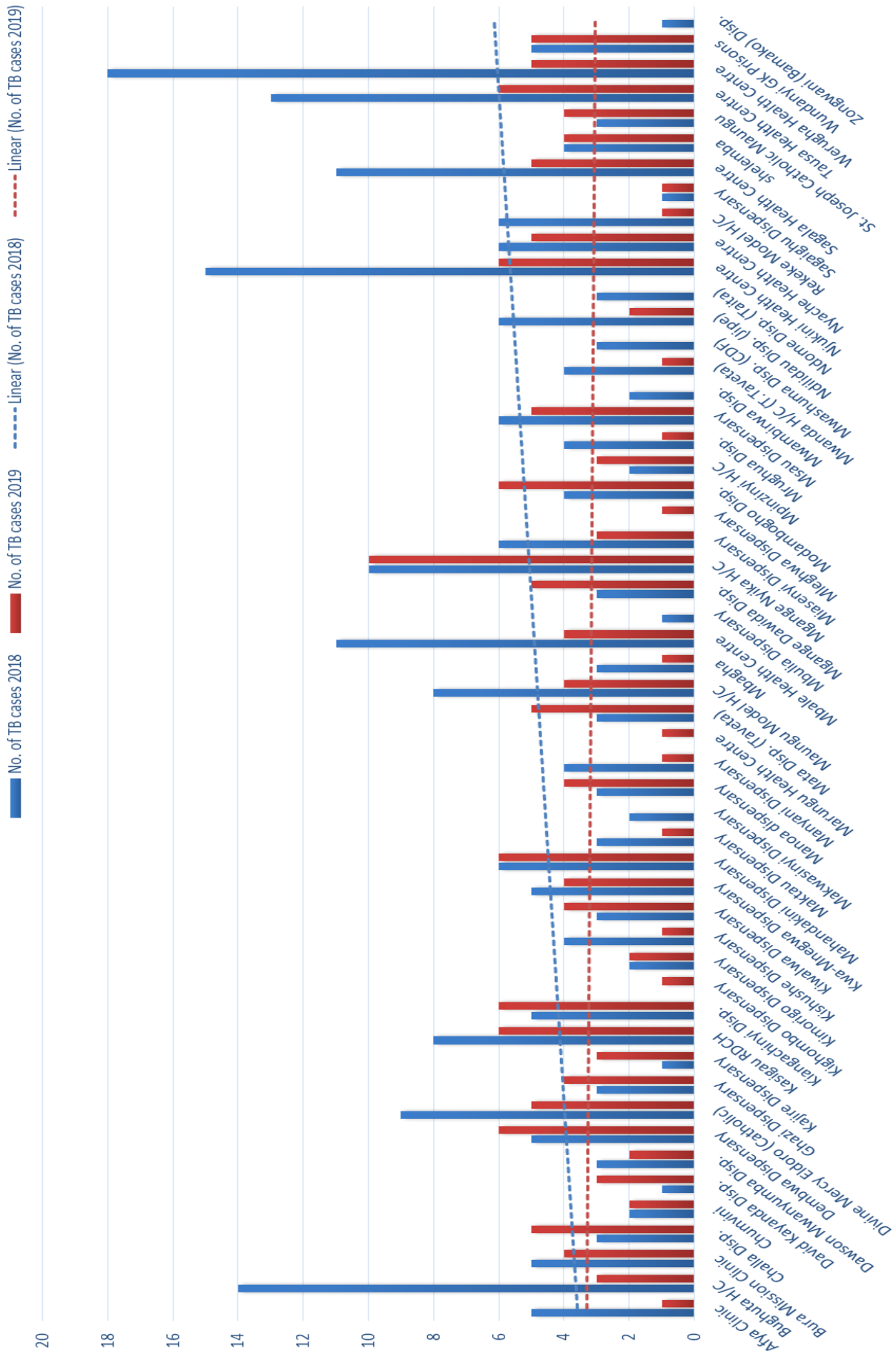
Apart from Kitobo Dispensary, Wundanyi SCH and Moi District Hospital Voi, all the other facilities registered a decrease in the number of TB cases notified in 2019 as compared to 2018. This ultimately resulted into the entire county registering a decline in the TB case notification. However, strategies have been put in place to ensure that TB case notifications go up moving forward. For instance, the planned sputum networking support by Blue Cross and regular and consistent supervision support to the HCWs by the SCTLCS and CTLC will automatically reverse this trend. The willingness of HCWs to embrace and take TB ACF as part of their everyday role is crucial in the ultimate success of the initiative in the county.

