

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
NAROK COUNTY OVERSIGHT FIELD VISIT REPORT
21ST -24TH MARCH,2022**



Acknowledgement

The Kenya Coordinating Mechanism (KCM) appreciates financial and technical support from Global Fund which enabled the KCM to conduct an oversight Mission in Narok County. We thank all the KCM members, technical officers, KCM Secretariat, AMREF Health Africa, Kenya Red Cross Society National TB Program, National Malaria control Programme, and all Sub recipients implementing GF activities in Narok County for teaming up with the Oversight team.

We sincerely thank the County Executive Committee Member for Health, the Chief Officer, County Director of Health and the County Health Management Team for welcoming and sharing experiences with the Oversight Team. KCM extends appreciation to all health care workers, community health Volunteers and beneficiaries in Narok County for accompanying and supporting the team during the field visit. All other stakeholders who provided support during this mission feel appreciated.

1.1 Acronyms

AIDS	Acquired immune-deficiency syndrome
ARVs	Antiretroviral Drugs
CCC	Comprehensive Care Center
CEC	County Executive Committee Member
CHMT	County Health Management Team
CHMT	County Health Management Team
COG	Council of Governors
CHV	Community Health Volunteer
CP	County Pharmacist
CSO	Civil Society Organization
CU	Community Unit
GF	Global Fund
HF	Health Facility
HIV	Human Immuno-deficiency Virus
INH	Isoniazid
KCM	Kenya Coordinating Mechanism
KEMSA	Kenya Medical Supplies Agency
NGO	Non-Governmental Organization
PR	Principal Recipient
RDT	Rapid Diagnostic Kit
SR	Sub recipient
TB	Tuberculosis

2.1 Introduction

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 in Narok County between 21st to 24th March,2022.

The Oversight team was led by Ms. Meboh Abuor – a KCM member-COG and consisted of 24 team members including KCM members, the National Treasury, Amref Health Africa, KRCS, NACC, TB Programme, NMCP, Narok CHMT members, Narok GF SRs World vision Kenya, Inerela and the KCM Secretariat. Annexed as appendix one finds details of the team members.

The Oversight Team was well received and hosted by the Hon CECHM for Health County, Chief Officer, Director/CEO Narok County Referral Hospital and CHMT members.

Oversight Field Visit Objectives

1. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.
2. Discuss NFM 3 GF Grant Achievements/areas of improvement.
3. Engage with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya

3.1 Methodology

Entry and Exit Meeting held, Prior to the Oversight field visit the Oversight team held planning Meetings /developed tools to facilitate data/collection of information during the visit. The C19 assessment tool was applied during this mission. The Oversight team visited sites, made observation and held meeting/engaged with County Health leadership and staff, community health aftershare and beneficiaries.

4.1 Sites Visited

The oversight team visited 6 sites. The sites include: Narok County Referral Hospital; Ntulele health center and Nareigie Enkare Health Center. The Oversight Team held meetings with the

CHMT, CHVs, Health care workers, Beneficiaries (MDR and DS TB Patient) , who were beneficiaries of C19 support. Annex 1 find attached program for the mission.

General observations

County Health leadership and CHMT working as a team, good collaboration between the CHMT and partners however there is Need to strengthen partner coordination within the context of partnership and coordination framework. The supply chain of HIV, TB, Malaria commodity is stable except Pediatric, ART, TDT , Viral Loads , Prep , IPT , STI drugs and EID consumables. –Need to Fast Track deliveries. Long turnaround time for Gene xperts/ EID / Viral Loads results from the referral facility.C-19 Support received in Narok County, taken on charge, records maintained and activities implemented. Low C-19 vaccine coverage 21%.- Need to change the approach/Reallocation/Reprogramming. See recommendations under C-19

5.1 Key Findings and Recommendations

1. Establish Progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.

The Narok County received support for COVID 19 from various sources which includes different partners like World Bank, Global Fund, Nurse organization, Doctors foundation, fistula foundation, Equity, living goods, Safari com and USAID, Forum CIV, Nutritional international, Dandelion, Amref Health Africa, KEMSA.

