

HIGHLIGHTS OF THE KENYA COORDINATING MECHANISM MEETING HELD ON 6TH DECEMBER 2018 AT THE AFYA ANNEXE, ROOM 406

Present

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| 1. Mr. Peter Tum, OGW | KCM Chair |
| 2. Ms. Faith Mwendu | NGOs |
| 3. Dr. Jacqueline Kitulu | Private Sector/Formal |
| 4. Dr. Jantine Jacobi | DP/ML |
| 5. Dr. Pierre-Yves Bello | DP/BL |
| 6. Mr. John Bernon | DP/BL |
| 7. Ms. Jane Wamoko | The National Treasury |
| 8. Dr. Iscar Oluoch | Government/Migori County |
| 9. Ms. Meboh Abuor | Government, Council of Governors |
| 10. Mr. Peter Njane | Key Population |
| 11. Mr. Philip Nyakwana | PLWD/TB |
| 12. Ms. Joyce Ouma | AYP |
| 13. Dr. Jane Masiga | FBO/MEDS |
| 14. Mr. Samuel Muia | KCM Coordinator |

In Attendance

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| 1. Ms. Zilpah Samoei | FBO/CHAK |
| 2. Dr. Peter Cherutich | Head/Preventive & Promotive Health |
| 3. Dr. Kigen Bartilol | NASCOP |
| 4. Dr. Waqo Ejersa | NMCP |
| 5. Dr. Kigen Bartilol | NASCOP |
| 6. Dr. Dan Koros | PEPFAR |
| 7. Dr. Amin Abdinasir | Measure Evaluation |
| 8. Dr. Peter Kimuu | PR/National Treasury |
| 9. Dr. Asha Mohammed | PR/Kenya Red Cross |
| 10. Ms. Emily Muga | PR/Kenya Red Cross |
| 11. Mr. Benson Ulo | PR/AMREF |
| 12. Dr. Caroline Olwande | UNAIDS |
| 13. Ms. Margaret Mundia | KCM Secretariat |

Absent with Apology

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| 1. Mr. Edward Mwangi | PLWD/KeNAAM |
| 2. Dr. Rudi Eggers | DP/ML |
| 3. Mr. Nelson Otwoma | PLWD/NEPHAK |
| 4. Dr. Nduku Kilonzo | Government/NACC |
| 5. Dr. Bernard Ogutu | Government/KEMRI |
| 6. Mr. Taib Abdulrahmen | Key Affected Populations |
| 7. Mr. John Kihui | Private Sector/Informal |

Absent without Apology

1. Mr. Jackson Mwangi

Government/Ministry of Devolution

Agenda

1. Opening Remarks from the Chair
2. Apologies
3. Declaration of Conflict of Interest
4. Endorsement of the new KCM Vice Chair
5. Review and confirmation of previous KCM minutes dated 21st June 2018 and 16th August, 2018
6. Review and Approval of Appeals Committee Report (TB & HIV SR Selection).
7. Review and Approval of TB/SRs Re-Tendering Process.
8. Oversight Committee Report
9. Management Committee Report
10. AOB

Min 1/1/12/2018 – Opening Remarks

The Chair called the meeting to order at 8.47am.

The meeting started with a word of prayer delivered by Ms. Zilpa Samoei.

The Chair thanked members for finding time to attend the meeting. He acknowledged the continued support members have been providing in the fight against HIV/AIDS, TB and Malaria in Kenya. He informed the meeting that the new grant had been rolled out, with few challenges including funds absorption rates. The Challenges had been occasioned by delays in finalizing the process of selecting Sub recipients to implement the new grant and delays in procurement and payment of Commodities.

The Chair informed members that, noting these Challenges, he convened an urgent meeting last month with the Chief Executive Officers –KEMSA and NACC, KCM Coordinator and Head of NASCOP, TB and Malaria Programmes. He directed the CEO KEMSA to prioritize and fast-track procurement and payment of Global Fund Commodities. The Chair further directed all heads of Programmes to finalize and submit any pending procurement requests for approval. Noting the delays in issuing the General Exemption Certificate to Principal Recipients, the Chair wrote to the National Treasury to fast track the process of issuance of general exemption certificates and waivers to Principal Recipients.

He congratulated Ms. Faith Ndungu for emerging out as the successful candidate for the position of the KCM vice Chair.