The nine facilities notified 345 out of the 522 TB cases notified in the entire county in 2019 thereby contributing 66% of the TB case notifications. Expected TB cases in Taita Taveta County is 1452 (CNR of 426/100,000) hence reaching 522 TB cases in 2019 (CNR of 154/100,000) was by itself far from hitting the target.

**66%**

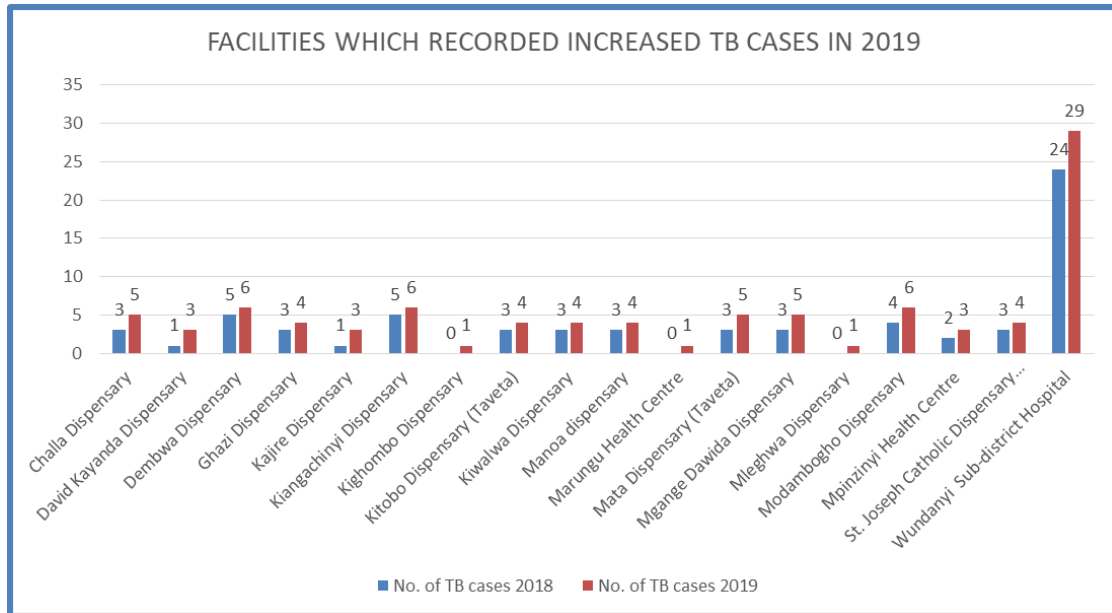
**Contribution of case notifications by facilities supported to hold quarterly facility-based ACF meetings by Blue Cross to case notifications in Taita Taveta in 2019**

