

**KENYA COORDINATING MECHANISM  
OVERSIGHT FIELD VISIT REPORT FOR SIAYA COUNTY  
10<sup>TH</sup> TO 15<sup>TH</sup> APRIL, 2016**



***KCM OVERSIGHT TEAM MEETING WITH THE GOVERNOR OF SIAYA COUNTY***

## **Executive Summary**

The KCM Oversight team successfully conducted an oversight visit in Siaya County from 10<sup>th</sup> to 15<sup>th</sup> April, 2016; the purpose of the visit was to assess the progress made in implementation of Global Fund grants. The team held a successful meeting with the Governor of Siaya County, the County Executive Committee Member for Health, the Chief Officer, the County Director of Medical Services and the County Health Management Team, fourteen sites were visited i.e. one County referral hospital, one sub county hospital, 3 health centers, 4 sub recipients and 5 homesteads/beneficiaries.

The Oversight team noted that there were both strengths and areas of improvement in management of HIV, TB and Malaria grants in the County. Some of the areas of strengths include: There is a strong political goodwill and commitment towards prevention and management of the three diseases, 31.1% of the County budget for the FY 2015/2016 had been allocated to health and 2,148 CHVs are supported by Siaya County Government with a monthly stipend of Ksh 2,000/= and a National Hospital Insurance Cover, 27 primary health care facilities had been renovated or newly established through the support of the County Government in the current financial year (2015/2016). Excellent performance and management of some of the health care facilities was noted e.g. Urenga Health Centre, as well as Ukwala Sub County Hospital, which had decided to adjust the service delivery hours as per needs of clients, managing the highest case load between 6 am and 9 am.

However the team noted some areas of improvement which include; ensuring adequate stock levels and easy access to condoms, HIV test kits, gene xpert cartridges, rapid diagnostic test kits for Malaria and ALs in all health facilities and community level. Regarding ARVs, it was noted that limited stock of certain ARVs forced facilities to supply only one-month medication, counter to the new recommendations to provide stable clients with 6 months supply. The significant delay in return of viral load results undermined the use of these results for improved case management. Further, there was need to train all CHVs and enhance their skill and knowledge in management of the three diseases at community level, the team also recommended integrated supportive supervision for TB, HIV, and Malaria activities. There is need for the County Health Department to conduct quarterly review meetings with all Partners in order to harmonize and streamline on implementation of health activities and prioritize HIV/TB and Malaria activities in their work plan and budgets. The staffing level for pharmacists in the county was inadequate to ensure effective commodity management which is a key pillar of Global fund activities. Programmes, partners and County Health Department were requested to strengthen technical support and ensure adequate staffing levels of pharmacist. There is need to harmonize on the stipends paid to CHVs by the County Health Department and other partners to avoid duplication of resources.

The Oversight team and KCM made recommendations to all Principal Recipients, Programmes, Partners, KEMSA and County Health Departments, on how best to sustain the response to HIV, TB and Malaria.