# KENYA COORDINATING MECHANISM FOR GLOBAL FUND MINUTES OF THE OVERSIGHT COMMITTEE MEETING HELD ON 28<sup>th</sup> FEBRUARY, 2019 AT FOUR POINTS BY SHERATON, NAIROBI

#### Present

1. Dr. Jantine Jacobi

2. Ms. Lucy Chesire

3. Dr. Iscar Oluoch

4. Ms. Rosemary Kasiba

5. Dr. Bernhards Ogutu

6. Ms. Rose Kaberia

7. Mr. Samuel Muia

8. Ms. Christine Awuor

OC Chair, Chairing via skype

Member-PLWD, Co-Chairing

COG

Alternate Member-KP

Member -GOK-KEMRI

Member-HIV ICC

KCM Coordinator

Oversight Officer-taking minutes

#### In Attendance

1. Mr. George Muia

2. Mr. John Kabuchi

3. Dr. Peter Kimuu

4. Mr. Antony Miru

5. Dr. Celestine Mugambi

6. Dr. Laura Onyiego

7. Mr. Nduri Michael

KRCS

KEMSA

The National Treasury

The National Treasury

NACC

NASCOP

**AMREF** 

# Absent with Apology

1. Dr. Herman Weyenga

2. Mr. John Kihiu

3. Dr. Amin Abdinasir

4. Dr. Dan Koros

Member-TB ICC

Member-Informal Private Sector

Member-MICC

**PEPFAR** 

#### Agenda

- 1. Welcome Remarks from the Chair
- 2. Apologies / Declaration of Conflict of Interest
- Presentation and Review of Dashboards for the period October to December 2018 (10 minutes per PR/grant including handover)
- 4. Update on the progress made on the implementation of the OIG recommendations
- Confirmation of Previous minutes dated 6<sup>th</sup> September, 2018 and 29<sup>th</sup> November 2018 and matters arising

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- 6. AOB

#### Min 1/28/02/2019 Welcome Remarks from the Chair

The Oversight Committee Chair called the meeting to order at 9.54am, she welcomed members and informed them that she was on leave and therefore would Chair the meeting via skype and Ms Lucy Chesire to Co-Chair some sessions.

The Chair thanked the members for attending the meeting and stressed on the importance of the agenda which was to prepare a report for the KCM chair to be tabled on the 14<sup>th</sup> of March 2019 during the KCM management meeting.

# Min 2/28/02/2019 Apology

The KCM Coordinator registered apology as listed above

#### Min 3/28/02/2019 Declaration of Conflict of Interest

No member had any conflict to declare as per the agenda items.

# Min 4/28/02/2019 Presentation and Review of Dashboards for the period October to December, 2018

The Oversight Committee Chair welcomed Ms Lucy Chesire to Co-Chair the remaining Sessions and informed members that she was to contribute Via Skype.

Ms Lucy Chesire thanked the Chair for the commitment to Chair the meeting via skype and participate actively during the meeting though she was on leave.

Table 1.1 Dashboard Review Findings

Principal Recipient	National Treasury			KRC Society	Amref Health Africa	
Grant	HIV	TB	Malaria	HIV	ТВ	Malaria
Latest Rating	A2	A2	B1	B1	B1	A1
Funds Absorption	Cumulative Budget USD 68,152,693.14 Expensed USD4,965,710.71 Commitments 8,368,489.28GF Funds Absorption Rate 7.3% Co-Financing 52.7%	Cumulative Budget USD 13894020 Expensed USD 6,515,139 Funds absorption rate 47% Co- Financing 60%	Cumulative Budget USD5,923,129  Expensed 2,808554  Funds absorption rate 47%  Co- Financing27%	Cumulative Budget USD20,053,579 Expensed USD 11,277,192 Funds absorption rate 56%	Cumulative Budget USD 14,240,994- Expensed USD6,691,955.31- Funds absorption rate 47%	Cumulative Budget USD 5,497,507 Expensed USD 3,638,276 Funds absorption rate 66%

## Discussion

## TNT-HIV

The low funds absorption rate is due to delayed initiation and approval of ARVs procurements and Additional funds from CIFF amounting to USD3,954,564 signed in June 2018 that reflected in Q1 to Q4 budget activities. Procurement for ARVs are at evaluation stage, HIV tests kits had been delivered and the supplier was exploring to use a bond to clear the items since tax exemption letter was not yet ready.