Most of the support received for C19 was inform of medical supplies and consumables/Support to community activities. It was not possible to attribute/disaggregate the support received per partners., though some of the delivery notes indicated the source. some of the partners had branded their consignments and items delivered. **There is need to improve/ enhance on the visibility of commodities procured under GF.**

The Type of Support Received in Narok County

Included PPEs, masks, gowns, hand washing soaps, hand sanitizers, washing facilities, face shield, gumboots and hand washing equipment, oxygen piping, 3 ventilators, oxygen cylinders, C19 testing kits, decontaminants, Detol. vaccines which include astrazeneca, pfizer and Johnson johnson

The support was utilized within the Narok County Referral Hospital as well as distribution done within the following sub county hospitals: Ololunga C19 centers; Transmara west; Lolgarian hospital including all the facilities in Narok County. The supply of covid 19 was taken on charge upon receipt. There is evidence of delivery notes, S11 and Bin cards. The facilities have opened a specific file for the S11 and delivery notes for covid 19 however there is need to automate the process. (see appendix).

The support was distributed to all the workers at the departmental level.

There is proper documentation on the evidence on how items received are taken on charge; this includes, delivery notes, S11 forms, approval by the commodity nurse.

C19 Testing: facilities visited are able to conduct the testing. They are using the RDT system however the PCR samples are sent to the referral hospital and thereafter Kericho.

All Laboratories visted by the oversight team had a 2months stock level of RDTs and testing was ongoing at no cost , the positivity rate is very low. No Patients /c19 related admission were reported during the visit.

The referral hospital has 3 laboratories: the CCC; Covid and TB; and Casualties Lab. The uptake of the C19 test was high in the onset of the pandemic. The hospital used contact tracing, quarantine, treatment and psychosocial support to ensure effectiveness of the containment measures. From the beginning to date, the hospitals tested **7937** clients and out of that, **544** tested positive. The positivity rate is **6.9%**. For the last one month, the hospital has recorded a positivity rate of 0. Though this is a summary

Through Global Fund support AMREF Health Africa had done an assessment in Narok County to improve the oxygen supply/eco system. There is need to fast track and complete this project.

Other support included Community sensitization for infection control at the CHMT level. Training for health workers supported by the county, MOH Hospital has 17 oxygen concentrators and 26 BOC high flow oxygen cylinders. Amref has contracted BOC to supply Oxygen supply in cylinders on a need basis. However, the facilities selected do not have cylinders and the county requested for support. An assessment for Installation of cylinder manifold and piping infrastructure at selected facilities has been done, tender document developed and has been shared with the Global fund for review and approval.

The support of the C19 isolation center came from the national government 300 bed capacity. The center is situated at Ololulunga which is 30kms from Narok town and is a stand-alone separate from Ololulunga”a sub-county hospital. The mode of referral is through ambulance but there is currently no patient isolated as the positivity rate is low. The last time there was a positive case was January 2022.

The county has been focusing on targeted testing with an average 10 tests done per day.

The county should also embrace Test for TB, TEST FOR COVID. There are future plans to translate the isolation center to an infectious diseases isolation center to ensure full utilization and value for money.

Community sensitization

Work has been done to reach community members. The rationale used for community sensitization was through training the county health workers, sub-county health workers and CHVs to be able to reach out to the community with correct information. In addition, Radio shows and sensitization by religious groups through the churches have been conducted to reach the communities.

For vaccinations, only 21% (Narok County 166540/ 800000) of the eligible population has been vaccinated for COVID 19. Notably the pastoralists communities, hard to reach areas and movement has caused low uptake of vaccination. There is a need to change the approach to go where the communities are in terms of vaccination and utilize Johnson & Johnson vaccine as a single shot and very convenient for the populations. There is need for integration of vaccine sensitization and administering of vaccines at the same time to the congregants. There is also a need to have accelerated plans of the upcoming vaccinations during the sensitization.

Forum CIV trained 35 CHVs,35 community health community members and community mobilization in Suswa ward. Supported one HCW who is an artist to sensitize the community on Covid - 19. Dandelion Africa supported fp outreaches, immunization and a motorbike for community sensitization

Covid – 19 testing and vaccination is a free service. Vaccinated 55% of the population. 20-30people vaccinated per day.6000 people vaccinated against the eligible population of 11,204.

No positive case confirmed so far. Presence of an isolation room in the facility. KRCS does the referral to Ololulunga isolation center. Oxygen concentrator is used for first aid. HCWs trained in infection prevention.

Strategies to improve vaccine uptake

Recommendation: Outreaches and integrated services. Change the approach from a fixed post to outreaches at the community.