# TB CASE NOTIFICATIONS ALL OTHER FACILITIES 2018 VS 2019

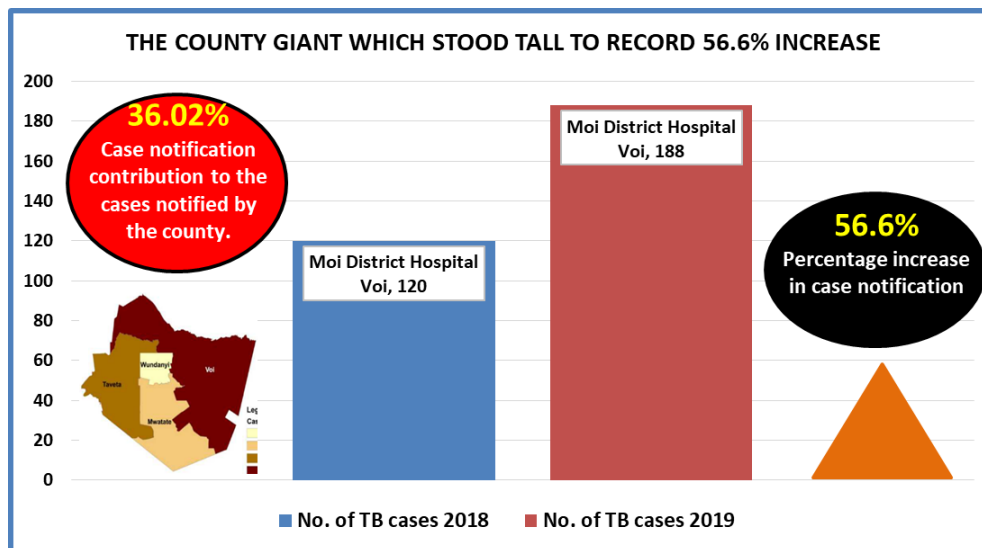


### Case notification trends per facility:

7 health facilities including Chumvini, Kimorigo dispensary, Mahandakini, Sagaighu, Shelemba, Wundanyi GK Prisons and Mgange Nyika health centre recorded similar cases in 2018 and 2019. A total of 18 health facilities plus the county referral hospital recorded an increase in TB case notifications in Taita Taveta County in 2019. 15 out of these facilities are dispensaries. These are shown in the graph below. 36 facilities backslid in the year notifying fewer cases in 2019 than 2018 while 4 other facilities did not record a TB case in the year.



The County referral hospital stood out to lead by example to record a 56.6% increase in TB cases notified in 2019 as compared to 2018. All the same, the referral hospital contributed 36.02% to all the TB cases notified by the county in 2019. The dedicated efforts put by Mrs. Kamau (TB Nurse), Mr. Mwadime (SCTLC-VOI), Miss Mghoi (Link Assistant), Miss Mwandawiro (champion), the facility management and everyone is the reason for this success.





**DID YOU KNOW THAT**  
If you are HIV Positive, or know of any child under 5 in contact with a Tuberculosis patient, you can protect yourself and the child from getting TB?



### TB/HIV Collaborative activities

During the on-set of our operation in Taita Taveta County, Blue Cross conducted 4 sensitization meetings (1 per sub-county) for people living with HIV (PLHIVs) where a total of 60 PLHIVs were sensitized on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients' rights for demand creation. The participants were drawn from all the PLHIV groups within the county so that they would disseminate knowledge received to other group members. The sensitization meetings were conducted in collaboration with the CASCO and the respective SCASCOS.

At the same time, Blue Cross is supporting CHAs/PHOs with monthly airtime to aid in supervising CHVs for effective implementation of HIV/TB activities at the community level.

Indicator	Achieved			
	Jan - Dec 2019 targets	Total	Variance	% Achieved
124 (a) Number of PLHIVs and CHVs sensitization meetings conducted (on community TB conducted on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients rights for demand creation)	4	4	0	100%
124 (b) Total number of PLHIVs and CHVs sensitized on community TB conducted on active TB Case Finding, HIV testing, Isoniazid, Human rights and patients rights for demand creation	60	60	0	100%



### Blue Cross involvement in other county activities

Blue Cross was an active participant during 2019 World AIDS Day celebrations for Taita Taveta County held at Werugha Primary school in Wundanyi Sub-County. The organization mobilized local funds which went into supporting 20 HCWs involved in offering onsite HTS services and TB screening and also procured the needed stationery used during the day. **During this day, the department reported to had tested 117 people for HIV and screened 142 people for TB. 11 presumptive TB cases were referred to Werugha dispensary for investigations.** TB screening was supervised by the SCTL for Wundanyi TB control zone, Mr. Bazil Mwatate.



**Figure 12: Part of the crowd following the events of the Taita Taveta WAD celebrations at Werugha.**



## Tools availability and utilization

Various community TB tools were available throughout the year. The new contact investigation forms merged together with the TB screening tool into a one easy-to-fill tool made the CHVs work easier by saving them from filling numerous forms at one visit to a bacteriologically confirmed TB client's household.

All the same, the TB clinic appointment diary which was printed with support from Global Fund through AMREF Health Africa in Kenya has made it easier to document and track the TB patients. Details of those who interrupted treatment and were followed up through calling by HCWs can now easily be traced.

The NTLD-P availed the necessary tools in abundance. The evidence of non-usage of the tools is obvious especially in Taita Taveta County. The case at hand is the Presumptive TB registers which are lying with dusts at some SDPs in various facilities in the county. However, the trend is now changing following the support supervision offered by the SCTLCS to the facilities.

