



**HIGHLIGHTS OF THE KCM MEEYING HELD VIRTUALLY ON 16<sup>TH</sup> JUNE, 2020  
BETWEEN 9.29AM AND 12.19 PM**

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**Present**

- |                         |                               |
|-------------------------|-------------------------------|
| 1. Ms. Faith Ndung'u    | Member/Vice Chair-NGO         |
| 2. Dr. Berhards Ogutu   | Member/KEMRI-Gov.             |
| 3. Dr. Pierre Bello     | Member/DP-BL                  |
| 4. Mr. Stanley Bii      | Member/DP-BL                  |
| 5. Ms. Eva Muthuuri     | Member/PLWD-Malaria           |
| 6. Ms. Rosemary Kasiba  | Member/KP                     |
| 7. Mr. John Kamigwi     | Alternate/NACC                |
| 8. Ms. Patricia Kilonzo | Alternate/Private Sector Inf. |
| 9. Ms. Zilpha Samoei    | Alternate/FBO                 |
| 10. Ms. Meboh Abuor     | Alternate/COG                 |
| 11. Mr. Ahmed Said      | Alternate member /KP Rep.     |
| 12. Ms. Lucy Njenga     | Alternate Member/PLWD-HIV     |
| 13. Mr. Samuel Muia     | KCM Coordinator               |

**In attendance**

- |                          |                                     |
|--------------------------|-------------------------------------|
| 1. Dr. Pacifica Onyancha | MOH                                 |
| 2. Mr. John Ochero       | GF Country Team                     |
| 3. Ms. Soukeyna Sylla    | GF Country Team                     |
| 4. Ms. Pamela Kibunja    | Alternate/NGOs                      |
| 5. Dr. Celestine Mugambi | NACC/FR Secretariat Chair           |
| 6. Dr. Joseph Kibachio   | Ministry of Health Strategic Progs. |
| 7. Dr. Elizabeth Onyango | Head/ National TB Programs          |
| 8. Dr. Grace Ikahu       | Head/National Malaria Program       |
| 9. Dr. Bernard Langat    | Covid FR Committee Secretary        |
| 10. Mr. Steven Muirui    | PR/TNT                              |
| 11. Mr. David Muttu      | KEMSA                               |
| 12. Dr. Dan Koros        | PEPFAR                              |
| 13. Ms. Khalda Mohamed   | Covid FR Committee Member           |
| 14. Ms. Annette Msabeni  | KRCS                                |
| 15. Dr. Caroline Olwande | Covid FR Committee Chair/UNAIDS     |
| 16. Dr. Catherine Nguni  | Head/Nascop                         |
| 17. Dr. Vallery Mackory  | Office of the DMS/PPH               |
| 18. Ms. Josephine Mwaura | KCM Secretariat                     |

19. Mr. Kevin Ogolla
20. Mr. Stephen Kibira
21. Ms. Margaret Mundia

KCM Secretariat  
T/A KCM Strategic Plan  
KCM Secretariat

### **Absent with Apology**

1. Ms. Susan Mochache, CBS
2. Dr. Medhin Tsehaiu

KCM Chair  
Member/ ML

### **Agenda**

1. Introduction/Apologies /Declaration of conflict of interest /Welcome Remarks by the Chair
2. Update on Funding Request Development Process / Review and Endorsement of Funding Request Priorities
3. Confirmation of previous minutes of the KCM Meetings held on 5<sup>th</sup>, 27<sup>th</sup> and 29<sup>th</sup> May, 2020 and Matters arising.
4. Joint Management /Oversight Committee Reports
  - Review and endorsement of KCM eligibility self-assessment report/Improvement plan; and KCM Performance report for 2019/2020.
  - KCM Work plan and Budget for 2020/2021
5. Update on KCM Strategic Plan Development Process
6. AOB/Closure

### **Min1/6/1/2020 Introduction/Apologies /Declaration of conflict of interest /Welcome Remarks by the Chair**

The Meeting officially opened at 9.29am. The Chair welcomed all members to the meeting. She acknowledged the new members from Malaria and KP Constituencies and GF Country team.

