

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND  
HIGHLIGHTS FOR THE KCM- OVERSIGHT COMMITTEE MEETING  
HELD ON 2<sup>ND</sup> JUNE, 2016 AT SILVER SPRINGS HOTEL**

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**Present**

- |                      |                          |
|----------------------|--------------------------|
| 1. Ms. Wariara Mugo  | Chairing –Member HIV ICC |
| 2. Dr Jantine Jacobi | Member-DPs               |
| 3. Dr Herman Weyenga | Member-TB ICC            |
| 4. Dr Anne Musuva    | Alternate Member-MICC    |
| 5. Mr. Mathew Ashers | Alternate Member-HIV ICC |

**In Attendance**

- |                       |                                     |
|-----------------------|-------------------------------------|
| 1. Mr. Sam Munga      | KCM Coordinator                     |
| 2. Mr. Samuel Muia    | Oversight Officer-Taking<br>Minutes |
| 3. Dr Joel Karogoi    | NMCP                                |
| 4. Ms. Margaret Ndubi | National Treasury-HIV/TB<br>Grant   |
| 5. Mr. Anthony Miru   | National Treasury-Malaria<br>Grant  |
| 6. Ms. Khalda Mohamed | KRCS                                |
| 7. Mr. Aiban Rono     | NLTP                                |
| 8. Ms. Mable Jerop    | AMREF.HA-Malaria Grant              |

**Apologies**

- |                          |                         |
|--------------------------|-------------------------|
| 1. Mr. Peter Kubebea     | KCM-OC-Chairman         |
| 2. Mr. John Kamigwi      | Member                  |
| 6. Dr .Abdinasir Amin    | Member-MICC             |
| 3. Dr Lorraine Mugambi   | Alternate Member-TB ICC |
| 4. Dr Custodia Mandlhate | Member                  |
| 9. Ms Carol Ngari        | NACC-HIV ICC            |

**Agenda**

1. Apologies
2. Declaration of conflict of interest
3. Confirmation of minutes of previous meeting dated 25<sup>th</sup> February 2016.

4. Matters arising
5. Review of 3<sup>rd</sup> Quarter dashboards
6. Presentation from KEMSA
7. KCM Eligibility Performance Assessment Results
8. Reports from Oversight Visits.
9. AOB

### OVERSIGHT COMMITTEE RECOMMENDATIONS

<b>DASH BOARD REVIEW RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 2<sup>ND</sup> JUNE,2016 (JANUARY TO MARCH ,2016 DASHBOARDS )</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<p><b>NATIONAL TREASURY-HIV GRANT</b>  <b>Rating A1:</b> Funds absorption 40% according to disbursement.</p> <ul style="list-style-type: none"> <li>• Unutilized funds are mainly for payment of Contracted ARVs (USD. 30.8 million) and Pharmaceutical devices such as; Condoms (USD. 2.8 million), CD4 reagents (USD. 3.08 million), nutritional supplements (USD. 2.3 million), blood safety reagents (USD.1.05 million) and lab networking commodities (2.3 million). All have been contracted awaiting delivery/payment.</li> <li>• The number of male circumcisions done was below average (30%) and EID Tests conducted 69%</li> <li>• Find Programmatic achievements, stock status and Management actions in the following link <a href="#">Presentation Jan to March 2016\NT HIV DASH</a></li> </ul>	<ul style="list-style-type: none"> <li>• Joint team to be established to guide on the process of disaggregating National HIV programme indicators/achievements as per the contribution by partners.</li> <li>• Scale up outreach and in reach services for male circumcisions and improve from the current performance of 30%.</li> <li>• Initiate a rapid response for early infant diagnosis of HIV within 2 months of birth and improve from the current score of 69%</li> </ul>	<p>KCM/OC/ICCs/PRs/Programmes</p> <p>July 2017</p> <p>Margaret Ndubi- National Treasury Dr Caroline Olwande- NASCOP</p> <p>July 2016</p>

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<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<a href="#">BOARD 2016 Jan to March ppt.pptx</a>		
<b>Kenya Red Cross (Jan To March,2016 Dashboard)</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<p><b>Rating A1:</b> Funds absorption 65% according to disbursement.</p> <ul style="list-style-type: none"> <li>Funds absorption affected by delay in SR selection process.</li> <li>All SRs have now been contracted and funds disbursed in March 2016.</li> <li>Shortage of HIV test kits in KRC sites.</li> <li>List of equipments not yet shared with KCM/Oversight committee members.</li> <li>The slide on Funds absorption/Uptake not clear</li> <li>Find programmatic achievements in the following link <a href="#">KRCS Dash Board Presentation Jan - March 2015.pptx</a></li> </ul>	<ul style="list-style-type: none"> <li>KRCS to share with OC a report on the distribution of procured health products and equipments.</li> <li>The cumulative expenditure for both PR &amp; SRs on disbursement &amp; budget need to be clearly indicated.</li> <li>Shortage of HIV Test kits in KRCS to be addressed immediately by NASCOP, KEMSA and the National Treasury .</li> <li>Hot spot mapping to be conducted to establish the current size estimate for the Key population /beneficiaries</li> </ul>	<p>Khalda-KRCS June, 2016</p> <p>NASCOP,NT &amp; KEMSA June,2016</p> <p>KRCS &amp; HIV ICC</p>
<b>National Treasury Malaria Grant (Jan To March, 2016 Dashboard )</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>

