

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
REPORT OF THE OVERSIGHT FIELD VISIT CONDUCTED IN KISII COUNTY BETWEEN 7th TO 11th
FEBRUARY 2022.**



1.0 INTRODUCTION

1.1 Background Information

The mission of the Kenya Coordinating Mechanism (KCM) is to harness the full potential of partners and resources to fight AIDS, Tuberculosis, and Malaria in Kenya. The KCM Oversight team conducted an Oversight visit to Kisii County between 7th and 11th February, 2022

The Oversight team was led by Dr. Ogutu – a KCM member and consisted of 24 team members including KCM members, the National Treasury, Amref Health Africa, KRCS, NASCOP, TB Programme, NMCP, Kisii CHMT members, Kisii GF SRs Daraja Mbili, IRDO, KNEAD and the KCM Secretariat. Annexed as appendix one finds details of the team members'

Purpose

The overarching purpose of the oversight was to ensure that grants from the Global Fund are implemented as planned and are yielding targeted results, and further those challenges and bottlenecks are identified and resolved, and verifiable results are achieved within agreed timelines.

Oversight Field Visit Objectives

- i. Establish the progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices.
- ii. Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain systems.
- iii. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.
- iv. Engage with stakeholders/ beneficiaries and share/document information/ experiences regarding GF Programming in Kenya

Entry/Exit Meeting

The oversight visit started with a courtesy call at the CECMH's office where the team was welcomed by The Kisii County Director for Public Health on behalf of the Health CEC who was attending the UHC launch at Mombasa.

The Director for Health welcomed the team to Kisii County and appreciated the selection of Kisii County over other counties for the exercise.

KCM Oversight Team held an exit meeting on 11th February, 2022, and briefed the Hon CECHM Kisii County and CHMT members on the oversight field visit findings and recommendations.

The overall situation of HIV/TB/Malaria/COVID 19 in Kisii County

For the year 2021 the county reported TB case notification of 1,917, where childhood TB case notification was 13%. There were 12 DRTB patients notified and initiated on treatment for the year 2021. The Treatment success rate for the Year 2020 is at 93%.

The county has the following implementing partners supporting TB implementation; (i) V 95-care and treatment, (ii) KTB supporting private and mission, (iii) Daraja MBILI supporting contact tracing, defaulter tracing, Facility ACF and School health programs, and (iv) AHF supporting care and treatment.

There are 9 sub-counties with 156 treatment sites and 68 diagnostics sites representing 44% Lab coverage. Currently, there are 3 GeneXperts sites (KTRH, Gucha SCH, and Keumbu SCH).

Kisii County in 2021 was estimated to be having about 41,408 PLHIV of whom 39,292 were adults and 2,359 children. December 31st, 2021 KHIS data revealed 35,836 PLHIV are in care. The HIV prevalence was 4.9% with 1566 new HIV infections registered in 2020. Kisii MTCT rate was 9.1%

with the county having a PMTCT need of 1,428. Kisii is supported by clinical implementing partners namely: LVCT Vukisha 95 project, AHF, and KCCB KARP for FBO health facilities. The key population project is supported by LVCT Vukisha 95 and IRDO. There are two standalone KP DICES in the CBD and 5 MOH integrated ones. The county is estimated to be having 6,538 FSWs, 737 MSMs, 36 PWID's and 63 TGs. Prison TB/HIV services are supported by the LVCT Health star project.

The county is supported at the community by USAID Nuru ya Mtoto for the OVC project and GF-KRC sub-recipients (Daraja Mbili Vision Volunteers, IRDO, Dauwoye, and Magi LTD) for the AYP program

Kisii County is one of the counties in the highland epidemic counties which include; Nyamira, Bomet, Kericho, Nandi, Uasin Gishu, TransNzioa, Elgeyo Marakwet among others that experience epidemics especially after the long rains – (April- June), thus the whole population is vulnerable and case fatality rates are high when interventions are not taken. The prevalence of malaria in this zone is below 3% according to the KMIS done last year, November 2020, and whose results were disseminated in November 2021. The average malaria positivity rate for the last one year is 13%