The county to integrate vaccine uptake with NACC during the planned advocacy and support provision of HIV prevention and testing services targeting vulnerable and marginalized groups in Narok CHMT to plan /integrate /align workplans jointly with NACC ,TNT ,KRCS and AMREF.

The SRs work with the county to ensure integration of vaccination during community dialogues and any other forums organized by the SRs. Provision of PPEs as a motivation for those who will be vaccinated during the forums can also be embraced.

Recommendations

- There is adequate stock level for c19 vaccine but there is a risk of expiry
- To enhance Covid- 19 vaccine uptake; prioritize outreaches to the communities and surveillance.
- There is a need for more campaigns to change perspectives on the C19 vaccines.

- The county to transition support of the CHVs for the payment of their stipends.
- The CHVs to be factored in the C19 support programs at the county level.
- The transition of the 4 Global Funds staff at the county was not very clear as their contracts is ending in June 2002. The County Health Leadership commitment to prioritize on the transition of GF Staff.
- Interventions to increase vaccination: Fast track community outreaches to reach out to community members, take the services to the community.

Challenges

There were no major challenges faced at the hospital/Facilities/Community in relation to the response to c19 except the turnaround time for supplies It would take the hospital 1-2 months to receive commodities which then compels the Hospitals to borrow some commodities from other hospitals to respond to the demand.

Other challenges include C19 testing is currently very low. The hospital currently has 1000 c19 test kits expiring by the end of March 2022.

Access of vaccines by the community, Narok is an ASAL area and the maa community are mostly pastoralists.

2. NFM 3 GF Grant Achievements/areas of improvement.

The supply chain of HIV, TB, Malaria commodity is stable except Pediatric, ART, TDT , Viral Loads , Prep , IPT , STI drugs and EID consumables. –Need to Fast Track deliveries.

Long turnaround time for Gene xperts/ EID / Viral Loads results from the referral facility

TB: Treatment and diagnostic facility. Patients on care and treatment are 17. Adequate commodity stock (first line, pediatric drugs), microscopy testing used. Refer samples for gene expert to Narok county hospital. Rider supported by WRP. TB case finding is at 80%.

Malaria : Very Low endemic area. Positivity rate is 3%. Distribution of nets is only done in Mosiro ward where out of 10 patients,1 patient is diagnosed for Malaria. Transfer RDTS to Trans Mara East sub county since the positivity rate is high compared to Narok East.

Areas of Improvement

1. CHMT to incorporate partner supported activities into their annual workplan and budget to improve coordination , monitoring , learning , consolidate resources, accountability ,
2. County to provide internet connectivity to enhance digital reporting.
3. Integration of C19 reporting into DHIS

The National Treasury

Amref Health Africa: Supports implementation of TB and COVID-19 activities through world vision Kenya with a total budget of KES 22,631,357 for the period July 2021 to June 2024. Amref directly supports procurement of Oxygen supply in cylinders, installation of cylinder manifold

and piping infrastructure for selected 5 health facilities (Emurua Dikirr HC, Nairage Enkare HC, Ololunga SCH, Lolgorian SCH and Trans Mara west SCH), procured and distributed of 18,800 Surgical masks and 7,440 Particulate respiratory mask for the HCWs and Community actors. Some of the key achievements include screening of 1024 household contacts of bacteriologically confirmed patients, Children under five years and DRTB patients across the County. Out of the contacts screened, 444 were referred for testing and diagnosis, where 34 children were initiated on TPT, 14 TB cases were identified and initiated on treatment. a total of 20 treatment interrupters were traced and referred back to treatment. In addition, 12 DRTB patients and 11 DOT workers have continuously been supported with social support by Amref Health Africa in Kenya. Roll out of the Public Private Mix (PPM) and COVID-19 activities is underway.

Kenya Red Cross Society (KRCS) through the sub recipients supported the distribution of 2500 Disposable Masks, 481 re- usable face masks, 53 Face shields and 59 Hand sanitizers to CHVs/SGL during program activities. 263 Community Health Volunteers (CHVs) and 20 Support Group Leaders/Expert Clients were also sensitized on C-19 prevention messaging as agents of change to sensitize the community

A total of 5222 Households were visited by CHVs/SGL reaching out to house hold with covid-19 preventive messages while 263 Community Health Volunteers (CHVs) and 20 Support Group Leaders/Expert Clients were trained on Psychological First Aid (PFA) training on C-19 and cascade the same to more than 5158 PLHIVs during their house hold visits.