Apologies were as recorded above.

The Vice Chair, then took members through the day's Agenda for adoption. It was endorsed as:

Proposed: Mr. John Kamigwi

Seconded: Ms. Rosemary Kasiba

No Conflict of Interest were declared.

The Chair welcomed the Fund Portfolio Manager to make some remarks.

The Fund Portfolio Manager, Mr. John Ocheru, thanked the KCM for inviting the country team to the meeting. He thanked the KCM leadership, CSOs, CBOs, Development partners and all

other stakeholders for partnership and collaboration in the fight against HIV, TB and Malaria in Kenya. He acknowledged the country's efforts in mitigating Covid-19 and its disruptions. He congratulated the KCM for the timely submission of the Covid-19 RM FR. He stated that the request is currently being reviewed by the GF response mechanism and it is in its final stages, as a GF Commitment to the Kenyan Process and the three diseases, there would be a favorable response from the GF by Friday of this week.

He asked PRs to be keen on absorption and adhere to GF guidelines during grant implementation. He also noted there was need to push for utilization of all the Counter Part funding component, and ensure all commitments are met. In conclusion, he informed the meeting that the GF country Team members would be listening and available for support during the meeting.

#### **Min 2/6/1/2020 Update on Funding Request Development Process / Review and Endorsement of Funding Request Priorities - Presentation by the Funding Request Secretariat Chair**

The presentation was outlined as: GF Funding request update; Proposed interventions; HIV, TB, Malaria and RSSH. Process rolled out after KCM Meeting held on 7<sup>th</sup> November, 2019 and a FR Core team set up. A Roadmap for the FR Application and a FR Secretariat constituted. So far, dialogue meetings have been held successfully, consultant on board. Submission is still on August 31, 2020.

**HIV:** The current HIV situation in the country was presented as: HIV prevalence is at 4.4%, with 5.7% being women and 3.1% are men and 1.5million people living with HIV/AIDS. 1,401,762 - Adults living with HIV (15+); 106,820-Children living with HIV (0-14). Number of new HIV Infections in 2019: (41,408 All ages; 34,597 Adults (15+); 6,811Children (0-14). Adolescent and Young People (10-19): 87,208 PLHIV and 6,150 New infections. Young Adults 15-24: 142,161 PLHIV and 14,344 New infections. Mother to Child Transmission Rate- 10.8%. The country's achievement on the 90 90 90 currently stands at First 90-78.9%, Second 90 – 87.5% and 3<sup>rd</sup> 90 – 90.4%. The intention is to get to 95 95 95. The application Strategy is as follows: (i) To push the national response towards achieving the 95-95-95 target for treatment of PLHIV in Kenya; (ii) To utilize high impact interventions, guided by evidence and through a

differentiated approach for Key populations, to achieve the Global coalition targets of 75% reduction in HIV incidence from 2010 values; (iii) To reflect in our interventions, considerations for gender and human rights barriers to access to HIV services; (iv) To effectively respond to TRP recommendations for a technically sound and strategically focused funding request and (iv) Address noted implementation gaps from previous grant.

HIV Modules: Priority Populations are: MSMs; PWIDs; FSWs; Transgender; Men in High prevalence settings; Vulnerable populations (Fisher folk, people in prisons and closed settings, Truckers and Discordant couples; and Adolescent and Young People. HIV Module Program Areas: Condom Programming; and IPC and HIV in the health care setting. Under the HIV Prevention Module, the Focus Area include: PreP; Differentiated HIV Testing services; PMTCT; Treatment and Care; and Human Rights and Gender. Under TB & HIV Modules there is RSSH: Health products management systems (HIV specific); RSSH: Health products management systems (HIV specific on Program and Data quality); and RSSH: Health products management systems (HIV specific- Surveys and Assessment).

