

**DEPARTMENT OF HEALTH SERVICES**

**COUNTY PARTNERS AND STAKEHOLDERS’ SENSITIZATION ON PHC**

**DATE: …………… JAN 2024**

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| **TIME**  | **ACTIVITY** | **FOCAL PERSON** |
| **7.00am** | OPENING PRAYERS | COUNTY |
| **7.05am** | INTRODUCTIONS AND WELCOME TO THE MEETING AND A BRIEF OF COUNTY GOVERNMENT UPDATES ON PREPAREDNESS TO ESTABLISH PCNs | COUNTY |
| **7.25am** | BRIEF ON NATIONAL STATUS OF PHC | NATIONAL |
| **7.40am** | PARTNERS FEEDBACK AND COMMITMENTS TO SUPPORT PHC THROUGH PCNs | PARTNERS |
| **8.40am** | CLOSING AND WAY FORWARD | CECM- HEALTH |
| **9.00am** | CLOSING PRAYERS | VOLUNTEER |