COVID 19 messaging were integrated in all activities hence reaching 3242 men during SGBV outreaches and more than 4320 PLHIV during support group meetings. A total 2225 Community members sensitized on Coved 19.80 religious leaders were also sensitized on C19 Prevention with the aim of cascading down the same information to their different congregants reaching 50,000 people.

There was increased Hygiene Protective materials/measures at congregational set ups and installation of hand washing stations as well as successful bridging of gaps on myths and misconception on COVID19 in the community

Discussion and Recommendation

1. Ensure visibility is enhanced for all the commodities.
2. There is good collaboration between the CHMT and partners.

3. To strengthen partner coordination within the context of partnership and coordination framework.
4. The supply chain of HIV TB Malaria commodities is stable except Pediatric, ART, TDT , Viral Loads , Prep , IPT , STI drugs and EID consumables.
5. The county to support a rider . transportation of the TB samples from subcounty to county referral.
6. The samples get lost in the process of transportation. There is a need to improve on the process.
7. Additional information on TB sample referral management system. CTLC to highlight the strengths and areas of improvement including utilization of Gene Xpert machines.
2 gene experts : In Narok and Trans Mara.
reported incidences of samples lost and diagnosed patients not being found.
8. Long turnaround time for Gene xperts/ EID / Viral Loads results from the referral facility

3. Engage with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya.

The Oversight field visit team , engaged with the beneficiaries, CHVs , health workers, community health actors and clients .Success stories and achievements on GF support were highlighted.

Success stories : Dan Oloomuna A Public Health officer in Narok County, Nairegia subcounty composed a song and sensitized /mobilized the community to take up C-19 services. the link to the song is <https://youtu.be/lij7TRkOm84>

Success stories –Two clients on treatment for TB

Ntulele Health Centre : RR (Rifampicin Resistance) TB Client

Started treatment in February 2021. He is now in month 13 out of 18 into medication. He is out of danger of the infectious phase. He started feeling unwell early 2021, went to hospital. He was diagnosed with pneumonia then later did a sputum test and confirmed to be TB.

He was immediately put on treatment. After two weeks he changed medication due to drug sensitive TB. A second sputum test was conducted which showed Rifampicin Resistance TB. He was then referred to Mosiro dispensary for continued care and treatment which is 5kms from his home. He lives in Mosiro, 48kms from Ntulele. A health care worker takes medicine to his home, collects sputum and reviews him. World vision supports contact tracing. Tested the family members. He opted to go to Mosiro dispensary because of its track record in good service delivery. After one week his family members were screened and none turned positive. 15 members were screened. He is still on medication, feeling much better but has promised to take medication till the end of his prescription as advised by the doctor.

Side effects—joint pains when he started medication but subsided after a while.

Receives social support of Kshs.6,000 monthly from World vision via mpesa.

He is very grateful to the sub county TB coordinator for constantly following up on his treatment. He had given up on life after being diagnosed with TB but the coordinator has really supported him throughout the treatment journey.

Recommendations

1. Prioritize on Outreaches and integrated services. Partners/GF Sub-recipients in Narok County to plan together with CHMT / integrate activities. CHMT to incorporate partner supported activities into their annual workplan and budget. This will improve coordination, collaboration, monitoring, learning, and accountability.
2. Need to reallocate/Reprogram C-19 support and align with the current C-19 needs at County level.
3. Narok County to Fasttrack the transition arrangements for CHVs and 4 Global funds staff at the county. GF contracts for the 4 staff ending in June 2022 transition
4. Integration of C-19 reporting into DHIS/County as a means of enhancing documentation and reporting.
5. Ensure visibility for all the commodities supported under GF and other partners.