Members recommended that during funding request development in future, budgetfor procurement of Drugs and Health commodities be factored in quarter three or Four when its certain that the budget will be absorbed. The Meeting further recommended that the Ministry of Health and the National Treasury resolve all issues around tax exemption and ensure timeliness in initiating all procurements.

#### TNT-Malaria

Most of the unutilised funds were for procurement of ACTs and RDTs which had already been contracted.

# Report on Microscopes procured under Co-financing GOK Budget.

Mr. Miru Kamau -National Treasury, presented to the meeting key highlights of the report by the team established by the National Treasury to investigate the status of microscopesprocured under co-financing. He informed the meeting that the National Malaria Control Programme (NMCP) together with Kenya Medical Supplies Authority (KEMSA) through the support of procured 705 microscopes in 2016/2017. Specifications and quantification of the microscopes and other malaria commodities was done by National Malaria Control Program and county medical laboratory coordinators and procurement regulations and procedures were adhered to.

He informed the meeting that over time, Counties have been raising complaints with the functionality of the procured Microscopes. This was further highlighted during the Kenya Coordinating Mechanism (KCM) County oversight visits. 705 units of Binocular Microscope model 3000-A LED Comecta Ivymen having code 5901980, serial numbers 980002 to 980706 were delivered on 17<sup>th</sup> May, 2016 and a pre-deliverysample unit was evaluated against specifications and passed.

He informed the meeting that, the team noted that 483 microscopes were functional, 183 were non-functional and 12 microscopes were reportedly not being used hence not in a position to determine their functionality. The microscopes had a one-year warranty period after receipt by KEMSA

The review noted that 62% of the microscopes were fully functional, 26% were reported to be defective, 10% of microscopes were not reported on and 2% were not being used for reasons that were not availed to the report writing team.

# Discussion and Recommendation

- The Oversight Committee recommend that the full report be presented to the KCM on 14<sup>th</sup> March,2019.
- There is need to conduct a further verification of non-functional microscopes by an independent team of biomedical experts.

#### KRCS HIV

# Remarks on Funds Utilization,

Funds absorption rate affected by Cash transfer programme in Turkana

— The programme has been redesigned and Registration of girls is ongoing but slowed by

lack of identification documents by the girls. KRCS had commenced the cash transfer pay-out after undertaking rigorous review of the previous beneficiaries. 5,301 (59%) girls out of 8,977 vulnerable girls in the system, were captured biometrically 2,475(28%) girls already received cash for 2 months & dignity kits

- PLHIV networks already identified to implement Human Rights Interventions in Counties were no successful applicants were identified during the initial call i.e.(Lamu, Garissa, Tana River, Mandera and Wajir). Report to be presented to the KCM on 14<sup>th</sup> March,2019 for approval.
- Based on performance KRCS had identified 11 MSM networks to be supported to continue with implementation of this module for MSM

#### Recommendation

- KRCS to work closely with National and County AYP technical working groups to
  ensure that all targeted beneficiaries for the cash transfer programme are enrolled and
  benefit from the program,
- The Oversight committee recommended that HIV ICC to discuss in details the selection process since it was not clear and give recommendations to the Oversight Committee Savings-Reprogramming request-HIV ICCs. Any reprogramming requests should also be discussed in details by HIV ICC.

#### AMREF MALARIA

#### Discussion

PR is in the process of making a re-allocation request to GF based on the takeover of Incentives payments by 3 additional counties, which is the major driver of the low absorption of funds.

Members observed that there has been Increasing cases of Malaria treated by CHVs unlike the overall National downward trend. The PR informed the meeting that the increasing number of cases reported was due to More CUs reporting on CCMM, CHVs seeing clients who are beyond their geographic jurisdiction and More access to commodities whenever they are available at the link facilities as more healthcare workers embrace CCMM.

#### Recommendations

The Oversight Committee recommended that Amref and County Malaria Coordinators to provide close supervision to CHVs to ensure Quality of Services for community case management of malaria

OIG Audit Recommendations	Responsible	Update as at February,2019
Development of an action plan for	TNT/MOH	Draft action plan prepared during
implementation of the TB strategic	31/12/2019	Quarterly Review Meeting of 28 Jan – 01

# **AMREF TB**

Low funds absorption due to delay in engagement of SRs. The process has now been finalized and the KCM will be approving the final report on  $14^{th}$  March,2019

Min 5/1/2/2019 Update on the progress made on Implementation of OIG Recommendations.

The Co-chair invited PRs, KCM Secretariat to share updates on the progress made on implementation of OIG Recommendation as summarized in table 1.2 below.