The Chair informed the meeting that, he was to officiate the Kenya Medical Training College Graduation at 10.00am and therefore he was to leave by then. In collusion he wished members a very resourceful deliberation and a Merry Christmas and a Happy 2019.

Further to his remarks, the Chair informed members on the need to attend meetings in person, and in a timely manner. He observed that from previous Minutes he had noted that, some items remain un-accomplished, using the endorsement of the Vice Chair as an example. He requested the Secretariat to remind Members to adhere to the KCM Constitution.

The Chair also informed members that due to the nature of his office, he will work closely with the Vice Chair to ensure that all KCM meetings and activities are conducted as scheduled. He informed members that that his office remained opened to provide support to the KCM.

Min. 2/1/12/2018 – Apologies

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

Min. 3/1/12/2018 – Conflict of Interest

None was declared

Min. 4/1/12/2018 – Endorsement of the new KCM Vice Chair

The position of Vice Chair fell vacant in June 2018. During the August 16th KCM meeting, the Non State Constituencies held an election and Ms. Faith Mwendu was elected Vice Chair. However, members present on that day did not meet the required 2/3rd threshold to endorse the election results.

The meeting of 6th December 2018 also fell short of the 2/3rd (15members) requirement. However, members present deliberated on this agenda, and as requested by the Chair. The outcome of the deliberations was that: Thirteen Members present endorsed and supported the nominee for the Vice Chair position. They also requested the Secretariat to inform members who were absent of the proceedings, and decision to allow them give their consent online to allow for the full endorsement. The communication to this effect is to be sent out by the Secretariat and outcome communicated to all members.

The results will enable a communication to be sent to the Global Fund Hub and Country Team as required.

Min. 5/1/12/2018 – Review and confirmation of previous KCM minutes dated 21st June 2018 and 16th August, 2018 and Matters Arising

The Minutes of the meetings held on 21st & 22nd June, 2018 and the Special KCM Meeting held on 16th August had been shared with KCM members earlier. They were presented in the meeting and endorsed as:

Minutes of 21st & 22nd June 2018 were confirmed by members present as a true representation of the day's proceedings.

Proposer: Joyce Ouma

Secunder: Philip Nyakwana

Minutes of Special KCM Meeting held on 16th August were confirmed as a true record of the day's proceedings and endorsed as:

Proposer: Jane Wamoko

Secunder: Zilpah Samoei

MATTERS ARISING

Min 8/1/6/2018 – Review and Approval of the KCM Report on Appeals. The Appeals Committee was reconstituted and was to table a report as a substantive agenda - The Secretariat to ensure that immediately after the SR Process is completed the process to develop SOPs and guidelines for SRs selection will commence based on the current experience.

Min 6/1/8/2018 – HIV SR Selection – The process to select PLHIV networks to implement the HIV grant in 5 remaining Counties is ongoing. The counties include: Wajir, Garissa, Taita Taveta, Mandera and Lamu. The PR gave an update on the status as, so far. The Technical review committee has revised the Eligibility criteria, the assessment tools and bid documents were presented to the HIV ICC on the 16 November 2018 and approved. The HIV ICC also approved the tender process which included engaging the key officials from the national HIV programs of NACC and NASCOP, the COG and the 5 county health directors and CASCOs as well as the National level networks in a bid to have them share the documents with relevant networks. The call for Proposal will be sent out on 10th December 2018 with a closing date of 4th January 2019. However, there are constraints in opening the Tender Documents in each of the county at the same time, the Tenders will therefore be sent by Courier services to KRCS HQ in Nairobi the same day and opening is scheduled for Wednesday 9th January 2019. The tender evaluation is scheduled for January and February in time for the HIV ICC and KCM meetings in the first quarter of the year 2019. The Call for Proposals will also be posted on the website for KRCS, NACC, NASCOP, KCM, CoG etc.

