

**HIGHLIGHTS SPECIAL KENYA COORDINATING MECHANISM MEETING HELD  
ON 16<sup>th</sup> AUGUST, 2018 AT AFYA ANNEXE ROOM 406**

**Present**

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|--------------------------|----------------------------|
| 1. Dr. Bernard Ogutu     | Government/KEMRI- Chairing |
| 2. Dr. Jacqueline Kitulu | Private Sector/Formal      |
| 3. Dr. Jantine Jacobi    | DP/ML                      |
| 4. Ms. Jane Wamoko       | The National Treasury      |
| 5. Ms. Zilpha Samoei     | FBO/CHAK                   |
| 6. Mr. Ishmael Bahati    | Key Affected Populations   |
| 7. Mr. John Kamigwi      | Government/NACC            |
| 8. Ms. Lucy Njenga       | PLWD/HIV                   |
| 9. Ms. Patricia Mwendu   | Private Sector/Informal    |
| 10. Dr. Iscar Oluoch     | Government/Migori County   |
| 11. Mr. Peter Njane      | Key Population             |
| 12. Ms. Lucy Chesire     | PLWD/TB                    |
| 13. Ms. Joyce Ouma       | AYP                        |
| 14. Ms. Pamela Kibunja   | NGOs                       |
| 15. Mr. Samuel Muia      | KCM Coordinator            |

**In Attendance**

- |                           |                                  |
|---------------------------|----------------------------------|
| 1. Ms. Gloria Kerubo      | AYP                              |
| 2. Ms. Faith Ndung'u      | NGOs                             |
| 3. Ms. Faith Mungai       | Private Sector/Formal            |
| 4. Dr. Kigen Bartilol     | NASCOP                           |
| 5. Mr. Jonathan Mbului    | TB-SR Selection Committee        |
| 6. Ms. Damaris Oyando     | SR Selection – TRC Chair         |
| 7. Dr. Valarie Obare      | AYP-TRC Chair                    |
| 8. Dr. Valarie Obare      | SR-TRC Committee                 |
| 9. Ms. Rose Kaberia       | PLHIV Networks – TRC Chair       |
| 10. Dr. Dan Koros         | PEPFAR-                          |
| 11. Ms. Deborah Ikonge    | National Malaria Control Program |
| 12. Mr. Benson Ulo        | AMREF H. A                       |
| 13. Dr. Asha Mohammed     | Kenya Red Cross Society          |
| 14. Ms. Emily Muga        | Kenya Red Cross Society          |
| 15. Ms. Caro Ngare        | NACC/HIV ICC                     |
| 16. Mr. Stephen Cheruiyot | Ministry of Health               |
| 17. Mr. Peter Kamau       | KANCO                            |
| 18. Mr. Onesmus Mlewa     | KANCO                            |
| 19. Ms. Margaret Mundia   | KCM Secretariat                  |

**Absent with Apology**

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| 1. Mr. Peter Tum | Principal Secretary/KCM Chair |
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| 2. Mr. Edward Mwangi  | KeNAAM   |
| 3. Dr. Christian Tosi | DP/BL    |
| 4. Dr. Rudi Eggers    | DP/ML    |
| 5. Dr. Jane Masiga    | FBO/MEDS |
| 6. Mr John Bernon     | DP/BL    |

**Absent without Apology**

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|-----------------------|-----------------------------------|
| 1. Mr. Jackson Mwangi | Government/Ministry of Devolution |
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**Agenda**

1. Opening Remarks
2. Apologies
3. Declaration of Conflict of Interest
4. Election and Approval of KCM Vice Chair
5. TB-SR Selection
  - a. Review and Approval of Appeals Committee Report,
  - b. Review and Approval of TB/SRs Re-Tendering
6. HIV/AIDS SR Selection
  - a. Review and Approval of report on SR selection
  - b. Review and Approval of PLWHIV Networks
  - c. Review and Approval of Adolescent Led Organisation
  - d. Review and Endorsement of KANCO Clouse Out Plan

**Min 1/1/8/2018 – Opening Remarks**

The Coordinator informed members that the KCM Chair would not make to the meeting, as he had attended to an urgent executive state meeting. He however introduced the Personal Assistant to the Principal Secretary who read the Chair’s remarks. The Chair was away for a meeting, and in his remarks, he requested that members engage meaningfully for the sake of efficient and effective grant implementation. He also requested that during the selection of the Vice Chair, the Non State Members elect a candidate who will be able to objectively guide the meetings.

