KENYA COORDINATING MECHANISM FOR GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

FORMAL PRIVATE SECTOR

CONSTITUENCY FEEDBACK

REPORT
2019/2021

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1. Introduction

The Kenya Coordinating Mechanism for Global Fund has been engaging a wide range of stakeholders to ensure a participatory and all-inclusive approach in the fight against HIV&AIDS/TB and Malaria in Kenya. The Formal Private Sector Constituency hosted a consultative meeting for its members to share information on the progress made in implementation of Global Fund activities in Kenya. The meeting was supported financially by Global Fund-KCM Secretariat and was held on **25th February 2021** at Movenpick Hotel Nairobi. A total of 90 participants attended and they represented the Formal Private Sector Organizations under Kenya Healthcare Federation (KHF), KCM, and KCM Secretariat. 2021 is a promising year for private sector involvement in the implementation of Global Fund activities, engagement opportunities and potential areas of collaboration. The Private Sector through KHF is thoroughly deliberating on matters of collaboration and expert involvement, which can be tapped from the formal private sectors in various areas. Additionally, several stakeholders including the Malaria, HIV/AIDS and Tuberculosis groups will share gaps and potential areas for collaboration with the formal private sector.

2. Opening Remarks by Dr Anastasia Nyalita – KHF CEO.

Dr Nyalita welcomed members and guests at the Kenya Coordinating Mechanism (KCM) meeting in collaboration with Kenya Healthcare Federation (KHF). She informed members that the aim of this meeting is to review the progress made in implementation of the planned activities for the Formal Private Sector Constituency and update members on key reforms aimed at strengthening operations at the Kenya Coordinating Mechanism. She reiterated the importance of identification of opportunities by KHF members to participate as principal or sub-recipient in the three disease areas in future. The purpose & principals of GF, KCM defined, mandate, composition, functions & structure and new themes in the Global Fund Strategy 2021-2024.

3. Remarks by Ms. Margaret Mundia – KCM Secretariat

Ms. Mundia took the Private Sector members though the purpose and specific objectives of the Constituency Engagement Meeting with the Formal Private Sector. The Objectives of the meeting was to update constituency members on GF Funding Request Application /Grant Negotiation /SR Selection Process and to receive feedback from PRs on Grant Implementation status. The Purpose of the Meeting was to share Global Fund information transparently, equitably and accurately as well as to explore further opportunities to engage with the Global Fund at country and global level.

Ms. Mundia also mentioned that the reason the Private Sector is in the Country Coordinating Mechanism (CCM) is because of the major health service provider serving 45-50% of the population, therefore plays a vital role in the scale-up of national interventions. Representatives from this sector can provide valuable insight into the design of programs which can best leverage private health care services to complement the public health system.

4. Remarks by Dr Daniella Munene – KHF Director - KCM Alternate Member

Dr Munene, KHF Director and KCM Alternate representative briefed members about Formal Private Sector representation at the Kenya Coordinating Mechanism (KCM) and how they work together. She continued to describe the Global Fund purpose increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. She also briefed members of the KCM mandate, constituency KCM membership, KCM functions and the three principal recipients. Dr Munene also explained to the Private Sector the Eligibility requirements for both Principal Recipients and Sub Recipients and the Selection Process.

Dr Daniella Munene KHF Director and KCM Alternate Rep of the Formal Private Sec Constituency

4.1 Current grant (Jan 2018 to June 2021)

PR	HIV (Kshs bln)	TB (Kshs bln)	Malaria (Kshs bln)	Entire allocation (Kshs bln)
TNT*(MOH,NASCOP,TB Programme, NACC, Malaria Programme KEMSA)	17.9	3	5.4	26.3
AMREF		3.3	1.3	4.6
KRCS	7.1			7.1
Total	25	6.3	6.7	38

4.2 Meeting Objectives

1. Update constituency members on GF Funding Request Application /Grant Negotiation /SR Selection Process.
2. Receive feedback from PRs on Grant Implementation status

4.3 Expected Outputs

The expected meeting outputs included;

1. The Private sector Constituency Meeting Report with recommendations to KCM and Global Fund
2. Updated Private Sector Constituency Engagement Work Plan
3. Attainment of a higher information of GF and KCM structure by KHF members
4. Identification of opportunities by KHF members to participate as principal or sub-recipient in the three disease areas in future.

4.4 2021 – 2024 Grant Highlights

Component	Allocation (US$)	Allocation Utilization Period
HIV	271,649,197	1 July 2021 to 30 June 2024
Tuberculosis	56,694,297	1 July 2021 to 30 June 2024
Malaria	86,966,676	1 July 2021 to 30 June 2024
Total	**415,310,170**	

Kenya has been allocated **US$ 415,310,170** for HIV, tuberculosis, malaria and building resilient and sustainable systems for health (RSSH).

