

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
HIGHLIGHTS OF THE KCM- OVERSIGHT COMMITTEE MEETING HELD ON 1ST
SEPTEMBER, 2016 AT PANAFRIC HOTEL, NAIROBI**

Present

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| 1. Mr. Peter Kubebea | Chair-OC |
| 2. Ms. Wariara Mugo | Member-HIV ICC |
| 3. Dr Jantine Jacobi | Member-DPs-ML-UNAIDS |
| 4. Dr .Abdinasir Amin | Member-MICC |
| 5. Dr Anne Musuva | Alternate Member-MICC |
| 6. Mr. Mathew Ashers | Alternate Member-HIV ICC |
| 7. Ms. Evaline Kibuchi | TB-ICC Representative |

In Attendance

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| 1. Mr. Samuel Muia | Oversight Officer-Taking Minutes |
| 2. Ms. Carol Ngare | NACC |
| 3. Mr. John Kabuchi | KEMSA |
| 4. Dr. Dorothy Memusi | NMCP |
| 5. Ms. Margaret Ndubi | National Treasury-HIV/TB Grant |
| 6. Mr. Anthony Miru | National Treasury-Malaria Grant |
| 7. Ms. Khalda Mohamed | KRCS |
| 8. Mr. Enock Marita | AMREF.HA-Malaria Grant |
| 9. Ms. Gloria Okoko | AMREF.HA-TB Grant |

Apologies

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| 1. Mr. Sam Munga | KCM Coordinator |
| 2. Dr. Herman Weyenga | Member-TB ICC |
| 3. Dr Lorraine Mugambi | Alternate Member-TB ICC |
| 4. Dr Nathan Bakyaia | Member—DPs-ML-WHO |
| 5. Dr Evans Amukoye | Member-GOK-KEMRI |

**RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 1ST SEPTEMBER,2016
(APRIL TO JUNE ,2016 DASHBOARDS)**

Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>National Treasury-HIV Grant Rating B1: Funds absorption 57.4%, improvement noted from 40% according to disbursement from Q3.</p> <ul style="list-style-type: none"> Disbursement – USD. 105,106,627 Expenditure –USD. 60,325,995.90 Unutilized funds for FY 2015/16 are mainly for payment of Contracted procurements as follows; ARVs USD. 12.8 million, Condom USD. 2.8 million, CD4 reagents USD. 2.5 million, Nutritional supplements USD. 1.65 million, Blood Safety USD. 643,858, Lab network USD. 2.3 million. The Number of male circumcisions performed according to national standards improved from 30% in Q3 to 101% in Q4 The drop in rating from A1 to B1: was attributed to Data Quality issues on the indicator on TB screening which was rated zero and anything below 60 is rated as B1. The challenge was on the data collection tool. The number of TB patients screened was more than the number of PLHIV 	<ul style="list-style-type: none"> PR to submit a reallocation request for savings realized of about 13 Million USD to GF through HIV ICC and KCM (procurement of viral load agents which had not been factored earlier and ARVs to be considered). Roll out tools to capture appropriately and precisely the Percentage of HIV-positive patients who are screened for TB in HIV care or treatment settings. 	<p>KCM/OC/ICCs/PRs/ Programmes</p> <p>November, 2016</p> <p>Margaret Ndubi- National Treasury Dr Caroline Olwande- NASCOP</p> <p>November, 2016</p>
Kenya Red Cross (April to June,2016 Dashboard)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>Rating A2: Funds absorption 54.4 % according to disbursement.</p> <ul style="list-style-type: none"> Program Expenditure was US\$10.97M out of US\$20.18M budget. Most of the unabsorbed funds were due to delays in approving the budget for HPE procurements .This has now been approved equipments procured and distribution ongoing. The Number of MSMs reached by HIV/AIDS prevention programs was 88%. All MSM Clients did not consent to STI 	<ul style="list-style-type: none"> KRCS to engage stakeholders and MSMs and ensure that all MSM clients uptake STI Screening services KRCS to work closely and provide a report on other partners distributing health products and equipments in Counties to ensure that there is no duplication. 	<p>Khalda-KRCS</p> <p>November, 2016</p>