Given that the Chair was absent, and the process of selection of a Vice Chair was a substantive agenda. The Secretariat requested the meeting to elect one of the members to sit in as Chair for the day.

Members proposed Dr. Benard Ogutu/Government to Chair the day’s session as:

Proposed by Lucy Chesire  
 Seconded by Peter Njane

**Min. 2/1/8/2018 – Apologies**

The Coordinator presented to the meeting apologies from Members as listed above.

### **Min. 3/1/8/2018 – Conflict of Interest**

None was declared. As a riposte, the Chair informed members that not declaring conflict meant that all those present would deliberate on issues as KCM, and not representing their/other organization.

### **Min 4/1/8/2018 – Approval and Endorsement of KCM Vice Chair**

According to the KCM Constitution, the selection of KCM Vice Chair would be the prerogative of the Non State Actors, and only present their candidate to the KCM for Approval and endorsements.

The Non State were allowed time to go through a transparent and documented process of electing a Vice Chair. The non-state presented Ms. Faith Ndung'u from the NGOs as their candidate for the Vice Chair position.

The Approval and endorsement of the Vice Chair was differed until the next meeting due to lack of required 2/3rds quorum.

*Detailed Report Attached.*

### **Min 5/1/8/2018 – TB-SR Selection**

#### **Review and Approval of Appeals Committee Report – Presented by Dr. J. Kitulu, Chair- Appeals Committee**

The Appeals report was first presented during the June KCM meeting which was held at the Panari hotel. During the discussion by KCM, the HIV and Malaria recommendations by the committee were endorsed, while the request to have TB recommendation differed until the next meeting. A request was made and approved, to have a Special KCM in August, which would consider the TB recommendations, as well as the remaining SR selection processes completed.

The meeting was taken through the Appeals Committee report as presented during the retreat. Members present proposed the report be adopted and endorsed in its entirety. However there is need for the Secretariat to review and report back to the KCM with recommendations on issues raised in the report. This include, among other things, (i) Consideration for special groups working with special groups like those working with hearing impaired persons; (ii) Consider special conditions for organizations implementing in hardship areas /challenging environments (iii) Need to have one tool to be used for capacity assessment/call for proposals; (iv) Need to develop SOPs for SRs selection; (v) Appeals Committee ToRs and approach be included the SOPs and agreed by the members.

KCM approved the Committee Report as presented during the retreat with no amendments.

**Proposed by:** Jane Wamoko

**Seconded by:** John Kamigwi

## **Review and Approval of TB/SRs Tendering Process – Presented by J. Mbului, Chair Independent Review Committee**

Amref Health African, Non state Principal Recipient for The Global Fund TB grant , recruited 21 Sub Recipients to implement the 2018 to 2021 grant through desk review process that was approved by TB ICC and KCM. Eighteen Counties remained without SRs following that process and advertisement for organization to support these counties was done through open Tender. An independent Technical Review Committee appointed by TB ICC and endorsed by KCM conducted the SR selection through technical review of submitted applications and organization capacity assessment for eligible organization. The Committee presented its findings and recommendations to the TB/ICC committee meeting of 14<sup>th</sup> August 2018 and was endorsed for presentation at KCM of 16<sup>th</sup> August 2018.

The TRC recommendation that any organization that was already implementing in three counties should not be recommended unless they were the only successful organization in that County was not accepted

***Six unallocated counties:*** No organization was successful to implement the grant in six (6) Counties (Makueni, Lamu, Tana River, Wajir, Garissa and Baringo). The TRC recommendation was that a fresh call for applications be advertised and the PR make payment to community Health Volunteers before the SR selection is concluded. PR informed KCM that making payments for the CHV was noted by OIG as a best practice when there was a delay in SR selection.

### **Discussion**

Member asked the ICC PR to elaborate the rationale for restricting organisations to three counties, yet this was not evident in the EOI advert that had gone out.