In addition, Kenya is eligible for additional **CATALYTIC MATCHING FUNDS**

Priority Area	Amount (US$)
Adolescent Girls and Young Women in high Prevalence Settings	4,400,000
Scaling Up Community-Led Key Population Programs	10,000,000
Human Rights	3,800,000
Finding Missing People with TB	8,000,000
Total	**26,200,000**

Condition: An increase in the 2020-2022 allocation amount designated to the relevant catalytic priority, compared to the budget levels in GF grants from the 2017-2019 allocation period.

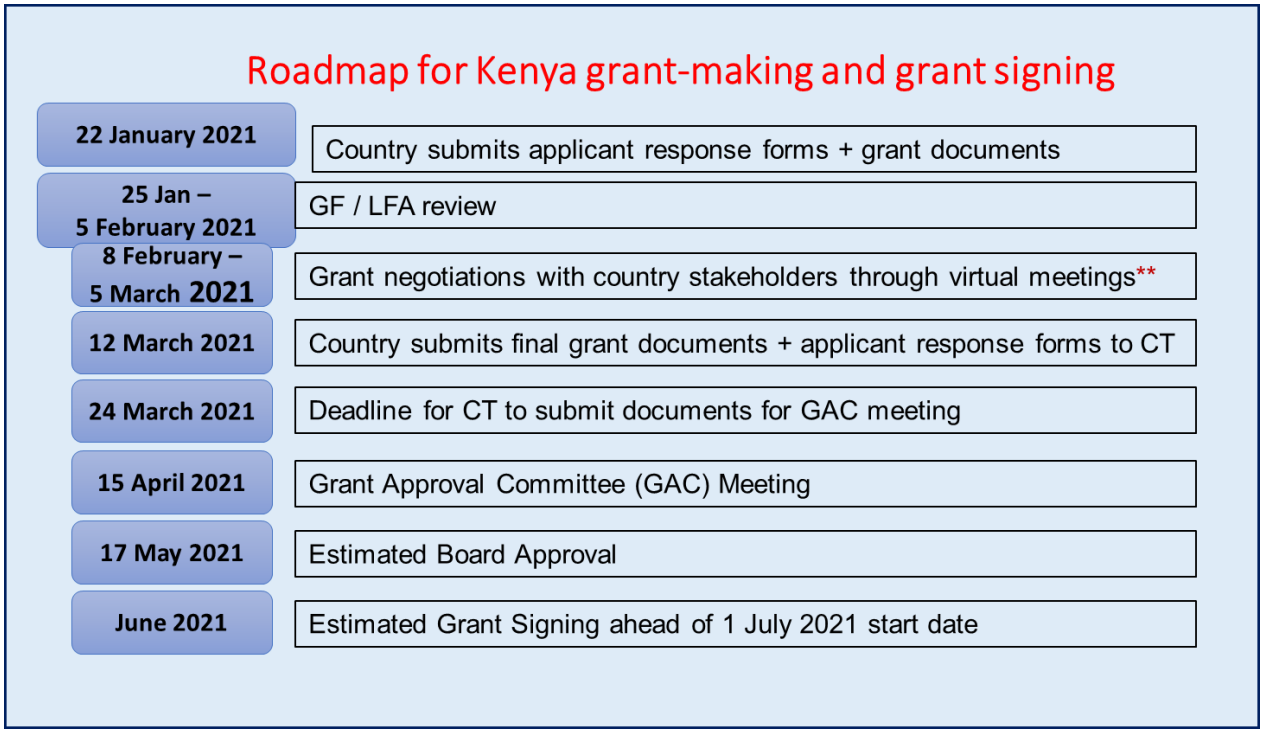
4.5 Highlighted areas of focus for the New FR Application

- Reducing incidence and scaling-up effective prevention efforts
- Invest in strengthening both health and community systems
- Prioritize investments with key and vulnerable populations,
- Tackle human rights-related barriers to health and gender inequalities.
- Ensure sustainability of the success/achievements
- Mobilize increased resources for health

4.6 Focus-Health and Community Health systems

The Global Fund Encourages initiatives to Introduce and strengthen integrated care from a patient perspective (including addressing co-infections or providing coherent care packages such as integrated ante-natal services). Investments in underlying system capacities necessary to achieve impact and sustainability (including labs, supply chains, data systems, community-based monitoring, community mobilization, advocacy and organizational development, and HR for health at the community and facility level).

