

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
HIGHLIGHTS OF THE KCM- OVERSIGHT COMMITTEE MEETING HELD ON 24TH
NOVEMBER, 2016 AT BEST WESTERN HOTEL, NAIROBI**

Present

- | | |
|------------------------|---------------------------------|
| 1. Ms. Wariara Mugo | Member-HIV ICC- Chairing |
| 2. Dr Lorraine Nyaboga | Alternate Member-TB ICC |
| 3. Dr Anne Musuva | Alternate Member-MICC |
| 4. Dr Brian Chirombo | WHO Representative |
| 5. Ms Ruth Masha | UNAIDS Representative |

In Attendance

- | | |
|------------------------|----------------------------------|
| 1. Mr. Samuel Muia | Oversight Officer-Taking Minutes |
| 2. Ms Mercy Musomi | KCM member-Kitui Oversight Team |
| 3. Dr Robert Kimbui | MICC-Kisii Oversight Team |
| 4. Dr Bernard Langat | National Treasury –HIV/TB Grant |
| 5. Mr. Anthony Miru | National Treasury-Malaria Grant |
| 6. Dr Caroline Olwande | NASCOP |
| 7. Ms Jane Onteri | NASCOP |
| 8. Ms Brenda Opanga | NASCOP |
| 9. Mr. John Kabuchi | KEMSA |
| 10. Ms Deborah Ikonge | NMCP |
| 11. Mr. Enos Ongoma | KRCS |
| 12. Mr. Enock Marita | AMREF.HA-Malaria Grant |
| 13. Ms. Gloria Wandeyi | AMREF.HA-TB Grant |
| 14. Dr Dan Koros | PEPFAR-GF Liason Officer |

Apologies

- | | |
|-----------------------|----------------------------------|
| 1. Mr. Peter Kubebea | Chair-OC |
| 2. Mr. Sam Munga | KCM Coordinator |
| 3. Dr. Herman Weyenga | Member-TB ICC-Represented |
| 4. Dr Jantine Jacobi | Member-DPs-ML-UNAIDS-Represented |
| 5. Dr Rudi Eggers | Member—DPs-ML-WHO -Represented |
| 6. Dr Evans Amukoye | Member-GOK-KEMRI |
| 7. Dr .Abdinasir Amin | Member-MICC-Represented |

8. Mr. Mathew Ashers

Alternate Member- HIV ICC

9. Ms Timpiyan Leseni

Member-PLWD

OVERSIGHT COMMITTEE RECOMMENDATIONS AND ACTION POINTS

DASH BOARD REVIEW DISCUSSIONS AND RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 24TH NOVEMBER,2016 (JULY TO SEPTMEBR ,2016 DASHBOARDS)

Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>National Treasury-HIV Grant Latest Rating;B1</p> <p>Grant Uptake;</p> <p>79% Expenditure+ Commitments</p> <p>39% Expenditure v/s disbursement</p> <p>32% Expenditure v/s Budget</p> <p>Financial Status;</p> <ul style="list-style-type: none"> • Total Funding, \$ 259,463,768 • Budget, \$199,667,169.37 • Disbursement, \$ 167,605,651 • Expenditure, \$65,761,714.70 • Commitment, \$91,774,895.35 	<ul style="list-style-type: none"> • KCM to consider a decision for National Treasury to give an additional role to AMREF.HA to fast track renovation of County stores. <i>(PRI has also given an additional role to AMREF to renovate laboratories).</i> • National Treasury to share with KCM the final COMBO baseline assessment report. • National treasury to share with KCM a revised road map to fast track implementation of COMBO initiative. • Fast track procurement and payment of contracted commodities. 	<p>KCM meeting 8.12.2016</p> <p>Margaret Ndumbi & Dr Olwande</p> <p>Mr. John Kabuchi-KEMSA</p>
<p>Discussion</p> <p>Unutilized funds are mainly for payment of Contracted procurements and their distribution costs as follows; ARVs USD. 65.3 million, Condom USD. 5.9 million, CD4 reagents USD. 2.5 million, HIV test kits USD. 6.6, Nutritional supplements USD. 4 million and Lab network USD. 1.8 million</p> <p>Some of the activities holding high budgets include;</p> <p>1.Renovation of county & sub county stores;</p> <ul style="list-style-type: none"> • 17 counties have submitted BQs for renovation of County stores and in the process of submitting the list of 10 contractors, an improvement of 12 Counties from the previous reporting period.12 Counties are on their final stages of re-evaluation of the tender documents. 3 counties yet to send revised documents after evaluation conducted in September 2016, 15 counties have not sent their revised tender documents since October 2015. <p>Challenges: Slow response rates in spite of follow up, Contractors not on NCA latest database.</p> <p>2. COMBO (Combination Prevention Interventions)</p> <ul style="list-style-type: none"> • Improvements noted from the previous quarter, baseline assessment undertaken by NASCOP and NACC, Modeling for epidemic analysis and impact scenario building ongoing, Mapping of response to epidemic ongoing. • Baseline assessment draft report presented to the TWG on 28th October 2016, final report writing and county work plan development to be finalized before November 2016. • Next step: Gap analysis and prioritization of interventions for implementation planned for November/ December 2016 		