Screening due to human rights issues.		
National Treasury Malaria Grant (Jan To March, 2016 Dashboard)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<ul style="list-style-type: none"> • Rating B1: Funds absorption rate According to budget 48%. • Budget - USD. 12.2 million, Expenditure – USD. 5.9 million • Unutilized funds relate to Procurement of ACTs and RDTs. Most of the commodities are awaiting deliveries & payment. • Counterpart procurement Plan and budget amounting to Ksh 230M for the FY 2016/2017 has been forwarded to KEMSA. • The drop in rating from A2 to B1 was due to the Number of people with uncomplicated malaria receiving ACT treatment as per national treatment guidelines which was 46% .As at August ,2016 an improvement of up to 68% had been noted, though still low from 75% previous PUD • The reporting rate for County health facilities was 71% which greatly contributed to the underperformance of the indicator. 	<ul style="list-style-type: none"> • NT and NMCP to establish and provide details to KCM on the list of facilities and Counties(29%) that have challenges in submitting timely reports • NT &NMCP to share with KCM the outcome of review meetings with Counties & strategies to improve data quality and reporting rates. • KCM to engage with counties on reporting rates challenges that are impacting negatively on Grant performance. 	<p>Mr. Miru Kamau-NT Dr Dorothey Naisaie -NMCP</p> <p>November,2016</p>
AMREF .HA Malaria Grant (April-June,2016 Dashboard)		
Key Finding	OC Recommendation	Responsible/Timeline
<p>Rating A1.Burn rate 76.6% During the period, the PR disbursed 1,334, 416 USD to the SRs. Out of which 1,022,534 USD has been expended. Unspent funds are earmarked for incentives for community health workforce and CHVs.</p> <p>In all the programmatic indicators the PR scored over 100%.</p>	<ul style="list-style-type: none"> • The PR was commended for the exemplary performance during the reporting period (April to June ,2016) 	<p>Mr. Jared Oule & Team AMREF.HA</p>

AMREF .HA TB Grant (April-June,2016 Dashboard)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>Rating A2: Funds absorption, 112.9% (\$ 7,602,103/ \$6,733,290).</p> <ul style="list-style-type: none"> Over expenditure attributed to procurement of Gene Xpert machines and cartridges meant to be procured in P5. Due to low stock level in the country, the PR was requested by the National TB program to make a one off procurement for 2015/2016 commodities. AMREF.HA conducted SRs asset verification exercise as a close out procedure for round 10 grants. One pending report from KRCS-SR-(MDR Support in Daadab Camp) for the period April to June, 2016. 	<ul style="list-style-type: none"> Submit the assets deposition plan to KCM through TB ICC for approval. AMREF.HA to provide a brief /report on the development of CSS curriculum and share with KCM & CSS TWG KRCS to provide a status report within two weeks on MDR support in Dadaab Camp to AMREF.HA/KCM TB ICC, AMREF.HA & KRCS to agree on the most efficient system to use in payment of MDR support to Clients in Dadaab Camp. 	<p>Mr. Benson Ulo-AMREF HA</p> <p>November,2016</p>
National Treasury TB Grant dashboard (April to June,2016)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<ul style="list-style-type: none"> Rating B1: Funds absorption according to disbursement=50%. Disbursement –USD. 13,294,754, Expenditure – USD. 6,655,718 Unutilized funds are mainly for TB commodities which have been contracted and are expected by December 2016 and construction of KEMSA warehouse (<i>KEMSA has acquired land to build the New central warehouse</i>). Procurement has been initiated for the replacement of two motor vehicles. The drop in rating from A2 to B1 was due to the 30% score in Proportion of cases with drug resistant TB that began second-line treatment i.e. 104/350 cases. Based on DRS Survey the target was revised downwards to 118 quarterly in the current reporting period the score improved to 82% i.e. 97/118 cases. 	<ul style="list-style-type: none"> KCM, NT, NLTP & TB ICC to urgently make a decision dispose the obsolete stock of streptomycin (340,100 vials) in KEMSA stores. Improve on the MDR-TB case finding rate based on the revised targets from the current score of 82% to 100%. NT to provide an update on the progress made in procuring/replacing the two vehicles that were lost NT & AMREF to conduct an assessment of Gene Xpert technology utilization and sustainability 	<p>Dr Newton An'gwa & Mr. John Kabuchi-KEMSA-Timeline</p> <p>November,2016</p>

General Recommendations

- KCM was requested by OC to intervene and ensure that as the process of repatriation of refugees in Dadaab is ongoing, safety, human rights and public health issues are considered for patients/clients currently receiving MDR support
- Midterm assessment /evaluation of the NFM grants be conducted to inform re programming as the country approaches development of the next concept note/funding request.
- The reconstituted Oversight Committee membership to be endorsed by KCM on 28/09/2016
 - Ms Timpiyan Leseni -alternate TB constituency nominated to represent PLWD.
 - Dr Rudi Eggers to represent ML-WHO
 - Dr Evans Amukoye-KEMRI
 - Key population –Decision on the member to represent KP to be made by KCM on 28/09/2016
- Periodic joint meeting between Oversight, Management and KCM members be held to review KCM performance and first track implementation of KCM performance Improvement plan 2016/2017.