Summary/ Overview of Investments by the Global Fund in Kisii County

TNT HIV -KES 391,662,780
TNT TB –KES 40,223,884
TNT Malaria-KES 45,372,960
<i>(Total Commodities 447,259,624)</i>
TNT Programmatic HIV KES 579,680
TNT Programmatic TB KES 10,604,206
TNT Programmatic Malaria.
KRCS-388,919,607.61-IRDO, DarajaMbili, Dauwoye
Amref Health TB- KES 21,467,037-Daraja Mbili

Amref Health Africa Malaria KES 85,353,834-KNEAD
Total KES 954,183,988.61

The National Treasury (TNT)

The National Treasury is the state principal recipient for the Global Fund grants. TNT implements its activities through the Ministry of Health departments who are the Sub-Recipients namely: MoH-TB; MoH-NASCOP; MoH-NMCP; NACC; and HSSD. TNT has an MoU with KEMSA to handle all GF procurements as mandated by the Law.

GF HIV Grant.

The Total HIV grant under the National Treasury is USD 187,685,44. In the current grant

HIV commodity budget accounts for 86.5% of the grant while the programmatic activities account for 13.5% implemented through 2 MOH SRs- NASCOP and NACC

GF HIV Grant support to Kisii county

The grant supports the procurement of the following health products ARVs, HIV diagnostic tests, Key prevention commodities eg Condoms, Opiate replacement therapy. The value of Health products for Kisii county for the period of the grant is estimated at- KES 391,662,780 (USD 3,619,848)

Under NASCOP as one of the MOH sub-recipients for the HIV grant the following activities, Table 1. The total budget for the current financial year 2021/22 is valued at Ksh 579,680.00.

For each financial year, the NASCOP program will detail all the country-led activities for visibility and ownership by the CHMT.

Table 1 Summary of Programmatic Activities under the NASCOP HIV grant year 1 2021/22

S.No	Year 1 2021/22 _ County-level activity	Total in Ksh
1	Biannual counselors support supervision at County level for 47 County	73,520.00
2	Support for counselor- community index testing follows up in 10 facilities per county for 47 counties	63,600.00
3	Semi-Annual Facility support supervision visits by the County teams (to check issues of service delivery, EID, Maternal HAART, integrated service delivery).	86,760.00
4	Biannual Mentorship visits by county TOTs on Revised ART Guidelines, DSD/QI guidelines	82,400.00
5	Data quality initiatives- county led	112,400.00
6	4 County KP TWG will be conducted where 30 PWID members will participate per year in each county	61,000.00
	Totals	579,680.00

GF TB Grant Allocation FY 21-24 Investments

From the TB grant the below are the Global Fund investment under the TB grant to Kisii county in the 3 years grant period; (i)Commodities Kshs 40,223,884 and (ii) Programmatic

Kshs 10,604,206 (National/ Intercounty 8,427,208, County Specific 2,176,998) **Totaling Kshs 50,828,091**

Kisii County – GF TB County specific activities FY 2021-22

Under the current GF TB grant, the following activities have been supported to be implemented Kisii county for the current Financial Year 2021/2022;

Activities	Amount (Kshs)
County clinical review meetings in 36 counties (Transport & lunch)	290,836
Support CHMT and SCHMT to visit private for-profit providers for support, supervision	186,896
Conduct ACF sensitization/re-sensitization meetings for all health facilities and SDP including recording and reporting (Half Day meeting)	245,979
Support pediatrician once per quarter to conduct mentorship to sub-county hospitals	64,628
Support the counties to establish the private sector committees	3,517
Conduct semi-annual county-level engagements to discuss TB/HIV issues and challenges (includes county disease focal persons, Pharmacy, Lab), Health facility and community (CHEW, CHVs, AYP, TB/HIV champions, peers)	1,385,142
Total	2,176,998

NATIONAL MALARIA CONTROL PROGRAM

Kisii - Activities Year 1

Activity
conduct quarterly sub-county QA field visits for Technical Support Supervision (TSS) and mentorship
hold five one-day MIP orientation meetings for healthcare workers in the five Fringe counties
capacity building of 39 county & sub-county commodity managers on supply chain & commodity management dashboard
development of county-level data quality improvement plans (39 counties)