6. Develop a coordination framework to strengthen partnership coordination for the different stakeholders and partners.
7. The county to support additional riders to support timely collection and submission of samples to the referral systems and improve on turnaround time for results in referring facilities.
8. Reconnect electricity in Mulot health center

**ANNEX 1. THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
PROGRAM
NAROK COUNTY 21ST TO 24TH MARCH 2022**

Day/Time	Activity/Event/Tentative Discussion Points	Venue
	Travel	
Day 1 09.00am-10.00 am	Courtesy call on the Hon. Governor <ul style="list-style-type: none"> • Introduction • Purpose / Objectives of the visit. 	<i>County Headquarters</i>
10.00am 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 GF C19 Support/Implementation status/Measures in Place to Control spread of COVID 19 / Mitigate its effects. Question and Answer session	<i>CHD Offices</i>
01.00 pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Site visit County Referral Hospital /COVID 19 Site <ul style="list-style-type: none"> • Courtesy Call on the Hospital CEO • Discuss GF Support on C19 / Implementation status/Measures in Place to Control spread of COVID 19 / Mitigate its effects. Visit the Testing Center/ Service delivery outlets /Establish Infection Prevention and control	<i>Narok County Referral</i>
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 2 9am- 12.30 pm	<ul style="list-style-type: none"> • Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. 	NTULELE CU _ Ntulele Health Centre (Community Site visit)- Amref Health Africa TB Grant SR/link Facility

**ANNEX 1. THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
PROGRAM
NAROK COUNTY 21ST TO 24TH MARCH 2022**

	<ul style="list-style-type: none"> • Visit the Testing Center/ Service delivery outlets /Establish Infection Prevention and control/Community activities • Meeting with CHVs and community resource persons. 	
1.00PM-2.00PM	Lunch Break	
Afternoon 2.00pm- 5pm	<ul style="list-style-type: none"> • Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects. • Meeting with CHVs/Peer educators/Mentor mothers and community resource persons. 	<p>Amref Health Africa TB Grant SR/link Facility</p> <p><i>Meet CHVs at Nairegia- Enkare Narok East</i></p> <p><i>Discussion with World Vision Kenya (WVK) representation- SR</i></p>
5.00pm – 5.30 pm	Recap of Day’s Activities	
Day 3 9am- 12.30 pm	<p>Visit primary health care Facility /COVID 19 Site</p> <ul style="list-style-type: none"> • Courtesy Call on the Hospital CEO • Discuss GF Support on C19 / Implementation status/Measures in Place to Control spread of COVID 19 / Mitigate its effects. • Visit the Testing Center/ Service delivery outlets /Establish Infection Prevention and control 	<i>Mulot Health Center</i>
1.00PM-2.00PM	Lunch Break	
2.00pm to 4.00pm Afternoon	<p>Discuss GF Support on C19 /Implementation Status/ Measures in Place to Control spread of COVID 19 / Mitigate its effects.</p> <p>Meeting with CHVs/Peer educators/Mentor mothers and community resource persons.</p>	<ul style="list-style-type: none"> • Mulot CU _ Mulot Health Centre (Community activities)
5.00pm – 5.30 pm	Recap of Day’s Activities	
Day 4 9am- 12.30 pm	<p>Report writing</p> <p>Presentation preparation</p>	

**ANNEX 1. THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION
PROGRAM
NAROK COUNTY 21ST TO 24TH MARCH 2022**

1.00PM-2.00PM	Lunch Break	
2.00pm to 4.00pm	Debrief CHMT	

ANNEX 2. DETAILED FINDINGS PER SITE VISTED

S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline

1	CHMT meeting	<p>The county leadership appreciated the support of the supervision of the GF team in the implementation of the ATM and Covid 19. There is need for a strong transition plan for sustainability</p> <p>There is Good collaboration at the county level However a clear coordination framework is missing.</p> <p>The visibility of the GF support at the county level needs to be enhanced .</p>	<p>A clear coordination framework needs to be in place. There is a need for the county to operationalize and contextualize the health sector coordination framework.</p> <p>PRs to ensure visibility is enhanced for all the commodities.</p>	CHMT	2021/2023
---	--------------	--	---	------	-----------

		<p>The findings should inform policy change.</p> <p>C19 vaccination coverage</p> <p>Community activity on awareness of the vaccine has been undertaken despite the low vaccine uptake.</p>	<p>Enhance visibility of GF support in the county</p> <p>Have a coordination framework.</p>	<p>KCM/PRs/KEMS</p> <p>A/GF</p>	
--	--	--	---	---------------------------------	--

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
2	Narok County referral hospital	Inventory management is weak	Have a system to improve the inventory management	CHMT	2022/2023