**TB:** The TB burden in the country according to finding from the TB Indicator survey is 426 per 100,000 Prevalence. 40% percent TB cases remain undetected and hence untreated. People most infected by TB are reported as 809 males per 100,000 people, 83% of HIV+, age 65 and above; Rural settings 453 per 100,000 and in the Urban settings 760,000 per 100,000. Screening and Testing; Chest x-ray emerged to be a good screening tool for TB; Use of microscopy for diagnosis of TB cases; and GeneXpert is a more reliable and efficient test. Health seeking behaviour is recorded as Individuals with symptoms of TB in the community are not seeking care; People with TB symptoms first seek health care at either public or private health facilities; Three quarters of the people with TB symptoms who seek care do not get diagnosed/are missed; and A quarter of those found to have TB did not report any TB symptoms. TB Application strategy is (i)To demonstrate significant improvement (59% in 2019 to 79% in 2023) in TB case detection by finding missing people with TB; (ii) To sustain the achieved high level of treatment outcomes for the TB response; (iii) To increase access to TB services by engaging the private sector; (iv) To leverage the availability of new technologies to improve effectiveness of the TB

care and treatment cascade; (v) To achieve TB service integration to other health services including UHC for sustainability; (vi) To effectively respond to TRP recommendations for a technically sound and strategically focused funding request and (vii) Address noted implementation gaps from previous grant.

TB Modules and Focus Areas include: TB Care and Prevention (TB Case detection, TB Lab diagnosis, TB Treatment, Nutrition, Engaging all care providers, Community TB care Delivery, KPs, Screening Care and Diagnosis, TB/HIV Treatment, Prevention, and TB & Other Comorbidities). Under MDR-TB Module, the Focus Areas include: (DR TB care and treatment, Social Protection, Engaging All care workers and Community MDR TB delivery) Under the TB Specific Human Rights module: Stigma and discrimination reduction (TB); Human rights, medical ethics and legal literacy; Enhancing legal environment for TB response; Improving laws, regulations and policies relating to TB; and Reducing gender discrimination, harmful gender norms towards men for TB response.

RSSH: HMIS & M&E: (Routine reporting, Analysis, evaluations, reviews and transparency, program and data quality, Surveys and Civil registration and vital statistics.

RSSH: Laboratory systems (TB Specific): (Infrastructure and equipment management systems; Infrastructure and equipment management systems (2); Quality management systems and accreditation; and Information systems & integrated transport systems network).

Under Matching Funds: the modules include: (i) RSSH: Laboratory systems (TB Specific)- Systematic screening of high-risk groups including through outreach and community-based approaches; PPM: Engagement of formal and informal providers; and Intensified TB screening and diagnosis at health facilities. (ii) Human Rights and Gender TB specific: - Reaching all Men, Stigma Monitoring and Safety for healthcare workers.

**Malaria:** The strategic intervention is: (i) To effectively respond to TRP recommendations for a technically sound and strategically focused funding request and (ii) address noted implementation gaps from previous grant. Malaria Modules include: Vector control, Case

Management, Specific Prevention Interventions (IPTp), Specific Prevention Interventions (IEC/BCC); Malaria Elimination (Case mgmt., Surveillance, SBCC) and Disease Specific M&E

**Resilient and Sustainable Systems for Health (RSSH):** RSSH has 5 application strategies outlined as: (i) Invest in “system strengthening interventions” and not “system support intervention” with a focus on sustainability; (ii) Invest in interventions that promote service integration for improved efficiencies of domestic resources; (iii) To significantly strengthen the Community Systems to effectively improve service access for health programs using community structures; (iv) To effectively respond to TRP recommendations for a technically sound and strategically focused funding request; and (v) Address noted implementation gaps from previous grant.

The modules are: Health Products Management Systems; Human resources for health, including community health workers; Integrated service delivery and quality improvement; Financial Management Systems; Community Systems Strengthening; Governance and Planning; Laboratory and Health Management Information Systems.