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<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<p><b>Rating A2:</b> Funds absorption 67% according to disbursement.</p> <ul style="list-style-type: none"> <li>• Most of the unutilized funds were for payment of ACTs-Delivery is underway in the month of June 2016</li> <li>• Efficiency savings of 16.4M realized from previous procurements and MICC recommended a reallocation( 10million LLINs,6.4 million for Trainings, Data Quality audit and Advocacy, communication and Entomological Surveillance.</li> <li>• Find Programmatic achievements, stock status and Management actions in the following link. <a href="#">National Treasury Malaria presentation- Jan to March dashboard 2016.ppt</a></li> </ul>	<ul style="list-style-type: none"> <li>• NMCP and KEMSA to provide a stock status report on antimalarias and RDTs delivered as at June,2016.</li> <li>• Efficiency savings of 16.4M realized from previous procurements to be reallocated as follows ( 10million LLINs,6.4 million for Trainings, Data Quality audit and Advocacy, communication and Entomological Surveillance</li> </ul>	<p>Mr. John Kibuchi-KEMSA</p> <p>Dr Karogoi-NMCP</p> <p>June,2016</p>
<b>AMREF .HA Malaria Grant (Jan-March,2016 Dashboard)</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<p><b>Rating A2:</b> Funds absorption 58% according to disbursement.</p> <ul style="list-style-type: none"> <li>• Absorption of Funds affected by delay in Implementation of integrated Community Systems Strengthening activities in the pilot Counties .</li> <li>• The harmonized integrated curriculum is now ready and TOTs are being trained to train CHVs.</li> <li>• Find Programmatic achievements and Management actions in the following link <a href="#">AMREF.HA Malaria R10- Dashboard -January-March</a></li> </ul>	<ul style="list-style-type: none"> <li>• AMREF HA to engage with the CSS TWG to ensure that 9 Cus report on integrated TB,HIV and Malaria activities before the next reporting period</li> <li>• AMREF HA to come up with an accelerated workplan to fast track CSS activities before the next reporting period .</li> </ul>	<p>Mr. Jared Oule-AMREF HA</p> <p>CSS TWG.</p> <p>Timeline,August,2016</p>

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<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<a href="#">2016-R.ppt</a>		
<b>National Treasury TB Grant dashboard (January to March,2016)</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<p><b>Rating A2:</b> Funds absorption 32% according to disbursement.</p> <ul style="list-style-type: none"> <li>Unutilized funds are mainly for TB commodities –Procurements initiated, awaiting delivery and payment in the month of June,2016.</li> <li>Additionally the low absorption is due to funds allocated for prevalence survey that is ongoing.</li> <li>With support from USAID renovation of the KNH isolation ward has been completed and procurement of assorted equipment in progress.</li> <li>Un-surrendered imprest – Ksh. 7.4million recovered from the Ks. 8 million and 0.6million being followed up.</li> <li>Need to monitor at least one DR TB medicine instead of streptomycin.</li> <li>The Country need to adopt the new pediatric formulation for TB as per WHO recommendations.</li> <li>Find Programmatic achievements, commodities stock status and Management actions in the following link <a href="#">NT TB presentation Jan to March 2016.ppt</a></li> </ul>	<ul style="list-style-type: none"> <li>NT,NLTPMCP and KEMSA to provide a stock status report on TB Commodities delivered as at June,2016.</li> <li>Funds to be mobilized to replace two motor vehicles that were stolen at the NLTP</li> <li>TB ICC/Partners/NLTP to agree on at least one DR TB medicine to be monitored in the dashboard instead of Streptomycin.</li> <li>TB ICC/Partners/NLTP to give guidance based on WHO recommendations on the roll out of the new pediatric formulation .</li> <li>The program to revise MDR TB target based on Prevalence survey results and submit to TB ICC before requesting for review of GF Performance Framework</li> </ul>	<p>Dr Newton An`gwa &amp;Mr. John Kibuchi-KEMSA-Timeline June,2016</p> <p>Dr E. Masini-FY 2016/2017</p> <p>TB ICC-August,2016</p>
<b>AMREF .HA TB Grant Dashboard ( January to March,2016)</b>		
<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>

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<b>Key Finding/Discussion</b>	<b>OC Recommendations</b>	<b>Responsible /Timeline</b>
<b>Dashboard not presented to KCM-OC members due to lack of representation from AMREF.HA TB grant.</b>	<ul style="list-style-type: none"> <li>AMREF.HA- TB grant to provide an explanation for the failure to present the TB grant dashboard(Jan-March,2016) to KCM-OC</li> </ul>	Mr. Benson Ulo-AMREF.HA  June, 2016

### **Other Recommendations**

- Based on the performance improvement plan the meeting unanimously agreed that Oversight field visit reports be circulated to KCM/OC members for comments thereafter be uploaded into the KCM Website within one month after field visit.
- Members recommended that all PRs provide updates on funds uptake as at 10<sup>th</sup> June, 2016 to ascertain progress made in funds uptake towards the closure of the Financial Year.
- Oversight Committee members, PRs representatives and Programmes to observe time (9.00am) during future meetings.
- PRs to be represented by Grant Managers or Senior Grant Officers during Oversight Committee meetings.
- KCM Secretariat to develop a Programme with timelines for each agenda to guide future meetings.