Min. 6/1/12/2018- Review and Approval of Appeals Committee Report (TB & HIV SR Selection)

Background: Following the signing of the Grant, Non-State PRs AMREF and Red Cross advertised and selected Sub Recipients (SRs) to implement the new GF Grant in Malaria, HIV and TB. The process attracted appeals by several organisations, of which not all were successful, and as a result, KCM constituted an Appeals Committee which would look into the grievances expressed therein, and advice. The committee's Terms of Reference included, (i) Understand the KCM endorsed set criteria used by the selection Committees (HIV, TB& Malaria Grants); (ii) Review and assess the appeals submitted by prospective bidders to ascertain whether it meets the KCM endorsed criteria; (iii) Review and understand the reason for the decision made by the selection Committee for each of the appellant. (Decision making process/outcome); (IV) Assess if decision by the Selection Committee was procedural; and (v) Recommend to the KCM whether to uphold/vary the decision of the select committee. This was done for the 10 organisations, through desk review of key documents which included, minutes of ICCs, KCM, Selection guidelines, Appeal letters and all procurement documents.

10 Appeals were received, and the Appeals Committee had a sitting on 18th September, 2018. All the Appeals were reviewed, save for KENWA which was submitted after the Appeal's Committee had finalized the process of reviewing the second round of appeals. Hence it was out of the appeal window.

The Committee gave its recommendation as: WOFAK - TRC not considering /recommending organization to implement in Mombasa despite scoring the highest. The organization acted on information sources causing them to submit an appeal prematurely. The decision by KCM was that the appellant was successful. However, the Appeals Committee recommended that moving forward, the organization be cautioned, as this would result in penalization in future.

The remaining organisations had the decision of the Selection Committee upheld as explained below: Kenya Pediatric Research Consortium(Kepreco)- Request permission to submit Valid Tax Compliance Certificate: Council of Imams and Preachers of Kenya (CIPK`s) Taita Taveta- Appealed to Submit Valid Tax Compliance Certificate and Constitution: Kipini Integrated Community Enterprise- Appealed to Submit Valid Tax Compliance Certificate and Audited Financial Report: AIC Health Ministries- submitted a Tax exemption certificate instead of a Tax Compliance Certificate and finally, Twene Mbee Working and Development Group- Community based organizations are not required by law to have their accounts audited and was requesting to be allowed to submit a cash analysis report and tax compliance certificate.

The Appeals Committee was requesting the KCM to:

1. Approve appeals committee report,
2. Communicate the outcome with all appellants.

Discussion/Way Forward

The KCM was satisfied with the findings and recommendations of the Appeals Committee, and the report was unanimously endorsed.

MIN/7/1/12/2018 - Review and Approval of TB/SRs Re-Tendering Process

The TB-ICC presented a report describing the processes followed and recommendations of the Technical Review Committee (TRC) for organizations to implement in the 7 unallocated counties and the Public Private Mix (PPM). The Team also presented to the KCM a status update the Key Innovation Challenge TB Fund and the Pay for Performance. The TB/ICC set up an Independent Technical Review Team whose Terms of Reference included two detailed tasks, that is (i) Desk review and (ii) Review of proposals. (*See detailed reports*).

For the current grant 2018-2021, TB Interagency Coordination Committee (TB ICC) approved Amref Health Africa's request to conduct a desk review of programmatic and financial performance of the SRs that implemented the New Funding Model. Through the desk review, the TRC recommended 21 organizations who were subsequently engaged to implement activities in 31 counties, 2 of them partial. A call for proposals for the 18 remaining counties was advertised in the Daily Nation on 25th May 2018. The tender documents were opened on 8th June 2018. The TRC carried out technical review of proposals followed by field capacity assessment. Based on recommendations of the TRC and TB-ICC, the KCM approved 9 organizations to work in 12 of the 18 counties. The selection process left 6 counties without Sub Recipients, as all the applicants in the 6 counties had not met the mandatory requirements. The counties were Garissa, Wajir, Lamu, Tana River, Baringo and Makueni. However, during budget discussions, one organization that had been recommended to implement the grant in Taita Taveta County declined the offer, leading to a total of 7 unallocated counties. A call for proposals for the 7 counties was re-advertised in the Daily Nation on 26th October 2018 with tender documents being opened on 9th November 2018. The TRC was reconstituted in October 2018 following recommendation by KCM and thereafter carried out technical review of applications for the 7 counties between 12th and 16th November 2018. Organization capacity assessment was carried out from 26th – 30th November 2018.