The Writing Team made two requests to the KCM:

1. Endorse the proposed module interventions
2. Provide guidance on (i) Status of transition plans of GF supported staff to GOK. This was a GF-Technical Review Panel recommendation in the current grant; and (ii) way forward on proposed Grant Implementation Arrangement

### **Discussion/Way Forward**

The Session Chair invited comments/queries from members:

The Fund Portfolio Manager started by thanking the Writing Team for the good presentation, and assured members that the Country Team had been engaged before and was ready to be engaged throughout the process. He informed members that this was the right step, as this would reduce clarifications at the end of the process. He noted that the resources were minimal, and therefore,

there was need to prioritize wisely, and ensure strategies selected are those with a high impact. He thanked the Team for raising the issue of sustainability and transition of HR in the current grant, cautioning that if this is no well-managed, there was a likelihood that gains already made, might be lost. He cited the lab workers and TB coordinators noting that there had already been a notable decline in TB case detection. He also asked the Team to use the draft Human Rights Survey report who he felt had issues and their recommendations which can be used for the module.

The Head/Department of Medical Services assured the meeting that progress had been made. The Ministry of Health established a Technical Team to examine all requests regarding transition arrangements for GF staff. The task force report was being reviewed by the Human Resource Department at the Ministry of Health for the next steps.

The representative of the DP/BL- French also started by congratulating the Team for the worked already done. He made contributions to the draft, as: Under HIV – he felt that from the statistics shown, the numbers in the general population and especially, AYP were higher than what was in KPs and therefore, there was need to prioritize that. He also asked the committee to address issues around, behavioral and epidemiological areas among AYPs; under KPs-the issue around the evolution of legal framework; PWIDs- Inclusion of broader policies on drug us; and under General Population- Promotion of Condom use.

*HIV - The Writing Team assured the members that there was no specific order in which the slides had been presented, and the KP and AYP matter were all captured and as important. The legal Framework was covered under the Human Rights module; Focus on AYP included a combination of social support and behavior change among other interventions.*

*The Writing Team Chair, informed the meeting that the matter on PWIDs would be taken back to the larger writing team and the NASCOP for deliberation and action.*

Under TB: He noted that the prices of Gene-xpert cartridges were too high, and there was need to negotiated for lower prices. He also noted that there was need to address stigma among TB patients

*TB: The National TB Program manager informed the meeting that: - The prices of Gene-xpert consumables was not decided at country level, this was informed by guidance from GF on already negotiated prices; Stigma was high, and more so now given the overlaps between Covid and TB. This was also being addressed in the joint HIV/TB module.*

Malaria – He noted that there was need to have the Malaria in Pregnancy strategy developed alongside the Under 5s.

*The request will be taken back to the writing team and malaria program for action.*

### **Decision**

KCM members to review further the priorities and share Feedback to be given in two days.

### **3/6/1/2020 Confirmation of previous minutes of the KCM Meetings held on 5<sup>th</sup>, 27<sup>th</sup> and 29<sup>th</sup> May, 2020 / Matters arising**

The KCM coordinator, took members through the minutes of meetings held on the 5<sup>th</sup>, 27<sup>th</sup> and 29<sup>th</sup> and Matters Arising. The Minutes were endorsed as a true record of the day's proceedings as:

#### ***Minutes of Meeting held on 5<sup>th</sup> May 2020***

Proposed by: Dr. Bernhard Ogutu

Seconded by: Ms. Zilpha Samoei

***Matters Arising:*** the KCM Coordinator took members through a detailed matrix highlighting progress made on implementation of previous KCM recommendations. Those that required follow up and their updates were: Assurance by Chair that Kemsas would always participate in KCM meeting. *Update:* Kemsas was represented during the KCM meeting and also joined the Joint Management and Oversight Committee meeting held on 21<sup>st</sup> May,2020.