Table 1.2

initiatives, including; Implementation arrangements for expansion of TB case detection and reporting in the private sector Interventions for improving and monitoring active case findings at facility and communities A challenge fund to pay for performance		Feb 2019. To be finalized by end of March 2019 and implemented thereafter.  Ongoing
Revision of the implementation strategy for AGYW interventions based on lessons as per pilot phase.	KRCS 31/03/2019	The implementation strategy for AGYW interventions has been revised and shared with AYP TWG. The GF CT has provided comments for improvement. Approved for implementation  Done
Development of an oversight and implementation plan for improved timely identification and management of expiries at the central and facilities level Including measures to address identified control gaps upstream and downstream.	TNT/KEMSA 31/12/2019	Draft action plan prepared during  Quarterly Review Meeting of 28 Jan – 01  Feb 2019. To be finalized by end of  March 2019 and implemented thereafter
Design of an appropriate framework which takes into consideration different options for implementing GF grants in a devolved setting, in line with GF guidelines.	COG TNT KCM 31/12/2019	Process to design framework has been initiated under guidance of CT County capacity self-assessment completed in Jan 2019 County capacity assessment process by LFA initiated Implementation of devolved grants to follow assessment Ongoing
Development of guidelines for timely selection of SRs at the start of new implementation periods with a view to	KCM/PRs 31/12/2019	Development of guidelines ongoing  Initial Joint meeting between KCM  Secretariat and PRs held on 19 <sup>th</sup>

ensuring uninterrupted program continuity.	February,2019 to discuss the approach.
The set of	PRs shared experiences and lessons
	learned in SR Selection process.
	Follow-up meeting with all Chairs of
	Technical Review Committees scheduled
	for 4 <sup>th</sup> March,2019.
	Road map to be finalized and presented to
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hersing here twelve many missing the selection of the	Ongoing

Min 6/1/2/2019 Confirmation of Previous minutes dated 6<sup>th</sup> September, 2018 and 29<sup>th</sup> November 2018 and matters arising

Members reviewed Minutes and matters arising of the meeting held on 6<sup>th</sup> septemebr,2018. The minutes were Proposed by Ms. Rose Mary Kasiba, seconded by Ms. Rose Kaberia and thereafter confirmed as a true deliberation.

Minutes of the meeting held on 29<sup>th</sup> November,2018 were to be confirmed during the next meeting since all member present were absent with apology during the previous meeting.

Oversight Committee Recommendations to the KCM

No	Oversight Committee Recommendation to the KCM	Person Responsible	Due Date
1.	Procurement processes should be synchronized with the funding cycles.  Budget for procurement of Drugs and health commodities should be factored in quarter three or Four during funding request development in future when its certain that the budget will be absorbed.  HIV ICC to discuss in details any reprogramming request from KRCS and the process to identify 11 MSM networks to be supported to continue with implementation of this module.  KRCS to work closely with National and County AYP technical working groups to ensure that all targeted beneficiaries for the cash transfer programme are enrolled and benefit from the program,  Amref and NMCP to provide close supervision to CHVs to ensure Quality of Services for community case management of NMCP		June,2019
2.	should be factored in quarter three or Four during funding request development in future when its certain that the budget		2021
3.	KRCS and the process to identify 11 MSM networks to be		May 2019
4.	working groups to ensure that all targeted beneficiaries for the cash transfer programme are enrolled and benefit from the		March,2019
5.			June,2019
6.	Full report on the status of Microscopes procured under Co- financing budget to be presented to the KCM on 14 <sup>th</sup> March,2019.  Further verification of non-functional microscopes by an independent team of biomedical experts to be conducted.	ment, ut	14 <sup>th</sup> March,2019
3	Fast track tax waivers and exemptions to ensure timeliness in: granting Tax exemptioncertificate, Waivers, Port Clearance and distribution of Tax Exempt Commodities	1	April,2019
4	Resolve issues around DAGA resolution to ensure smooth flow of antimalarial commodities supported by PMI	TNT,USAID	June,2019
6	HIV, Malaria and TB ICCs should share documents with	ICCs	May,2019

No	Oversight Committee Recommendation to the KCM	Person Responsible	Due Date
105	Oversight committee at least 7 days before the meeting.		
7	PRs and KCM Secretariat to share with KCM Updates on the progress made on implementation of OIG recommendations.	PRs KCM Secretariat	14 <sup>th</sup> March,2019

There being no other	business the	meeting ended	at 02.15	pm
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Sign: .....

Mr. Samuel Muia

Date: .....

KCM Coordinator

Sign....

Dr. Jantine Jacobi

Date:

Chair