The summarized results indicated that out of the 29 applicants, 16 were successful in the Preliminary state, out of which, 13 sailed through stage two, which was Technical Evaluation, while, 12 passed the Capacity assessment stage. Out of this, only 7 organisations were required, and therefore, recommended for the 7 counties. The seven organisations by county are: Baringo-Neighbors in Action: Garissa-Sisters Maternity Home: Makueni-TAC Health Africa: Taita Taveta-Blue Cross Nyatike Community Development Program: Tana River-Kipini Integrated Community Program: Wajir-Outreach Community Education and Participatory Development. Given that no

organization had shown interest in Lamu during this Call, the Committee had in their TORs indicated that in such an eventuality, an organization that expresses interest from a nearby county would be considered. In this case, Council of Imams and Teachers of Kenya (Taita taveta branch) was deemed appropriate.

Strategic Initiatives - (i) Public/Private Mix – key focus is to enhance the contribution of unengaged stand-alone formal and informal health providers in finding the missing people with TB in 10 urban centers. In total, 15 applications were received, and subjected through a rigorous process, similar to the one of selection of SRs in the seven counties. PS Kenya attained the highest score, and was therefore recommended as the SR. (ii) Kenya Innovation Challenge TB Fund its key focus being to find missing people with TB in the communities and link them to TB diagnosis and treatment services through innovative strategies. Progress so far includes: Concept note approved by The Global Fund and a maximum of 10 innovations from different counties to be funded. The TRC and technical experts identified 25 applications out of 20 moved to defense stage. 208 applications were received, and taken through the process of elimination. 25 have successfully gone through the Technical Review and are going to the next step of defending their Concept Notes, after which they will be required to submit a full proposal. The process is ongoing, and this was just an update to the KCM. (iii) Pay for Performance-key focus being to optimize the TB care cascade in health facilities through incentivisation of health workers with a focus on finding missing people with TB in high volume facilities in 13 target counties. Progress made so far, is that, Concept note has been developed, and received a nod from The Global Fund. The implementation will be directly by the PR 2. The process of selecting target facilities is ongoing.

The TB ICC had endorsed the recommendations and the TRC was therefore requesting the KCM to:

1. Approves the 7 organizations recommended to implement in 7 counties
2. Approves Population Services Kenya (PS Kenya) to implement PPM

Discussion and Way Forward

Members felt that the process had been carried out in a transparent manner and with a high level of integrity.

It was proposed that in future, all members be consulted and communication widely shared incase any changed are proposed in the Independent Review Teams.

The request was approved as:

Selection of SRs in the Seven Counties:

Proposer: Ms. Jane Wamoko

Secunder: Dr. Iscar Oluoch

Public Private Mix Initiative - PS Kenya was selected as the Sub Recipient

Proposer: Dr. J. Kitulu

Secunder: Peter Njane

MIN/8/1/12/2018 - Oversight Committee Report

The Chair of the Oversight Committee presented to the meeting the findings and recommendation of the last Oversight Committee meeting held on 29th November 2018 as outlined herein: (i) Grant performance status; (ii) Oversight Committee recommendations to improve Grant Performance, (iii) Oversight activities- 1st half of 2018/19, (iv) Oversight Field Visit Report- Kisumu and Mombasa Counties, and (v) a list of Oversight Committee activities for the second half of the year.

The Grants Performance for the period ending September 2018 was given as:

National Treasury/HIV Grant rating, A2; Cumulative Budget 10,710,348; Amount Expensed 2,921,085 and a Funds Absorption Rate **27%**. National Treasury/TB Grant rating, A2; Cumulative Budget 111,015,364; Amount Expensed 5,035,641 and a Funds Absorption Rate **47%**. National Treasury/Malaria Grant rating, B1; Cumulative Budget 3,132,797; Amount Expensed 1,937,014 and a Funds Absorption Rate **62%**. **KRCS/HIV** Grant rating, B1; Cumulative Budget 14,951,050; Amount Expensed 6,429,350 and Funds Absorption Rate of **43%**. **AMREF/TB** Grant rating, A1; Cumulative Budget 10, 55,582; Amount Expensed 2,298,930 and Funds Absorption Rate of **22%**. **AMREF/Malaria** Grant rating, B1; Cumulative Budget 3,910,614; Amount Expensed 2,081,640 and Funds Absorption Rate of **53%**.