3	Ntulele Health center	<ul style="list-style-type: none"> ● C-19 vaccine uptake is very low ● ARVS – Second Line ,10mg dtg for paed is out of stock. Adult second line to last till end of March 2022. Prep is out of stock. Test kits are available but 180 expiring in April 2022. ● The Narok County Referral Hospital extended the support to the sub 	<ul style="list-style-type: none"> ● Fast track community outreaches to reach out to community members, take the services to the community. ● Program to strengthen timely procurement and distribution of commodities to avoid missed opportunities and improve service delivery ● 	<ul style="list-style-type: none"> ● County government,KRCS and AMREF ● Program-GF(KEMSA) ● 	Before June 2022
---	-----------------------	---	--	--	------------------

		county hospitals (Ntulele) such as the PPEs (moon suit, gloves) and test kits. There were other supporters who reached out to the sub county hospitals i.e Living Goods who provided The CHVs with masks, gloves, sanitizer and face shields. Nutritional International			
--	--	---	--	--	--

		supported Ntulele CU on sensitization. <ul style="list-style-type: none">•			
--	--	--	--	--	--

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
4	Nairagie Enkare	<ul style="list-style-type: none"> ● Received support for Covid – 19 from AMREF and county government, i.e, sanitizer,serviettes and face masks ● Reporting system is manual ● First response,Viral load, collection of blood 	<ul style="list-style-type: none"> ● Reporting system should be upgraded to online reporting for effeciency. ● Program to strengthen timely procurement and distribution of commodities to avoid missed opportunities and improve service delivery ● The store should be expanded. 	<ul style="list-style-type: none"> ● County government,KRC S and AMREF ● Program-GF(KEMSA) ● TB national program 	2022/2023

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		spot,cartridges for genexpert and EID commodities out of stock. Supplies from Kemsal had a short expiry period. Supplied on 24 th January 2022. <ul style="list-style-type: none"> Bin cards are not accurate, and do not match the actual number of 	<ul style="list-style-type: none"> TB program to avail the TB Lam equipments Improve on inventory management.	Facility incharge	April,2022

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		commodities in the store e,g sanitisers <ul style="list-style-type: none"> ● The store is very congested ● . Lab technicians trained for TB Lam but testing has not been rolled out. ● . Lab technicians trained for TB Lam but 			

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		testing has not been rolled out. <ul style="list-style-type: none"> ● Facility requested for additional Fluorescent microscopy, and lab seats ● he Malaria RDT with short expiry period were redistributed to other facilities with high testing rate 			

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
5	Mulot health center	<ul style="list-style-type: none"> • The facility is too congested and no structures hence • Shortage of staff in the facility to support the high workload. There is need for additional staff to support effective service delivery. 	<ul style="list-style-type: none"> • There is a need to expand the stores and maternity for privacy and effective service delivery. • There is need to provide operational and maintenance (O&M) funds to the facility on quarterly basis. • Additional staff are required including pharmacists , nurses and clinicians. 	CHMT	2022/2023

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		<ul style="list-style-type: none"> ● Lack of enough pharmacist as there is only staff serving two sub counties –Narok South and Narok West. ● Lack of Operational and maintenance funds(O&M) hence Casuals have not been paid for over 8 months. Power has been 	<ul style="list-style-type: none"> ● There is need for allocation of staff houses who can provide support for patients when called upon. ● Fast track to ensure commodity supply is consistent 		

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		disconnected for the last 3 weeks. <ul style="list-style-type: none"> ● Patients come to the facility at night for services including pregnant women for delivery yet the facility is not a 24 hours' facility. ● Lack of nevirapine for pediatrics 		County	

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
	Mulot Community Health Unit-Meeting with CHVs	<p>The team met a total of 8 8 CHVs out of the 10 active ones in the CU.</p> <ul style="list-style-type: none"> ● Training: All CHVs have received basic training as CHVs and technical training for TB, HIV, Malaria and COVID-19. 			

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		<ul style="list-style-type: none"> • CHVs supports health education at households and community at large, mobilization of community members during outreaches, screening for TB and referral to health facilities for testing, contact tracing and default tracing, and diagnosis. also support 			

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		<p>community based surveillance,</p> <ul style="list-style-type: none"> • Support: the chvs have received support from partners including; World vision for TB activities, KRCS for community based surveillance where they use a code (*384*60#) to provide health and wildlife alerts. Received C- 			

ANNEX 2. DETAILED FINDINGS PER SITE VISTED					
S/No	Site Visited	Key findings	Recommendations/actions	Responsible Person/Entity	Timeline
		19 PPE support from Lwala community alliance, World vision, KRCS and county government. ● C-19 vaccination: the CHVs reported that the community members have			