Under the KCM Eligibility performance assessment, KCM established the Ethics Committee as a requirement; 3 slots were agreed upon; 1 GOK; 1 Non state; 1 Development partners. *Update:* The Ethics Committee was constituted; a request was sent to constituencies on the 7<sup>th</sup> May 2020 & 16.06.2020. *Update:* Matter still pending

The constitution of the Financial Committee to evaluate PR bids evaluated by the technical committee. *Update:* Nominees from NSA received. Names from Government and DPs still pending.

Review of Clauses in the KCM Constitution: Constituencies to nominate members to review the KCM Constitution especially on the areas of term of office. Request for nominees sent out. *Update:* List of nominees still being awaited.

***Minutes of meeting held on 27<sup>th</sup> & 29<sup>th</sup> May 2020***

Matters arising: C19 Funding Request Application request was submitted to GF on 31<sup>st</sup> May 2020.

ECSA Covid-19 Funding Request submitted for endorsement. Matter sent ICC for review and thereafter KCM members to endorse online. As of 15<sup>th</sup> June 2020, only 10 out of 23 members had endorsed the request.

The two minutes were endorsed as:

***KCM meeting held on 27<sup>th</sup> May 2020***

Proposed: Mr. Stanley Bii

Seconded: Ms. Faith Ndungu

***KCM meeting held on 29<sup>th</sup> May 2020***

Proposed: Ms. Rosemary Kasiba

Seconded: Dr. Berhards Ogutu

#### **Min4/6/1/2020 Joint Management /Oversight Committee Report:**

**Presentation by: Management Committee Chair:** The Committee Chair's took members through the joint management and Oversight Committee report, the outline included 2019/2020 Accomplishment, Key Decisions made by the KCM in 2019/2020, Update on Funding Request Application, PR Selection Process, Devolution of GF Grants to Counties, Renewal of membership, Grant performance status and Recommendations to improve Grant Performance. The summary is as: The 2019/2020 activities accomplished are 90% (26/29). Postponed activities were due to Covid. These include: *Oversight Field visit, oversight field visit planning meeting and Joint meeting for Non State Actors* all scheduled for March-April, 2020-Restrictions on holding conferences/movement affected these activities. CCM Hub is aware, and guidance on way forward is awaited. KCM has mobilized resources from GF for COVID-19 Response. So far USD 5,904,915 received, a further request for USD 13,497,580 for Priority 1 and USD 22,327,729 for Priority 2- was submitted on 31<sup>st</sup> May 2020 for consideration by GF. Response awaited. 2021-2024 Funding Request Application; Global Fund allocated Kenya USD 415,310,170 22. National dialogue held, constituencies continue with engagement. The priorities and splits to endorsement expected in the next few days. Writing Team to share draft 0 and 1 before end of June 2020. PR-Selection process in advanced stages, outcome expected by mid-July 2020.

The matter on defining Implementation Arrangements of Global Fund Grants in Counties, the committee informed members that that immediate support for TA had not been secured however Development Partners requested the KCM to review the TORs for the GAVI assignment to confirm if the outcome will inform decision by the KCM on flow of funds to Counties, Most likely. Since the funding request submission date was approaching, the issue needs to be fast-tracked, as this was a requirement in "Section 3 of the Funding Request narrative on Operationalization and Implementation Arrangement".

#### **Discussion/Way forward**

The representative from COG informed members that they had engaged GAVI that morning, and the initial outcome, is that the report was giving a report similar to what GF had indicated is not viable.

## **Decision**

The KCM requested the Ad Hoc committee defining implementation arrangements for Global Fund grants in Counties to reconvene and recommend options to the KCM before end of June,2020. Request was also made for County Representatives to be more hands on, if the process was to yield desired outcomes.