The PRs cited the following, as the causes/reasons for low funds absorption in period 1 to 3:- Late disbursement of Funds (funds received in March and April 2018); Lengthy approval process for the New TNT GF grant account opening; Delayed SRs engagement due to lengthy in country selection processes and Delays in procurement and payment for deliveries of commodities.

The Oversight Committee on the other hand recommend to the KCM,

To Increase/strengthen the procurement monitoring system to improve on efficiency; Streamline and strengthen reporting of commodities through DHIS to ensure adequate stock levels especially of TB Patient Packs, Second line anti TB Drugs ,Gene Xpert cartridges, laboratory consumables, and ATV/r. The responsible entities here being, KEMSA, National Treasury and the TB Program. The KCM to ensure the two non-states PRs Finalize the SR selection processes and first track grant implementation.

Streamline the process of issuing Tax exemption certificates and waivers to ensure timeliness in Port Clearance and distribution of Tax Exempt Commodities e.g. cartridges and the DAGA resolution to ensure smooth flow of antimalarial commodities supported by PMI (constituting 50 % of antimalarial commodity pipeline for the period 2018 to 2021). Fast track completion and

utilization of funds allocated for KEMSA Warehouse Construction. Lastly, facilitate inclusion of ICC strengthening as a component of GIZ TA for KCM oversight strengthening – there are challenges with TB ICC PR dashboards review and timely presentation of recommendations to the Oversight Committee.

The KCM conducted Oversight visits in Kisumu and Mombasa, and based on the findings as presented to the Oversight Committee, the strengths were identified as: *Kisumu county* to take over payment of CHV stipend beginning July 2019, Good coordination between the County MOH technical team, the sub-county teams, GF sub-recipients and USG implementing partners, Kisumu County Government has a partner coordination mechanism headed by a Secretariat. *Mombasa County* is planning to support CHV by enrolling them NHIF, and there is need for improvement in partner coordination. Across the two counties, they have increased support towards the three diseases as: Kisumu County – HIV-72,269,772; TB-13,380,600 and Malaria-8,000,000, while Mombasa County- HIV-14,215,838; tb-9,477,235 and Malaria-7,897,687. Health commodities for HIV, TB and Malaria are generally available and Community level interventions for HIV, TB and Malaria are well implemented. Non state PRs implementation is on course, the Teams interacted with satisfied beneficiaries of MDR TB, PMTCT and Malaria case management support.

Challenges noted included: Kisumu County: - Faulty microscopes procured through GOK counterpart funding. It was also noted that the renovated pharmacy store in Kisumu County Hospital was being used for storage of both pharmaceuticals and non-pharmaceuticals. Mombasa County its was noted that stipends payment was not uniform among partners, and CHVs lacked training in Community Malaria. Issues with commodities across the two counties were also noted, e.g. Stock outs of some key commodities at health facilities visited e.g. **Gene Xpert cartridges, AL 6s, mRDT, PrEP medicines, Nevirapine tablets, 3rd line regimens** and male condoms, and Expired and short-dated commodities (TB Patient Packs, RH tabs, and male condoms)

The Committee recommended to the KCM that: (i) there is need to Strengthen the procurement and distribution monitoring system to improve on efficiency; (ii) Improve transition planning during policy guidelines change to minimize wastage of procured commodities; (iii) Mombasa and Kisumu Counties to Fast track implementation of transition plan to TLD patients to avoid wastage or Risk of stock outs; (iv) Independent review of renovations, equipment support to Counties; (v) both counties be encouraged to budget for payment of CHVs stipends and absorption of all GF supported staff by July 2019, as the GF support ends in December of the same year.

Kisumu County Referral Hospital in charge to ensure that the renovated store is used for storage of pharmaceuticals only.

The Oversight Committee highlighted the following as activities for second half of the financial year 2018/19: Oversight Committee meeting- 28th February,2019 and 30th May 2019 for Quarters 3 & 4 respectively; Oversight planning meeting -10th April,2019; Oversight field Visit - 29th April to 3rd May,2019 and the Joint Management and OC meeting -6th June, 2019.

Discussion/Way Forward

The Chair raised concern over several issues, which included (i) Absorption rates for the three PRs. The National Treasury PR said the ratings would be different in the next reporting cycle as issues affecting procurement and KEMSA construction had been addressed. (ii) Shortage of commodities. This was raised by a member who noted that there had been a shortage of lubricants. The NASCOP head explained that this was occasioned by non-responsiveness on the supply of the commodity. The Chair advised that in future, Program Managers need to be more proactive and engage known suppliers within the confines of law. He also advised that more channels of communicating request for quotation be explored to avoid such issues.