*The PR cited issues of Risk mitigation, mainly the large amounts that an organization might hold if they are allowed to implement in more than three counties. They also raised the risk of slow absorption if an organization is spread out widely, and hence poor performance of both the SR and PR.*

The meeting resolved that , this was an open tender and any condition not explicitly spelt out in the advert should not be introduced at review stage. They informed the TB/ICC and PR, that No rules could be applied by TRC after the EOI-Advert. Therefore, there were no grounds for restricting any organization to three counties at the evaluation stage.

The Team was asked to rescind its decision, of not allowing more than three counties per organization, and present the final results as per the Advert that had gone out.

The new list had, the successful organisations by county as: Bomet – OLPS; Busia-WOFAK (2 Sub counties); Busia-IRDO (5 sub counties); Embu-KCCB; Kajiado-TALAKU; Kisii – Daraja Mbili (5 Sub counties) ; Kwale-AMURT; Machako-KANCO; Mombasa-WOFAK (2 Sub-Counties); Mombasa-KANCO (6 Sub-Counties); Nyamira-Daraja Mbili; Taita Taveta-CINCO; Tharaka Nithi-KCCB and Turkana-IRDO.

## **Way forward**

The KCM endorsed the amended list and advised the PR to be more specific at the Advertisement stage in all the documents, to cover any possible appeals.

To mitigate any potential conflict of interest, the KCM also recommended that in future, NO Members of the KCM or PR should be a part of the TRC. The KCM and PR should instead have Observer status with no voting rights. This is to be communicated to the ICC.

For the Six pending counties (Lamu, Makueni, Tana River, Baringo, Garissa and Wajir) it was recommended that the PR works with the CHVs as SR selection process is finalized . The PR informed the KCM that the same was also discussed with the OIG when they were in the country, and they recommended it as a best practice

**The KCM approved the request by the TB/ICC after the amendments.**

**Proposed by: Dr. Kitulu J.**

**Seconded by: Lucy Chesire**

## **Min 6/1/8/2018 – HIV SR Selection Presentation by Rose Kaberia**

The HIV/ICC presented to the meeting its recommendations regarding the HIV-SR selection process to the KCM for endorsement. The ICC meeting was held on 15<sup>th</sup> August 2018. The selection was for three categories of proposed implementers for the new grant, namely, Sub Recipients (General), Networks for People Living with HIV and Adolescent and Youth Led/focused organisations.

The entire process went through three stages that were approved by HIV ICC and KCM in previous meeting. These are, Eligibility criteria evaluation, Technical proposal evaluation and Onsite capacity assessment and document verification. Standardized tools were presented and approved in a HIV ICC held on 12<sup>th</sup> July 2018. The tools consisted of Governance & Program sections and Finance sections and were applied to all applicants in each category. The final assessment team consisted of TRC member (team lead), County teams (2-3 members) and KRCS staff (1 program and 1 finance).

*The SRs (General)* are targeted to implement in 5 Counties (Taita Taveta, Mandera, Marsabit,, Garissa & West Pokot. 20 applicants were assessed in the 5 counties during the Onsite capacity assessment which was conducted on 16<sup>th</sup> – 20<sup>th</sup> July 2018. The qualifying organisations, which satisfied the TRC under this category, by County were: Taita Taveta, Council of Imams & Preachers Organisation, Mandera-Humanitarian International Voluntary Association; Marsabit – Fod for the Hungry; Garissa-Sisters Maternity Home; and West Pokot-Impact Research & Development Organisation.

*YOUTH LED/YOUTH FOCUSED ORGANIZATIONS*, 23 applicants were assessed in 5 counties (Machakos , Kisii , Kilifi , Siaya & Turkana) around 6<sup>th</sup> – 11<sup>th</sup> August 2018. The organisations that qualified by county under this category include: Machakos: Deaf Empowerment Kenya,

African Gender and Media Initiatives Trust(GEM); Kisii-DAUWOYE & MAGI Ltd; Kilifi-Connect 2Retain & Building Lives Around Sound Transformation; Siaya- Ugenya Community Agaisnt HIV & Global Communications Institute: Turkana: Asante Africa Foundation & Apese Ere Empowerment Youth Group.