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
Entry Meeting With CHMT	<p>The County has allocated 2.5M for HIV/TB and 1M for malaria.</p> <p>It was confirmed that the county has passed the Community Health Service Bill.</p> <p>Ksh 20million had been allocated in 2021/22FY to support CHVs. However, the amount was inadequate. Additional resources to be allocated during the FY 2022/2023</p> <p>Need for improvements in coordination of the partner's</p> <p>Lab sample referrals needs to be augmented. This is currently under-resourced.</p> <p>General capacity building for the healthcare workers including CHVs, mentor mothers, and peer educators</p> <p>It was noted that there was a delay in the payment of CHVs/ health workers/actors Allowances to those</p>	<p>Increase budget allocation in support for the CHVs that undertake critical community interventions across the three diseases.</p> <p>There is a need for operationalization of the county health sector partners engagement framework</p> <p>There is a need for ring-fencing finances for strategic commodities within the National and County budget to address the gap in the three diseases.</p> <p>Innovation around sustainable capacity development is required,</p>	County leadership (CECM, CO, and Directors)	2022/2023

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
TB	<p>who participated in LLINs mass distributions six months ago.</p> <p>shortages / Low stock levels of Cartridges /test kits have impacted negatively on TB Case finding in the County. It's being estimated that Kisii County Could be having 5397 TB cases. However only 29% are being notified</p> <p>Patients are majorly referred from the OPD, some from other SDPs and community through the CHVs</p> <p>Contact tracing is taking place both invitation and physical tracing. Contact management register is utilized and HCWs are doing the line listing.</p> <p>The facility has one module 4 gene Xpert machine which is fully functional. However, the machine is fully utilized. The machine is used to test TB, Covid, and HPV, this has resulted in the TB testing turnaround time increasing to 48hours.</p>	<p>NMCP/NT to urgently communicate to counties on the status/progress made in processing the payments</p> <p>The NMCP to urgently finalize validation and verification of payments and ensure that all stakeholders who participated in LLIN Mass net distribution are paid before the end of this month.</p> <p>Explore opportunities/ Local Manufacturing of diagnostics</p>	<p>National Malaria control programme</p> <p>NT (TB Programme) County leadership and Hospital management County Leadership</p>	

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
	<p>Human resource- the machine should run for 24 hrs but due to inadequate staff, it only operates during the day</p> <p>Erratic supply of cartridges</p>	<p>There is a need to synchronize the CHVs/Actors records with the County records</p> <p>Need to procure a 16 module Gene xpert machine for efficiency and improved turnaround time.</p> <p>Need to recruit lab technicians/ genexpert</p> <p>Address the erratic I challenge of the supply of cartridges</p> <p>The diagnostic component of the county hospital needs to be revamped.</p>		

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
Malaria	<p>PPEs for CUs</p> <p>There is an adequate supply of Malaria commodities other than artesunate.</p>	<p>Support for CHVs, road map /timeline.</p> <p>There is a long-term plan to stabilize the pipeline for the supply of RDTs</p> <p>Explore is the need for the country to implore the opportunities for local manufacturing of RTKs</p>	<p>MOH/NMCP</p> <p>MOH/NMCP</p>	
HIV	<p>It was observed that there is an erratic supply of commodities. The commodities for the readymade transitions and there is a likelihood of expired stocks. The COunty is currently rationalizing due to low stock levels.</p> <p>The CCC clinic is in a dilapidated state and there is a need for the county to look into this.</p>	<p>There is need to focus on asymptomatic cases</p> <p>There is a need to integrate the CCC to the service delivery.</p> <p>Restore the supply chain to ensure there is adequate stock</p>	<p>NASCOP/County Government/ Hospital Administration</p>	

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
	<p>Further, there was a lack of appropriate dispensing packaging materials for the ARVs to protect the drugs from deterioration.</p> <p>Some formulations (DTG) are inappropriate for the adults Resulting in ADR</p>	Strengthened pharmacovigilance	NASCOM/ PPB	
Gucha Subcounty	<p>AYP interventions not being implemented due to the absence of an implementing partner - Magi. Two activities were conducted 6 months ago and participants are yet to be paid. These are counselor supportive supervision training and Peer Educators sensitization training. Magi is under investigation</p> <p>Low yield from TB contact tracing</p> <p>SR implementing PPM activities not yet started</p>	<p>KRCS to follow up and ensure payment of all participants who participated in AYP intervention activities in Gucha Subcounty /</p> <p>KRCS/GF to finalize investigations on Magi /ensure an SR is available to support AYP activities in Gucha sub-county</p> <p>Relook at the target based on disease burden</p>	<p>KRCS</p> <p>CHMT</p>	<p>Immediate</p> <p>Within the next 30 days</p>