**Presentation by Oversight Committee Chair:** Chair informed members that the committee had held 5 out of 4 planned meetings, conducted an Oversight visit to KEMSA, all 3 PRs/ Government SRs and some NSA SRs and engaged AYP networks representatives. During the targeted Oversight low absorption of and commodity status were the main focus during Year 1 & 2 of the grant period. Most of the issues addressed but improvement needed in ensuring procurement turnaround time is shortened further for some commodities from 12months to less than 10 months.

Current Grant performance rating as: PR/TNT: HIV; Grant Rating A2; Absorption (Commitments + Expenditure) 80.6%; TB; Grant Rating B1; Absorption (Commitments + Expenditure) 81%; Malaria; Grant Rating B1; Absorption (Commitments + Expenditure)61%. PR/AMREF: TB; Grant Rating – A2; Absorption (Commitments + Expenditure) 86%; Malaria – Grant Rating A2; Absorption (Commitments + Expenditure) 77.5%; PR/KRC: HIV: Grant Rating A2; Absorption (Commitments + Expenditure) 73%.

### *The committee recommendations to KCM Included:*

TNT/MOH and KEMSA to Fast track procurement of all contracted commodities to ensure timely delivery before end of the financial Year-Explore lifting essential supplies for HIV, TB and Malaria via Flight to ensure safety stocks; On the Completion of KEMSA warehouse delays. KEMSA to explore mechanism to complete the warehouse in the wake of COVID-19. PRs to Share with OC/KCM report on progress made on implementation of reprogramming budgets approved by GF to support COVID-19 Response; Transition of support / Stipends for CHVs - 4 Counties have transitioned so far-MOH. COG to fast-track. MOH to finalize and share transition

plan for GF supported staff before end of 30<sup>th</sup> June, 2020- This has been outstanding for long; Terms of Office for ICCs representatives to Oversight Committee ending on 30th June,2020- ICCs/KCM to initiate process of renewal of membership/reconstitution of OC

*PRs status on Covid support reprogramming:*

**KRC-** activities aligned with county plans in the 15 pre-selected counties as their contribution towards Covid-19 response. Joint Plans developed and currently SRs are rolling out the training programs for CHV, KPs and other beneficiaries. Most of the reprograming was on the sensitization of front liners and equipping them with masks and sanitizers. These activities roll out is in conjunction with the counties.

**TNT** Representative reported that TNT Reprogramming request to spend USD 5.1 million dollars to procure PPES for health workers including 3.3 Million face masks, 2.5 Million boxes of gloves and 300,000 water resistant aprons, 240,000 alcohol based hand rubs, and 125,000 pieces on N95 Masks. The procurement had been initiated through KEMSA and the tender advertised on 26<sup>th</sup> May and expected to close on 17<sup>th</sup> June 2020. This will ensure the procurement process begins.

**Amref,** Representative articulated that the main component was procurement of PPEs under TB and Malaria grant. For TB and training, the procurement and distribution of PPES has been concluded, SRs have been contracted and training was set to pick off in the coming week. The PR was still finalizing on development of the curriculum materials. For the Malaria grant, sanitizers and surgical gloves had been procured. He noted a challenge in the supply of Masks consignment as it was not fully supplied, However, Supplier would finalize the deliver by the end of the week.

### **Discussions and feedbacks**

The Chair enquired whether training materials developed by KRC and commodity distribution are synchronized with those modules from the task force framework on Covid-19 to avoid duplication. *Dr. Langat (KRC) reported that the training curriculum developed was for CHVs*

*on Community Case Management. In addition, The SR had been tasked with distribution of the PPES to TB champions to facilitate their work within the program with a formal engagement with counties.*

Kenya Red Cross was advised to engage the National Task Force on Covid-19 on its activities to create awareness on current interventions.