*PLHIV NETWORKS:* 11 applicants were assessed in 8 counties. The assessment exercise was conducted on 6<sup>th</sup> – 10<sup>th</sup> August 2018. The successful organisations by county were:Elgeyo Marakwet- International Community of Women Living with HIV -Kenya Chapter (ICWK); Trans Nzoia - Kitale HIV/AIDS Positive People Survival (KHAPPS); Turkana- Building Lives Around Sound Transformation; Taita Taveta - Hope Net Work CBO; Samburu- Samburu Central Positive Living Network Support Group; Kiambu - Samburu Central Positive Living Network Support Group; and Kwale – County Network of PLHIV in Kwale (CONPHAK).

However, the HIV/ICC informed the meeting that 5 of the eligible counties (Wajir, Lamu, Garisaa, Mandera and Taita Taveta) had no responses to the call for PLHIV. The ICC therefore recommended to the KCM that: (i) The PR, TRC, CDH and CASCO work together to identify indigenous PLHIV network currently active in the 5 counties. (ii) Apply the approved process and tool to assess capacity of the identified PLHIV networks and report back to HIV ICC for approval. (iii) PR to work with the county to build the capacity of the best ranking network in the county .

The KCM was informed that from the findings of the Onsite Capacity Assessment of PLHIV Networks and Youth led/youth focused organization showed a generalized low capacity. The PR will need to conduct a series of capacity building initiatives and assess the readiness of the organizations to implement the grant. The PR requested the KCM AND HIV ICC to guide in the maximum timeline for implementation of the capacity building cycles.

Way forward for SRs - Timelines for the remaining activities in regard with the SR selections were presented as: Notification to successful/unsuccessful applicants be done by 20<sup>th</sup> August 2018; Orientation Meeting for successful applicants- 3<sup>rd</sup>-5<sup>th</sup> September 2018, this should be after the Appeal window. Target Allocation 3<sup>rd</sup> September; Workplan Developments by SRs-10<sup>th</sup> 21<sup>st</sup> September, PR Review-2428<sup>th</sup> September; Contract Negotiation-1-12<sup>th</sup> October and SRs Contracting by 15<sup>th</sup> October 2018.

Way forward for AYP and PLHIV - Timelines for the two groups were presented as: Notification to successful/unsuccessful candidates-20<sup>th</sup> August; Orientation meeting with successful applicants-10-12<sup>th</sup> September; Capacity building plans review and finalization – 10-21<sup>st</sup> September; Capacity Building Plans Implementation-Oct-December 2018; Capacity Review Meeting – 10-14<sup>th</sup> December 2018 and Workplan development by AYP and PLHIV Networks 9-11<sup>th</sup> January 2019.

The HIV/ICC requested KCM to endorse the above requests.

## **Way Forward**

KCM was satisfied with the criteria used, and the process of recruiting the SRs across the three categories. The KCM approved the request, and asked the PR to proceed with the remaining

activities. The KCM also asked the Appeals Committee led by Dr. Kitulu to proceed and review any appeals that come after this, ToRs for the Appeals committee be developed and ICCs to recommend new TRC members.

Proposed by: Lucy Chesire  
Seconded by: Peter Njane

### **Review and Endorsement of KANCO Close out Report – Presentation by Onesmus Mlewa**

KANCO is a network organization with a progressive membership of more than 1000 Organizations. The organization became a PR for a Global Fund Regional grant in October 2015 for three years, ending September 2018. The total grant amount was USD 5.5million targeting People who use Drugs. The countries covered under this grant were, Kenya, Uganda, Tanzania, Zanzibar, Burundi, Ethiopia, Mauritius and Seychelles. Its goal was to Increase access to essential HIV and harm reduction services for people who inject Drugs. The Close Out timelines for the grant are between October and March 2019, and the PR is required to have its Close Out Plan endorsed by the CCM.

The PR presented the project objectives and achievements to the HIV/ICC and to the KCM. The project objectives and achievements as recognised during the Grant life were:

Creating an enabling environment to conduct harm reduction activities in Eastern Africa:  
Achievements: (a) High level ranking Government officials supporting harm reduction in countries that had no meaningful harm reduction interventions before. Case example: The president of Seychelles, the first vice president of Zanzibar, the minister for health in Uganda, The youth and social affairs minister in Burundi. (Seychelles and Zanzibar have drug policies that aim to decriminalize handling of small quantities of heroin); (b) Representatives of EAC member states parliamentary health and Human rights committees endorsed a declaration to support Harm reduction in their respective countries in March 2017, and (iii) Draft EAC policy on harm reduction that is ready for the country consultative process before submission to the council on ministers for approval

