

# KCM BUSIA COUNTY OVERSIGHT FIELD VISIT REPORT

FROM 10<sup>TH</sup> TO 15<sup>TH</sup> APRIL 2016



## ***1.1 EXECUTIVE SUMMARY***

The KCM Oversight team in collaboration with the PRs, Programs, non-state sub recipients, partners and the County officers conducted an oversight visit in Busia County from 10th to 15th April, 2016; the purpose of the visit was to assess the progress made in implementation of Global Fund grants and ensure that planned activities and targeted results are realized. The team held a successful meeting with the County Executive Committee Member for Health, the Chief Officer, the County Director of Medical Services and the three disease focal persons in-charge of HIV, TB and Malaria. Additionally, the County pharmacist was also present.

The Oversight team noted that Busia County had constructed a county health commodities store at Matayo's health center where buffer stocks for most commodities were held. This has enabled facilities to replenish stocks that are running out as they await their supplies from KEMSA. At this store there was a good inventory management practice such as stock cards, pallets and shelves. Further, the County renovated an office and used it as an isolation ward for an MDR TB patient who was supposed to be imprisoned until he was cured.

The team also noted some challenges and areas that required improvement such as; procurement supply chain management to ensure adequate stocks of commodities like condoms, gene xpert machine consumables, rapid diagnostic test kits for Malaria and ALs. Additionally, there was need to sensitize both Health care workers and community health volunteers on the use of RDTs. The team also noted that most of the review meetings held at the sub-county level were supported by partners who have exited and since then such meetings have not been held. There were challenges in terms of cross border issues where approximately 300,000 patients reviewed in the County are non-Kenyans from Uganda, Rwanda, Congo and Sudan. It was evident that SRs under AMREF both TB and Malaria had delayed implementation of activities and were tasked to fast track implementation. Further the team realized that under KRCS there was a gap in terms of the linkage between the CHVs and CHEW.

From the findings, recommendations were made by the team to the various actors for action; PRs, SRs, programs and the County Ministry of Health.