A REPORT ON THE OVER SIGHT FIELD VISIT IN TIGRAY

(21- 23 April 2013)

By

1. **Dr Meshesha Shewerga.**
2. **Ato Feshatsion Biadegelgn**
3. **Dr Tsegay Legesse**

Introduction

A CCM oversight visit was conducted in Tigray in April 2013. The field visit was led by the CCM vice chair . The purpose of the visit was to check the implementation of the current active GF HIV, TB and malaria grants, OIG recommendation and overall monitor the grant performance in the region. The Regional Health Bureau and Regional Net work of PLHIV were visited.

Approaches of the oversight

Three approaches were used to check the implementation of the active GF grants, OIG recommendations and grant performance. These were :

A. Discussion with experts, program managers and Regional health bureau head. Guided with the check list prepared, in the first whole day of the visit a discussion was held by component with the members aforementioned. The members from the regional health bureau who participated in the discussion were
    - Taem Zegaye , Health promotion & Disease prevention deputy process owner, public health emergency case coordinator and malaria focal point
    - Kidanemariam Markos, TB and Leprosy program officer
    - Genet Arefe, Resouce mobilizationfor HIV programs and M&E process owner
    - Belay hailu, M&E officer for GF supported HIV program
    - Eyasu G.yohannes, Finance officer for GF supported HIV program
    - Giday Gebrelibanos, HMIS officer
    - Hailu Belay, Engineer, Health infrastructure
    - Hagos Godefay , Head Regional Health Bureau.

In addition to these a discussion was held with the regional Net work of PLHIV association leadership , program and finance officers.

B. Reviewing selected reports such as Health Center construction status.
C. On site visit to Health center and community: Negash Health Center was visited. It is one of the Health Center constructed with the GF HIV grant. It provides TB diagnostic service (AFB) and treatment, HIV counseling and testing , PMTCT , delivery and overall primary health care services. The health was providing support to the five health posts under it in implementing the health extension package and Health development army.

Observations/ findings of the visit

Based on the discussion, report review and field observation, the team presents the main findings and challenges by components as follows.

1. Malaria program and Malaria GF Round 8 grant

The region had been an SR for GF R2, R5 and R8 Malaria grants. In addition to the GF the region had received support from UNICEF and WHO for Malaria programs. The region is implementing an integrated vector control strategy and , a parasitological confirmed case management .

1.1 Vector control

Among the 46 weredas in the region 31 are malarious weredas. Among the 31 weredas 17 are epidemic prone and at high risk areas for malaria. Bed net(LLINs) were distributed to all the 31 malarias' wereda. The region believes that over 85% of households in the malarias' area are covered with bed nets based on the estimated population in these areas, the replacement undertaken and bed net distribution report. As result of these reduction in morbidity and mortality were noted. Despite these achievements the current utilization of the bed net is not optimal. Increment of malaria cases were observed in the last malaria transmission peak season in some weredas. There is also a variation in bed net between the administrative report and 2011 MIS results. IRS was also sprayed to the selected epidemic prone sites.

1.2. Case management

In the majority of health facilities in the region malaria case management is based on parasitological confirmed basis. No stock out of RDTs and ACTs were reported in any of the health facilities in the region in the last year. The remaining gap in this area is that there are some hospitals that are treating cases clinically.

1.3. Fund Flow to weredas and settlement

The regions has been receiving a malaria fund that can be used to for operational matters and, educational activities to improve bednet utilization, In turn the region disbursed these to wereda. Most of the weredas implent these activities and report the expenditures timely, but still there are some unliquidated fund in the weredas and the region.

1.4. Participation of CSOs in malaria program

CSOs such as Tigray Teachers association, Mums for Mums and Tigray Youth Association had received fund from the GF Malaria Round 8 grant from CCRDA. But the regional Health Bureau was not aware of this and had no strong work relationship. Following the discussion it was recommended that that CCRDA needs to get a supporting evidence from the regional health

Bureau before it grants its SSRs and also share the agreement entered with these SSRs including the work plan and budget.

1.5. M&E of program and grants

Weekly report of Public Health emergency and monthly report of HMIS are the basis for malaria program monitoring. Grant specific reports are collected through vertical program approaches. In addition to the Program specific, Integrated supportive supervision is conducted twice per annum. Among the challenges in this regard is the inconsistency of the report between weekly surveillance report and Health facility report.