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
	<p>Good linkage between CHVs and HF. CHVs household coverage is within average. CHVs requested for carrier bags and other enablers</p> <p>Reimbursement for contact tracing for CHVs timely</p> <p>CHVs who are not supported by partners lack reporting tools. changes in the indicator in the reporting tools</p> <p>low reporting rates on KHIS</p>	<p>CHMT to provide CHV kits</p> <p>Share reporting tools for all CHVs</p>	CHMT and Daraja Mbili	
Tabaka Mission Hospital	<p>General hospital environment is good with a high level of hygiene. The hospital works seamlessly with the CHMT</p> <p>No Gene Xpert machine despite high workload</p> <p>Inadequate human resources and high staff transition</p>	<p>Need for more stable staff for critical areas. The county needs to urgently second staff to the facility to strengthen service delivery</p> <p>Supply Gene Xpert machine to the hospital and second staff to man the machine</p>	CHMT/NTLD-P	2022/2023

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
Keumbu SubCounty Hospital	<p>The sub-county hospital had supply for malaria drugs but the supply for the testing kits has been erratic. There is no sufficient lab space. The HIV/TB/ Malaria commodities are adequate other than the Gene Xpert cartridges which were below one month supply.</p> <p>Limited options for contraceptives except for IUCDs. There was evidence of expired medicines which were pending approval and guidance on disposal. Further part of the commodities (ARVs) was dead stock</p>	<p>The County needs to refurbish the facility for optimum operation for the pharmacy and the lab.</p> <p>CHMT to address this together with family health division</p> <p>The facility needs to qualify their dead stock and liaise with the programmes for redistribution or destruction</p> <p>Establish AYP friendly services for Keumbu and Kiogoro</p>	<p>Hosp. Management/ HMT/CMT</p> <p>CHMT/FH</p> <p>CHMT/Relevant National Disease programmes</p> <p>CHMT</p>	<p>2022/2023</p> <p>March 2022</p>
IRDO	<p>The SR for HIV focusing on key populations. Timely disbursement of funds was noted. The absorption rate was at 54% which was attributed to late engagements of the SR.</p> <p>Most of the activities were undertaken in line with the plans.</p>	<p>There is a need to continue training.</p> <p>Ensure adequate supply of PPEs and HIV prevention commodities</p>	KRC/County	March 2022

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
		(lubricants) in specific hot spots. There was a general inadequate supply of male condoms.	NASCOP/ PARTNERS HIV	
TB Daraja Mbili	<p>The SR for TB and HIV in Kisii county. It was noted that there was timely disbursement of funds to the SR. The SR had performed well in most of the indicators, the critical challenge was a delay in the implementation of the training of the CHVs.</p> <p>Budget for training CHVs requested when the tools/training package is not available</p>	<p>Disbursement requests should be based on available tools of execution.</p> <p>Ring Fence the budget for this activity</p> <p>Develop an acceleration plan for the pending activities</p> <p>MOH and TNT to fast-track availability of training materials</p>	KRCS/Daraja Mbili.	March 2022
KNEAD Global Fund Malaria (NFM3)	With a vision to promote sustainable agriculture while addressing Malaria. The organization has a budget of Ksh. 75,068,075. Four out of six indicators	The SR is expected to urgently support the	PR/SR	March 2022

Key Findings/Recommendations				
Site	Discussion/Key Findings	Recommendations	Responsible	Timeline
	<p>are fully implemented while there is underperformance in two direct programmatic areas (13%). This is attributed to an inadequate supply of ACTs and RTKs.</p> <p>It was observed that the organization needs an acceleration action plan given that they were in the 3rd quarter while the disbursement and implementation were for the activities planned for quarter one.</p> <p>Intentional Institutional strengthening is required for the effective implementation of the programmes immediately.</p>	<p>development of optimal management structures.</p> <p>Need for an acceleration plan.</p> <p>The malaria coordinator and county pharmacist to ensure adequate supplies and stocks of ACTs and RTKs are available in all link facilities and CHVs</p>	<p>PR/SR</p> <p>CHMT</p>	

Conclusion

1. ***progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices.***

The implementation of NFM3 in Kisii county has begun. Most of the indicators for the three diseases are on target other than a few that are related to inadequate supply of some commodities.