**Min 5/6/1/2020 Review and endorsement of (KCM eligibility self-assessment report/Improvement plan & KCM Performance report for 2019/2020)**

The KCM Coordinator took members through the self-assessment report highlighting the KCM /KCM Secretariat performance during the period 1<sup>st</sup> July 2019 to 15<sup>th</sup> June,2020. The indicators include; Assess the CCM eligibility performance assessment (EPA); overall rating is at 90% compliant or at least latest EPA has improved at least 30% since last assessment (Mandatory). CCMs self-assessment; yes, having implemented all the nine recommendations made during CCM EPA in 2017 as per performance improvement plan (PIP).

CCM to document that they are making necessary efforts to prevent stock outs of Key drugs and emergency disbursement to prevent them; CCMs self-assessment; YES; KCM conducted a targeted Oversight visit focused on improving grant performance and safety of GF commodities to all PRs, KEMSA and programs on 18<sup>th</sup> to 22<sup>nd</sup> November 2019; KCM has been reviewing performance of grants on a quarterly basis. Stock out status of HIV /TB Commodities is discussed quarterly both in KCM and Oversight Committee attached KCM and Oversight and Management minutes as evidence.

CCM to attach documents as evidence that they are making all the necessary efforts to avoid grants in the portfolio which receive two consecutive B2/C Rating. CCMs self-assessment; YES; KCM has been reviewing performance of grants in quarterly basis. Rating of the six grants during 2019/2020 that is TNTHIV-A2, TNTTB-B1, TNTMalaria-B1, KRCS-A2, Amref TB A2, Amref Malaria-A2. To ensure further improvement in grant performance and respond to Covid-19 Pandemic, KCM/PRs reprogrammed savings amounting to USD 5,904,915, further

submitting to GF request for priority 1 and 2 amounting to USD 13,497,580 and USD 22,327,729.

CCM to assess annually the overall CCM Secretariat Performance Assessment. Outcome should be one of those four values “Exceptional”, “Performing well”, “A few minor issues”, “Serious Issues” (members were asked to rate the Secretariat). 100% of the Agenda and meeting minutes of CCM meetings (Plenary and Oversight committee) in the next 12 months circulated to all CCM members/ alternates and GF Secretariat (FPM, CCM Hub). For the Agenda within less than 7 calendar days before the meeting and for the meeting minutes 7 calendar days after. CCMs self-assessment; YES; agenda and meeting minutes are shared with KCM Members/GF in a timely manner. *Evidence:* signed KCM/Minutes dated 24.07.2019, 7.11.2019, 30.1.2019, 27.05.2020, 27.02.2020, 29.05.2020, copy of emails, links to KCM Oversight Committee reports uploaded to the KCM Website [www.globalfundkcm.or.ke](http://www.globalfundkcm.or.ke) In the context of CCM Funding, annual work plan and financial reports submitted to GF (FPM, CCM Hub) within one month after the end of the funding year. The funding documents (work plan and budget) discussed and reviewed at the beginning of each year.

Updated eligibility and performance (EPA) improvement plan and CCM Contacts are updated at least every 3 months. CCMs self-assessment; yes; CCM Contacts have been updated every three months; evidence copy of KCM Membership for 2015, 2016, 2017, 2018, 2019, 2020. All the nine recommendations made during KCM EPA in 2017 have been implemented as per performance improvement plan. Evidence PIP Status and support documentation. KCM conducted light EPA in May and June 2020, self-assessment report and PIP to be submitted to the GF before 31<sup>st</sup> August 2020 for review and thereafter uploaded to the extranet for implementation.

CCM Secretariat is facilitating information sharing between county level activities and the GF secretariat as well as supporting county teams in counties.

## **Discussion and Way Forward**

*At this juncture, the Secretariat members were requested to recuse themselves/exit from the meeting to give the KCM time to deliberate on the indicator.*

### **Decision**

- KCM Secretariat evaluation outcome: - Upon thorough deliberations, Members agreed that the Secretariat had done exceptionally well.
- Members to review the draft EPA report presented and share feedback before end of the month.