The issue of out dated Key Population data was also raised and concerns raised on the use of IBBS. The Head/NASCOP informed the meeting that a sitting with KPs had been set for the week of 10th December, 2018 to deliberate on best ways to carry out the mapping.

The issue of faulty microscopes as reported by some counties was also discussed. The Head/National Malaria Program informed the meeting that the Program was aware that some counties e.g. Kisumu had reported faulty microscopes, and that, the COG had asked all counties for a report on the status of the microscopes. He informed the meeting that a Team had been set up to visit sampled counties to assess the situation as it is on the ground. The Chair of the KCM however directed that no Team should go to the field, but instead send out a communication to the counties asking for detailed report. The Team should therefore do a Desk Review and action taken immediately. The Head/Malaria Program was asked to share the outcome with the Chair urgently.

Gene Xpert cartridges Shortage had been noted around the Country. The National Treasury informed the meeting that the first batch (half the consignment) was now in the country, and had been dispatched to counties as recommended by the TB program.

There was also a concern over the reporting of TB cases from the lower levels. This was attributed to the lack/failure to use the DHIS in TB reporting. The Chair advised the meeting that there was need to use timely and quality data for decision making.

MIN/9/1/12/2018 - Management Committee Report

The Management Committee met on 2nd October 2018 and deliberated on KCM issues which were presented as: *Update on KCM Performance and upcoming events*; The Global Fund and KCM

Approved 35 activities to be implemented for the period July 2018 to June, 2019. 13 activities out of 14 (93%) i.e. scheduled to be implemented by December, 2018 had been done and One activity rescheduled to January 2019.

A formal communication has been sent to Global Fund confirming Kenya Red Cross as the next Principal Recipient for KCM funding.

Reconstitution of Management Committee; Informed by renewal of KCM membership and need to ensure adequate quorum during meetings .Need to Identify alternate members. The committee therefore proposed a committee with KCM Chair and Vice Chair, and supported by seven members from different KCM constituencies. The proposed constituencies include, NGO, Formal Private Sector, PLWD/ and COG with Alternates from the same constituency. PLWD/Malaria to be Alternated by PLWD/HIV, Bilaterals to be Alternated by UNICEF, French Embassy to be Alternated by USG, while National Treasury will be Alternated by NACC.

The Committee requested the KCM to approve the proposed slots.

Discussion/Way Forward

The committee deliberated on the matter and proposed that the KCM Vice Chair assist the KCM Chair in Chairing Management committee meetings.

GF Grant Implementation Arrangements at County Level; the meeting was updated on the status of the process. They were informed that after a meeting between GF/COG/LFA/N.T/ and KCM, it was agreed and decided that; Counties carry out a **Self-assessment** in readiness to receive Global Fund Funds. An assessment tool was with Council of Governors and the National Treasury on 19th November, 2018. This process should be completed by 21st December, 2018. To follow this, will be an on-site Assessment by Global Fund/LFA to be conducted between 3rd January, 2019 and 15th February, 2019. The KCM will also conduct County Engagement meetings with the counties January 2019 as a way of familiarizing counties with GF requirements and expectations.

General Tax Exemption has been an impediment to funds absorption and the matter has been brought to the attention of the KCM Chair. The KCM Chair formally requested the National Treasury to fast-track the process of issuing General Exemption Certificates and waivers to Good, services and works procured under Global Fund Grants. PR/Amref acknowledged receipt of the tax exemption certificate on 30th November, 2018.

Upon thorough deliberations, the meeting endorsed the request by the committee.

Proposer: Nyakwana

Secunder: Iscar Oluoch

MIN/10/1/12/2018 – Any Other Business

Members appreciated the presence of the Chair in the meeting and expressed their satisfaction at the manner in which business was conducted and solutions/conclusion to matters arrived at.

Members resolved to dedicate adequate time during the next meeting to discuss the final audit report conducted and published by the Office of the Inspector General-the Global Fund.

Due to time pressure members resolved to review and endorse online reallocation request for Savings realized by Amref Malaria Grant.

There being no other business, the meeting ended at 12.30pm