Malaria - RDTs and ACTs - This has affected community case management

HIV - HIV test kits, early infant diagnosis, and viral load testing. This has affected the monitoring of treatment outcomes. Inadequate regimens resulting in inappropriate regimens for the patients

TB - Gene Xpert machines, cartridges, and the laboratory personnel to support the testing. This has affected active case finding. TPT roll out currently ongoing in the country but not yet rolled out in Kisii County.

2. ***progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.***

It was evident that the county has continued to receive C19 supplies from different partners including MoH, AMREF, KRCS, KEMSA, MISSIONARIES among others who have supplies PPEs, Test kits, hand washing facilities, support for the vulnerable, oxygen concentrators, thermogans and community sensitization/infection control programmes.

The KCM discussed with the CHMT and SRs on the development, implementation, and monitoring of acceleration plans to fast track the implementation of pending activities. There is a need for the county to develop a system/matrix to track support received by partners to support covid 19 response in Kisii County.

3. Strengthening sustainable commodity access

As the country experiences global commodity shortages, there is a need for paradigm shift in the sector to look into local manufacturing of critical health commodities. The impact of the global shortage continues to be experienced at the County level. To stabilize the commodity supply pipeline for the three diseases, domestic financing is critical at both levels of government. Health products and technologies units have been established in Kisii County to work closely with Programs and KEMSA to ensure a stable supply chain for HIV/TB /Malaria/C19. With the existing challenge of commodity warehousing at the county level, there is a need to invest in commodity warehousing and distribution.

4. Communication, collaboration, and partnerships

The county needs to work closely with all the stakeholders to galvanize the support for the sector. Key actors in the sector including the faith-based hospitals are providing critical services and investment into their facilities will enhance service delivery. Although the county has continued to receive support from different partners, there is a need to operationalize the health partnership and coordination framework.

As the current county governments transition, there is a need to align the priorities of the sector in the third generation of CIDP, and link to the national health priorities. The sustainability of the sector is hinged on the synergies building, partnership, and collaborations in planning. The MTP IV pillar of Health will need to consider a focus on health manufacturing.

Annex 1 : Success stories/ Best Practices

Determined to conquer TB for the second time

Client A from Gucha, Kisii county started coughing in the year 2019. His mother thought it was a simple case of flu and bought him some antibiotics and syrup from a chemist. “But the cough did not stop,” says , a 20 years old young man. “I started sweating at night. I had no appetite and quickly lost weight.”

He decided to visit a health facility to seek medical attention where after examination by a Doctor was advised to test for TB.

“I had heard about TB since my friend and a class mate whom I used to visit had been treated with the same and think I must have contracted it from him,” says Client A.

He produced sputum for testing and Three days later, Client A was called and told that he had TB.

The Doctor counseled him before starting TB treatment.

Ben, a community health volunteer then visited him and screened all his family members. None of them had any signs or symptoms of TB.

“By this time I was weak and could not even go to school. At first, I suffered diarrhea when I started medication, but I was not worried as I had been told about the side effects,” Client A recalls.

Client A completed treatment after six months and was declared cured.

He resumed his academic journey and upon completing his form four in the year 2021 he decided to move to Nairobi to look for a job.

“I wanted to work, get money and build my small house back at home, but 2 weeks into my new casual job I developed chest pains, cough, and my body became weak,” he said.

Client A traveled back home where his mother took him to several hospitals, put him on medication without improvement. His body was wasting and was losing hope. “I was scared my son was going to die and I would wake up at the middle of the night to confirm he was still alive, hearing him cough was a relief for I knew he was still breathing,” his mother narrates.

After suffering for some time, a retired nurse and a family friend visited and informed them there was an outreach at the marketplace and doctors were treating people at no cost. It was a sigh of relief since his mother had no money to cater for his treatment.

Client A was examined and referred to Gucha Sub County Hospital for a sputum test where he was diagnosed with MDR-TB and started on medication on 20th Sept 2021. The CHV and HCW have been visiting him every day to ensure he swallows his medicine.