(ii) Strengthening of community systems for a sustained HIV response among people who inject drugs in eastern Africa. Achievements- (a) Four country networks of people who use drugs successfully created in Zanzibar, Burundi, Seychelles and Mauritius (Drug Users network in Seychelles – DURNs, Burundi network of people who use drugs – BuNPUD, Zanzibar network of people who use drugs – ZaNPUD and the Mauritius network of people who use drugs – MaUPUD), and (b) One regional network of people who use drugs the Eastern Africa Harm Reduction Network (EAHRN) created with its secretary in Uganda.

(iii) Generating and utilizing strategic information on drug use related interventions in the region  
Achievements: (a) Three (3) rapid estimates studies conducted in Uganda, Burundi and Ethiopia to provide evidence on the existence of people who inject drugs in the countries. The data was recently used in their concept notes to the Global fund. (b) Two mathematical modelling studies done in Kenya and Tanzania (Completed in Kenya and ongoing in Tanzania) showing the impact of harm reduction interventions in the HIV response among PWUDs, and (c) Two qualitative

studies done in Zanzibar and Mauritius providing insights on drug use and HIV in the two countries.

*The PR was therefore, requesting the KCM to endorse its request to implement the following activities post the Grant period as requested by the Global Fun..*

The activities involved are listed by Objective area as:

Objective I – (a) To conduct the country consultation meetings for validation of the regional harm reduction policy before it is presented to the council of ministers for approval; and (b) To convene a TWG for the EAC health committee to fine tune the policy document after the country consultation taking into consideration recommendations from members states.

Objective II – (a) To support the regional network of people who use drugs to conduct their last AGM. This will help the network to come up with recommendations on how it will be sustained beyond this project as well as map out potential partners to continue the networks agenda. (b) To convene a two day close out strategy meeting with implementing partners, and other collaborating institutions (Government agencies including NACs, NASCOPs and drug agencies, UN agencies among others). This meeting will help in mapping out potential collaborating partners to support harm reduction especially in countries that Governments have not yet taken over Harm reduction interventions, and (c) Conduct a close out meeting with CCMs in each of the countries. This will be important to give feedback to the country oversight body that endorsed the grant and map out how in country grants can step in to support Harm reduction in countries that this is not happening yet.

Objective III – (a) To Allow Uganda and Burundi to continue Providing NSP commodities to PWUDs up to March 2019 to ensure the current commodities they have do not go to waste. This will also allow implementing partners time to forge new collaborations for continued support of interventions. (b) Conduct the project final close out audit.

**Project Assets** – The PR requested KCM to allow the partners and networks retain the computers and work stations as they still continue with advocacy work on harm reduction in their respective countries.

**For all this activities, the PR has a budget of USD 635,430, which is** calculated to cover for close out activities and administration costs across partners in the eight implementing countries. During the Close Out, the PR is not expected to Procure any commodities or assets. Attached is a costed Budget Free Sheet *QPB-H-KANCO CB 17 July 2018-close out budget.*

## **Discussion**

*Members sought clarification on whether what the PR was requesting the KCM to do was equivalent to requesting a No Cost Extension.*

The PR informed the meeting that according the Close Out Plan, the process was to take place between October 2018 and March 2019, and therefore all they needed was to finalise activities which could not have taken place earlier due to their nature. For instance, the endorsements and



validation of the harm reduction policy can only happen after it is approved by the EAC Council of Ministers which will take place in October or November 2018. This therefore means going by the timelines and availability of the Minister's from respective countries.

The PR also informed the meeting that the issue had been discussed with the Country Team, earlier, and they were advised to get the nod of the KCM.

**Way forward**

On the understanding that KCM is approving on the basis of timelines and activities requested and discussions to be held between the Funder and the Implementer (Activities and Budget), all the concerns raised addressed satisfactorily, the KCM endorsed the PRs request.

**Proposed by:** Faith Mungai

**Seconded by:** Zilpha Samoei

The two PRs KRCS and AMREF were asked to ensure that Expression of Interest adverts are clear, leaving no room for ambiguity, as this is a Procurement process, and no alterations can be made midway through the process.

Meeting ended at 1.59 pm.