All the same, a number of facilities, especially the ACF facilities supported by Blue Cross have made numerous strides in terms of TB tools utilization. Continuous supportive supervision and OJTs in the second year of implementation will continue promoting the ACF uptake and to bridge this gap.



**Figure 14: TB Clinic appointment diary**

**Figure 13: Revised TB Contact investigation form**

- ▶ Home
- ▶ Groups
- ▶ Proposals
- ▶ Grants Processing
- ▶ Monitoring and Evaluation
- ▼ Training and Events
  - ▶ Training Participants
  - ▶ Training Reports
- ▼ SR Data Forms
  - ▶ Contact Investigation
  - ▶ Treatment Interruption Tracing
  - ▶ Community Referral
  - ▶ Facility Based Data
  - ▶ SR Data Reports
  - ▶ Human Interest Stories
- ▼ KSHIP Reporting
  - ▶ Quarterly Budgets
- ▶ Setups
- ▶ Administration
- ▶ Logoff
- ▶ Change Password

**[Information]**

**The Grants Management Information System (GMIS)** is a web-based grants information system that allows management of grants across multiple projects. It has various modules that are interrelated and integrated to offer an effective one-stop platform to easily manage and monitor grants.

The system has various modules and sub-modules. Some of the key Modules include:-

- + **Groups' registration** which allows for capturing of groups details generating various reports based on criteria.
- + **Proposal processing** which among other modules allows to capture of proposal details for a given funding cycle, proposal preliminary review, background information, assessment and scoring and various reports
- + **Grants processing** which allows for capturing of budgets, contracts, disbursements and group expenditure
- + **Monitoring and evaluation** modules which has modules for setting up targets and achievements against those targets. There is also a module to capture **training** information for training participants.

**[Project Name|Global Fund TB |**

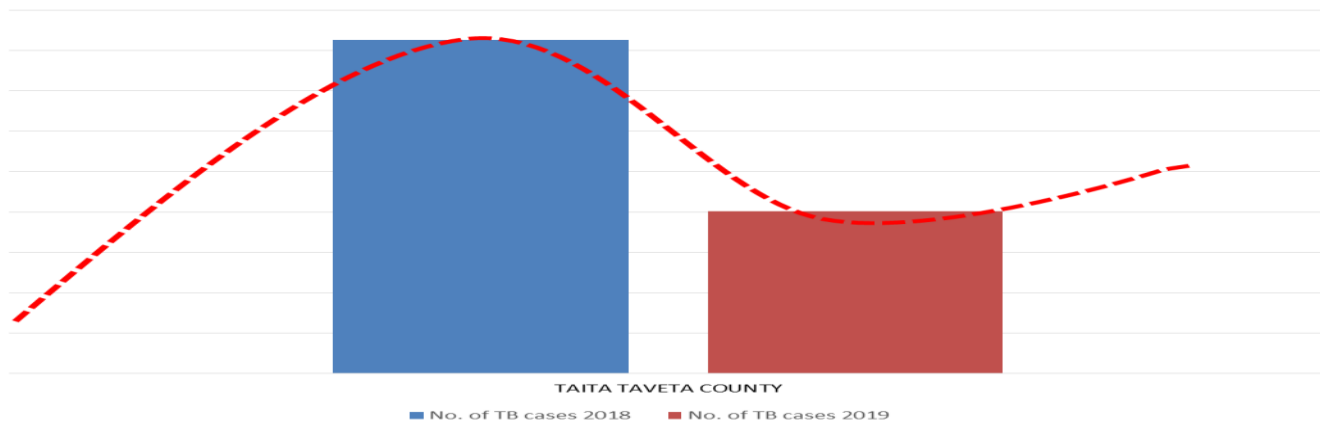
AMREF KENYA COUNTRY OFFICE

## Data entry/ GMIS utilization

Out of the **295 contact investigation forms** for bacteriologically confirmed TB clients received from the CHVs in 2019, **194 forms** were timely and accurately entered into the GMIS. **16 out of 21** contact investigation forms reported for the children under 5 years were also entered into the GMIS. All the same, **26 out of 40 treatment interrupter tracing forms** by CHVs were also entered into GMIS. Therefore, **236 out of 356 forms of all types** were entered into the GMIS during the year. **This brings Blue Cross' GMIS utilization for the year to be at 66.29%**. This low utilization rate is because Blue Cross' GMIS access rights were created in May while our actual implementation began in March- a period when forms had accumulated from January hence paid that time. Therefore, only the forms received from May were entered into the GMIS.