“I have adhered to medication and am now feeling strong and healthy. I am also receiving Ksh 6000 every month on my phone from Amref which has really helped me in buying food. I am really grateful to my Doctors Mercy(SCTLC) and Ben(CHV) and also Amref for their support. When I get well I would like to join you to educate young people about TB because many do not know about it,” Client A said.

Annex 2

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KISII COUNTY 7 TH TO 11 TH FEBRUARY ,2022		
Day/Time	Activity/Event/Tentative Discussion Points	Venue
	Travel	
Day 1 09.00 am-10.00 am	Courtesy call on the Hon. Governor <ul style="list-style-type: none"> • Introduction • Purpose / Objectives of the visit. 	County Headquarters
10.00 am to Noon .	Meeting with County CECMH/COH & CHMT & Partners <ul style="list-style-type: none"> ✓ Introduction/ Welcome Remarks ✓ Presentation by CHMT on the situation of GF (HIV/TB/Malaria/C-19) ✓ Overview of KCM& Global Fund. ✓ Presentation on GF investments and by PRs, the National Treasury, Amref Health Africa and KRCS ✓ Establish HIV, TB and Malaria commodity status ✓ Discuss Measures in Place to Control spread of COVID 19 / Mitigate its effects. Question and Answer session	CHD Offices
01.00 pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Site visit County Referral Hospital <ul style="list-style-type: none"> • Courtesy call on the Hospital CEO • Visit HIV/TB/Malaria service delivery points • Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects • Visit Pharmacy store • Visit Laboratory 	Kisii Teaching and Referral Hospital

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KISII COUNTY 7 TH TO 11 TH FEBRUARY ,2022		
	<ul style="list-style-type: none"> Visit youth Centre 	
5.00 pm – 5.30 pm	Recap of Day's Activities	
Day 2 09.00 am-10.00 am	<p>Visit KRCS SR implementing HIV Programme - showcase, Key population and HIV prevention for General Population /meeting with CHVs/Visit beneficiaries /PLHIV.</p> <p>Discuss measures in Place to Control Spread of COVID 19/Mitigate its effects</p>	<p><i>IRDO for KP & AGYW</i></p> <p><i>Daraja for Gen Pop & AGYW</i></p>
01.00 pm-02.00 pm	Lunch break	
Afternoon	<p>Visit Sub County Hospital</p> <ul style="list-style-type: none"> Courtesy call on the Hospital CEO Visit HIV/TB/Malaria service delivery points. Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects Visit Pharmacy store Visit Laboratory. Visit youth Centre 	<i>Nyaribari Chache Sub-County Hospital</i>
Day 3 09.00 am-10.00 am	<p>Visit Amref Health Africa SR implementing TB Programme -showcase TB Active case finding, Visit Beneficiaries / MDR Client /meeting with CHVs.</p> <p>Discuss measures in Place to Control Spread of COVID 19/Mitigate its effects</p>	<p><i>Meet CHVs, Linkage assistant and MDR client at Gucha Sub-County Hospital</i></p> <p><i>Discussion with Daraja Mbili Youth (SR) representation</i></p>
01.00 pm-02.00 pm	Lunch break	
2.00 pm to 4.00 pm	Visit primary health care Facility	<i>Tabaka Mission Hospital</i>

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KISII COUNTY 7TH TO 11TH FEBRUARY ,2022		
	<ul style="list-style-type: none"> ● Courtesy call on the Hospital in Charge ● Visit HIV/TB/Malaria service delivery points ● Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects ● Visit Pharmacy store ● Visit Laboratory. ● Visit youth Centre 	
Day 4 09.00 am-10.00 am	Visit Amref Health Africa SR implementing Malaria Programme in County. Show Case Community Case Management of Malaria /meet with CHVs/ showcase COVID-19 community control activities	<i>Kisii Network for Ecological Agriculture Development (KNEAD) Office, Kisii Town</i> <i>Bomwanda CHU attached to Kiaruta Health Centre, Bonchari Sub County</i>
01.00 pm-02.00 pm	Lunch break	
Afternoon 2.00 pm to 4.00 pm	Report writing	
Day 5 9.00 am to 11.00 am	Debrief CHMT	