### **KCM Work plan and Budget for 2020/2021**

The Secretariat briefed members on the current status of the 2021/2020 and proposed 2020/2021 KCM Work plans. The Secretariat had prepared a Draft costed workplan for consideration by the KCM, awaiting further guidance from the CCM Hub on finalization. This was different from previous years, due to the pending activities, and hence balances as a result of Covid. The pending activities in the 2019/2020 Workplan included: Semester 2 Oversight Visits, KCM retreat, KCM Strategic Plan currently in progress, and Constituency Feedback Meetings. Other meetings scheduled for the same period had taken place virtually and the funds meant for some of these meetings reallocated to support Airtime and Data Bundles for Non State Actors constituencies; support for virtual platform, Laptops for the Secretariat among others.

The draft work plan and budget for 2020/2021 include: Quarterly KCM meetings, USD 1,340; Quarterly Management Meetings, USD 1,891 ; Capacity /team building for the annual KCM Secretariat USD 7,287; KCM Adhoc Committee meetings USD 1,182; Develop Annual joint report by KCM Management and Oversight Committee on GF /CCM Emerging issues/trends, USD 863; hold KCM Annual Retreat USD 34,476; Hold quarterly KCM Oversight Committee meeting (maximum of 6 meetings annually to take action on oversight issues) USD 3,546 ; Field visits planning meetings with other stakeholders USD 2364; conduct 2 site visits per year covering all grant and prepare reports USD 21,408; Participation of the KCM Secretariat staff during Oversight Field Visits USD 3,377; Wrap up meetings during Oversight field visits/ report

writing USD 1,313; stakeholder engagements during Oversight Field Visits USD 2,026; Hold feedback meetings for each of the eight Non state constituencies in KCM at community level USD 82,929; Joint non state Actors meeting USD 1,899; Orientation of KCM Members USD 1,736; Office Supplies USD 4,691; Documentation of GF grants achievement 2018-2021period USD 7,974; Office Equipment Maintenance USD 1,689 ; Communication USD 5,253; Support to KCM Secretariat Unit to coordinate KCM Functions and attend Stakeholders meeting/Workshops USD 6,790; Maintain and Update KCM Website USD 2,720; IT Support USD 863; HR Support USD 50,357. The proposed workplan and budget totals to USD 250,000 in line with the Year 2 funding allocation for the KCM.

### **Discussion/Way forward**

The Secretariat requested the KCM to approve proposed budget and work plan, to allow the Secretariat submit to the CCM Hub.

### **Decision**

The proposed workplan and budget were approved.

Propose: Mr. John Kamigwi

Seconded: Ms. Meboh Abuur

### **Min 7/1/6/2020 Update on KCM Strategic Plan Development Process**

The KCM is in the process of developing its 2020-2025 Strategic Plan. A T/A was recruited to support the process. The T/A noted that the process had commenced earlier, but a lot of delays happened due to the covid restrictions, Because of this, a new Roadmap was developed, with activities outlined in phases as: Phase 1; Planning and understanding the Organization. Already finalized. Phase 2: Data collection- Plenary and Secondary phases. The TA noted that the greatest challenge was that some members had not responded to the data collection tool/questionnaire. He explained that he would reach out to all members through a phone call to ensure non bias participation. Data to be collected through Internal interviews with the secretariat and oversight Committee including alternate members, and External interviews from



Transitioned Members, Donors and Partners. Phase 3: Synthesis and Analysis - June 2020; Phase 4: Development of the draft strategic plan June 2020; Phase 5: Validation and submission of the final strategic plan - July 2020.

He added that the work plan takes into consideration the appointments and responses from Key Informants as well as review period for the draft reports.

### **Discussion/Way forward**

The representative from NACC enquired whether there was a structure to the proposed strategic plan. The TA reassured members that there was a developed structure but would be presented alongside the draft as this may change in response to the data collection in the synthesis stage. In addition, the new structure would have less narrative and more figurative presentation for ease of understanding.

### **Decision**

The chair requested members to interact with the TA and give their valuable inputs to ensure the realization of the strategic Plan.