2. TB program and TB R10 SSF

DOTs is implemented in 214 health centers, 14 hospitals and 15 higher private health facilities. Most of the health centers were not serving as diagnostic center as there were shortage of microscopic , reagents and laboratory technicians. In the PU/DR submitted by the FMOH indicates that the number of laboratories performing regular external quality assurance for smear microscope to be 1517(115% of the target). In the case of Tigray, this is not the case. In the other regions need to rechecked. , To address the challenges in the region , training was give for two staffs from each health center and 15 of the private health facilities jointly By RHB, ITEC, MSH and ABT associate recently. There is one MDR TB center in the region (Mekele hospital) and eight patients are on treatment in this center now. Overall 27-30 MDR cases were identified. Regional Health provided training to Humera staff on MDR TB management in order to handle cases when Gondar hospital sent back to Humera hospital those who started MDR treatment in Gondar hospital. Other issues raised as challenges were

- protective materials for those working in the MDR treatment center
- incentives for nurses working in MDR treatment center

2.1. Detection rate

The detection rate is 61-64% which is less the national achievement (72%). Some of the reasons for this as raised by the regional health bureau was

- Lack of adequate microscope for the health centers. Recently the region received and distributed 50 electro microscope, but not functioning due to lack of electric power in the health centers.
- Shortage of reagents in the last six months, but now solved
- Internal problem : less attention

2.2. Success rate: 87%.

2.3. Fund flow to weredas

RHB disburses GF TB fund to weredas for supportive supervision of DOTS implementation and related interventions. Though all the disbursed fund was expended by the weredas, there is still some unsettled balance.

3. HIV program & RCC HIV grant

3.1. HCT, PMTCT and ART

All the 214 health centers in the region are providing HIV counseling and testing and PMTCT services. As per the information received the region has targeted the HIV counseling and testing and is focusing on 100% for PMTCT, TB cases, STI cases and pre marriage testing. Currently there are 95 ART sites in the region of which 25 started this year. Implementation of ART initiation at CD4 <350 cut off was started while PMTCT option B+ was under preparation at that time.

3.2. Non clinical programs

- Community mobilization is done through 25,000 Development army groups. This had helped to create high demand and utilization of services such as institutional delivery.
- Having HIV programs in all the 1341 schools with grades 5 to 12.
- Targeted condom distribution focusing on labarours. 1o0 Million condom was distributed in the lfirst half of the year.

3.3 Partnership

There are regional HIV partnership with 11 sub forum and Health partnership. A number of partners who provide technical and financial support participate in the forum and was noted as one of the good practice in the region.

3.4 Fund flow to weredas

There is a declining trend in the fund flow to the region. Similarly the amount of fund disbursed to the weredas is also declining. The regional Health Bureau is planning to mobilize 80 % of the required resources for the program from local/domestic resources and the remaining 9$ from external sources. Potential sources are identified and considered to be “EFFORT.” . At the time of the visit there was unsettled birr of 1.7 million .

3.5. M&E

The Resource Mobilization Process conducts an Integrated supportive and joint review meeting twice per year. The Board also conducts meeting every three months to see the implementation of the grants.

4. HSS: HC construction

Hundred sixty two health centers were constructed with the GF HIV grants. Out of this 157 are currently providing services. The region recruited 2800 health professionals (at minimum eight staff for each health center) to make these HFs start providing services. Out of these eight require maintenance. Three Health centers have major defects and almost to fall; provision of service was not started in these. The RHB requested MOH to rebuild these again.

Of the newly constructed health centers 62 %, have electric power and 2.5% use solar . The remaining 35.6 have no source of power. 61.9 % have tape water; 38% % have no source of water in the health compound and fetch water from rivers on labor.

Conclusion and recommendation

The over implementation of the GF HIV, TB and Malaria grants in the region is good. The achievement of HIV and Malaria targets expectation. The Health development army implementation is exemplary and well linked with the activities in the health facilities. The region has recruited over 2800 health personnel and make over 98% of the newly constructed health centers stat providing services. The TB detection rate and LLIN utilization are not in congruent with the expectation. A high number of health centers have no power and water supply which will hamper the quality of the service rendered. To address the current gaps the RHB should

1. Intensify its efforts to improve bed net utilization and TB case detection in the region
2. Improve the quality of data and verification system to narrow the difference and avoid inconsistency between administrative/HMIS and weekly Public Health emergency data collected.
3. Find an alternative source of power and water sources for the newly constructed health centers.
4. Give due attention to implement the OIG recommendation pertinent to the region and properly document.
5. Settle all advances as soon as possible and institutionalize SOE verification.