This simple, easy-to-navigate grant management information system (GMIS) usage has consequently promoted:

- a) **Accurate reporting;** one is able to know if the same client had been previously done for contact investigation or defaulted treatment before. The system automatically rejects duplication of the same client based on their unique TB registration numbers.
- b) **Easy and effective data analysis;** the various data sets can easily be analyzed to inform the project on a number of indicators' performance.



## Implementation challenges

Generally, the following challenges affected the effective implementation of the project during the year:

- Industrial action by HCWs:** between the months of September and November 2019, there were organized industrial action by the various HCWs of various cadres. Such strikes negatively affected the project implementation. For instance, during this period, various facilities across the county recorded an increased number of TB treatment interrupters. Consequently, the drop on TB case notifications for the year 2019 in Taita Taveta County has been majorly blamed on the industrial action.
- Low uptake of active case finding:** various facilities have not fully adopted active case finding. This is evidently clear from most of the facilities where ACF documentation is lacking, most HCWs blaming the same as an added workload to their already overloaded to-do lists. While NTLD-P has made numerous strides in ensuring that the various TB care tools are available, their usage has remained minimal. Presumptive registers in some facilities are chocking in dusts somewhere within such health facilities. Continued supportive supervision by the SCTLCS and the CTLC is the only way to reverse this trend. In high volume health facilities, active case finding has been left to the TB clinic hence making the strategy to lose its meaning. Going forward, Blue Cross together with the SCTLCS and the CTLC will continue pushing the ACF agenda and proper documentation of the same for the benefit of the community members served by the various health facilities.
- Non-functional community units:** Out of the 22 community units in Mwatate, only 12 are currently functional. Assuming that every sub-location should have a functional community health unit, Taita Taveta County with 90 sub-locations in total (Wundanyi-24, Mwatate-27, Voi-16 & Taveta-23) therefore has a deficit of 34 community units. With this in mind, the CU coverage stands at 62%. This limits the possibility of CHVs to conducting active contact investigation to TB patients hailing from areas without functional CUs. The practice is best done by CHVs within their locality.
- Lack of adequate & consistent motivation to the CHVs:** it is undoubtedly clear that for effective implementation of the Universal Health Coverage (UHC), close involvement of CHVs is critical. The county would be driven into a ditch in terms of UHC if ways of motivating CHVs is not prioritized once the UHC is locally adopted. On the other hand, while contact investigations and physical treatment interrupters tracing should be done by the various community health volunteers to help motivate them, it is confirmed that such activities were to a large extent performed by the CHAs who should only be offering supportive supervision to the CHVs. This added to the plight of the CHVs within the county. Blue Cross together with other stakeholders will continue advocating for sustainable ways of ensuring that CHVs are motivated and adequately involved in promoting primary health care within their locality.

## Blue Cross, GFTB Project and the year 2019

The year 2019 was a blessing to Blue Cross. Apart from winning the opportunity in a competitive way to implement the Global Fund community TB project in Taita Taveta County, Blue Cross project officer, Mr. Aloyce Ogolla, was awarded the overall winner of the **first-ever** oral presentation during the Global Fund sub-recipients (SRs) for tuberculosis project quarterly review meeting held between **9<sup>th</sup> and 11<sup>th</sup> December 2019 at Merica Hotel in Nakuru Town**. The oral presentation is part of the AMREF Health Africa's new model of giving partners in the Global Fund TB project an opportunity to showcase various unique, exemplary but promising, extraordinary ways of project implementation in their various counties.

With the title '**Finding the missing cases- the case of Taita Taveta County**' Mr. Ogolla showcased that Evidence-based ACF implementation requires collaborative efforts by all stakeholders; and that Continuous monitoring is crucial for ACF's success. Consequently, Blue Cross was given an additional KES 2.4 million in order to support sputum sample networking in Taita Taveta County beginning **February 2020 to June 2021 where 10 riders will be engaged across the county to facilitate sputum referral to the GeneXpert sites** as one of the high-yield innovative activities for increased case notifications in the fight to **#EndTB**.

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An annual overview of Global Fund community Tuberculosis project implementation progress in Taita Taveta County.



**Blue Cross Community Development Programme**

**For enquiries:**

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