DASH BOARD REVIEW DISCUSSIONS AND RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 24TH NOVEMBER,2016 (JULY TO SEPTMEBR ,2016 DASHBOARDS)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
Kenya Red Cross (July to September,2016)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
Latest rating A2: Grant Uptake; 103% Expenditure v/s disbursement 80% Expenditure v/s Budget Financial Status; <ul style="list-style-type: none"> • Total Funding, \$38,522,849 • Budget , \$25,838,076 • Disbursement , \$ 20,036,613 • Expenditure , \$20,605,758 	<ul style="list-style-type: none"> • Improve on the current performance of 61% (9,566 out 15,667) pregnant women referred and delivering in health facilities. • KRCS to provide an update on accessibility of rapid diagnostic test kits(RTKs) through the new devolved system to manage the distribution of RTKs 	Emily-KRCS December, 2016
Discussion The meeting noted with concern that 61% i.e. 9,566 out 15,667 pregnant women who had been referred in July to Setmeber, 2016 had delivered in health facilities. It was also noted that KRC has been having challenges accessing rapid diagnostic test kits.		
National Treasury Malaria Grant (July to September, 2016)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
Latest Rating ;B1 Grant Uptake 82 % Expenditure +Commitments 63% Expenditure v/s disbursement 48% Expenditure v/s Budget Financial status <ul style="list-style-type: none"> • Total Funding, \$68,437,630 • Budget , \$73,697,212.75 • Disbursement , \$ 40,040,829.02 • Expenditure , \$25,076,361.85 • Commitment, \$35,355,352.60 	<ul style="list-style-type: none"> • Revise targets for the number of people with uncomplicated malaria receiving ACT treatment as per national treatment guidelines to reflect the decreasing trends of malaria cases. • Submit a detailed work plan for mass LLIN and TORs for technical Support to GF. • Submit a revised work plan to include the costed extension period • Fast track procurement and payment of contracted commodities. 	Mr. Miru Kamau-NT Dr Dorothey Naisaie -NMCP December,2016 Mr. John Kabuchi-KEMSA
Discussion <ul style="list-style-type: none"> • Unutilized funds are due to Commitments, Savings and postponed outflows as per the breakdown, USD 4,419,015 commitment on Als, USD 6,140,156.80 savings arising from LLINs and USD 307,007 PSM cost savings, USD 25,432,718 commitments on LLINS & RDTs, USD 3,817,527 represents postponed outflows for the NFM RDTs in which tender was cancelled, USD 1,463,321 represents commitments on PSM cost LLINS & ACTs and USD 4,494,478 represents postponed outflows on PSM cost of RDTs and LLINs. • The Number of people with uncomplicated malaria receiving ACT treatment as per national treatment 		

DASH BOARD REVIEW DISCUSSIONS AND RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 24TH NOVEMBER,2016 (JULY TO SEPTMEBR ,2016 DASHBOARDS)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
guidelines has been decreasing i.e. 65% (2,075,849 out of 3,214,963 achieved in July to September,2016)		
AMREF .HA Malaria Grant (July-September,2016)		
Key Finding	OC Recommendation	Responsible/Timeline
Latest Rating; A2 Grant Uptake 89.2% Expenditure v/s disbursement 68% Expenditure v/s Budget Financial Status; <ul style="list-style-type: none"> • Total Funding, \$ 8,572,623 • Budget,\$5,708,347 • Disbursement,\$4,352,196 • Expenditure , \$3,884,378 	<ul style="list-style-type: none"> • Fast track implementation of health information systems module and absorb 31% of the unspent funds. 	Mr. Jared Oule & Team AMREF.HA December,2016
Discussion Unspent funds 31% (\$ 433,331) are earmarked for health systems strengthening under health information systems module.		
National Treasury TB Grant (July-September,2016)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
Latest Rating A2: Grant Uptake; 76% Expenditure +Commitments 48% Expenditure v/s disbursement 42% Expenditure v/s Budget Financial Status <ul style="list-style-type: none"> • Total Funding , \$ 43,109,391 • Budget, \$18,029,159 • Disbursement, \$15,985,240. • Expenditure , \$7,602,511 • Commitment,\$ 6,181,324 	<ul style="list-style-type: none"> • KCM and the NT to engage Global Fund on the possibilities of PR1 procuring 2nd line TB medicines competitively directly from manufacturing companies Globally. • NT and NLTP to urgently distribute MDR drugs to counties and ensure adequate stock levels. • NT and NLTP to share with KCM the mitigation strategies to prevent loss of vehicles in future. • Fast track procurement and payment of contracted commodities. 	KCM, NT and Global Fund. 8.12.2016 National Treasury ,NLTP ,KEMSA,CTLCS December,2016 NT & NLTP 5.12.2016 Mr. John Kabuchi-KEMSA
Discussion <ul style="list-style-type: none"> • Unutilized funds are, USD 4,118,445 commitments mainly for procurements of Anti TB-FLD, INH, Pyridoxine, and Pediatric Medicine which have been contracted awaiting deliveries, USD 604,977 represents commitments for settlement of procurement fee. USD 1,457,902 represents commitments mainly for procurements of Laboratory consumables, Nutrition supplement and Protective Gear which have been 		

DASH BOARD REVIEW DISCUSSIONS AND RECOMMENDATIONS MADE BY THE OVERSIGHT COMMITTEE ON 24TH NOVEMBER,2016 (JULY TO SEPTMEBR ,2016 DASHBOARDS)

Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>contracted awaiting deliveries. The KNH MDRTB isolation facility is now in operation.</p> <ul style="list-style-type: none"> National Treasury has experienced challenges in procuring MDR drugs due to delay and lengthy process of negotiating with GDF (Global Drug Facility). Progress had been noted in replacement of lost vehicles, however there is need to ensure that National Treasury and NLTP mitigates from a future occurrence. 		
AMREF TB Grant (July to September,2016)		
Key Finding/Discussion	OC Recommendations	Responsible /Timeline
<p>Latest Rating A2; Grant Uptake; 74% Expenditure v/s disbursement 58% Expenditure v/s Budget Financial status</p> <ul style="list-style-type: none"> Total Funding, \$ 22,645,475. Budget,\$14,975,042 Disbursement \$11,745,109. Expenditure \$ 8,632,885 	<ul style="list-style-type: none"> AMREF to present to KCM the asset deposition plan for endorsement thereafter submission to Global Fund. KCM to write a cover letter to all organizations which procured assets using GF funds to inform them that the assets should perform routine work for TB/HIV and Malaria Fast track renovation of health facility labs, Procurement of LIMS and EQA panels and share report with KCM. 	<p>Mr. Benson Ulo-8.11.2016</p> <p>KCM ,8.12.2016</p> <p>Mr. Benson Ulo-AMREF December,2016</p>
<ul style="list-style-type: none"> Unabsorbed funds are due to community systems strengthening trainings which had not been done (these trainings were conducted in October and November 2016 and will be reported in the next period); Renovation of HF laboratories (Lab. Assessment and selection of the facilities is complete, Contracts awarded and work has begun). 10 SRs had their assets verified. They include FPPS, KANCO, NEPHAK, SILOAM, CHAK, KAPTLD, KCCB, COPFAM, PIMS and MUSOM 		

Oversight Visit Reports

- KCM Secretariat to share the report with Global Fund Secretariat & upload the report in KCM website on 9.12.2016 after presentation to KCM members on 8.12.2016.

Updates on Funding Request 2017-2019

- Members noted that most of the current grants were ending in December, 2017 and there was need for KCM to initiate the process of developing the next funding request to avoid any gaps in continuity of interventions. This was to be discussed on 8.12.2016.