4.7 Roadmap for Kenya Grant Making and Grant Signing



5. Participants

A total of 90 participants attended the meeting representing the following organizations. Ministry Of Health Kenya (MOH), KEPSA, Aga Khan Foundation, Health Store EA, GSK, The Nairobi Hospital, Good Life Pharmacy, Africa Health Business, Penda Healthcare, Zawade Brand Solutions, HUQAS, Roche, Jubilee Health Insurance, KMA, Novartis, Medsource Group, Biomerieux, Heri Healthcare, International Cancer Institute, Elephant Healthcare, Systems Evaluation Limited, Cancer Care Kenya Limited, Africare Healthcare Network, Kenya Red Cross Society, Pharm Access Foundation, Imperial Managed Solutions, AMREF, Emergency Medical Services, Medixus, My Dawa, Think Well, FKPM, KCEMT, Helium Health, KVA, KCM, KDA, Surgipharm Limited, Convergent Medical Services, AIDSpan, Janst Healthcare, Strathmore University, Ponea Health, Jacaranda Healthcare Solutions, Nurse in Hand, Mariestopes Kenya Limited, , Pract Health Consulting Limited, Maisha Poa Healthcare, KPA, Medex Expo Group Africa, AAR Healthcare, RUPHA, PSK.

6. Grant making / grant negotiation 2021 – 2024 - Dr Peter Kimuu SPO, GF – The National Treasury

Dr Kimuhu gave a presentation on Grant making/negotiation process: 2021- 2024 grants, TRP comments on Funding Request Proposal and Grant performance of 2018 – 2021 Grants.

Disease components

	Component	Amount (USD)
1	HIV	252,905,402.27
2	TB	52,782,391
3	Malaria	80,965,975
4	Cross-cutting RSSH	28,656,401.73
	Total	**415,310,170**

Matching funds

		Amount (USD)	Grant
1	Adolescent Girls & Young Women in high prevalence settings	4,400,000	HIV
2	Community –led, community based KP programming	10,000,000	HIV
3	Human Rights	3,800,000	Cross-cutting
4	Finding missing people with TB	8,000,000	TB
	Total	**26,200,000**	

6.1 Approved Allocation Gaps

Grant	Approved Amounts (USD)	
	Within Allocation	**Prioritized above allocation**
HIV/TB	334,344,195	**144,947,704**
Malaria	80,965,974	42,024,060
Total	**415,310,169**	**186,971,764**

6.2 Challenges on HIV/TB during the Grant Making Process

- Lack of operational detail on HIV testing uptake, case-finding and linkage to care
- Insufficient attention to ethical issues in the proposed VMMC activities directed at adolescents aged 10 – 14 years
- Insufficient attention to specific populations that face high risk of HIV and TB, but remain underserved
- Insufficient details on engaging all providers on TB care
- Insufficient indicators in the performance framework to assess progress and effectiveness
- Large funding gap and risk to sustainable financing of the HIV and TB programs
- Weak governance for RSSH investments

Due to the above named challenges, Subpopulations and gaps in testing and linkage to treatment have been identified, Strategies for scaling up community based testing and HIVST have been outlined and Strategies for innovative case finding have been outlined. The Focus is now on Policy actions taken to ensure prevention of HIV through safe VMMC for adolescent boys and men in generalized epidemics.

On the issue around underserved populations like the prisoners in prisons and released to communities, refugees and displaced populations, Interventions have been identified. Sources of funding identified – domestic resources, GF, PEPFAR, development partners, regional agencies such as IGAD, and international agencies such as IOM.

On the issue around insufficient details in engaging TB Providers, differentiated PPM models have been elaborated for Private sector (institution and individual provider) model, Informal service provider model, corporate sector model, Pharmacist model, Pediatrics TB model and Laboratory model.

On the issue of large funding gap and risk on unsustainability, Cost saving measures such as integrated and combined programming Service delivery integration have been considered. Establishing a model for sustainable space for programme efficiency as well as domestic resource mobilization.

6.3 Challenges on Malaria during the Grant Making Process

- Lack of access to case management and IPTp, particularly in endemic remote rural populations.
- Weak governance for RSSH investments.
- Lack of available routine malaria data captured by DHIS2.
- Insufficient attention to human rights barriers for migrants, refugees and diverse ethnic groups.
- Insufficient details on addressing inefficiencies in the proposed use of resources.

6.4 Below intervention measures have been taken

- mCCM implemented in 10 endemic counties with about 30% coverage in each of the counties
- Increase mCCM to 60% during grant period
- mCCM indicators included in PF (outcome and WPTM)
- Proposed implementation and coordination structures outlined
- Program has commenced development of the malaria specific module in the KHIS to improve visualization of malaria indicators monitored through routine reporting by the health facilities and community units.
- Activities to be supported by efficiencies found through the integration of planned surveys
- Rapid Assessment using the Malaria Matchbox Tool to the targeted population
- Develop a 3 pager Plan on how services for migrant, refugee, and diverse minority communities will be reached with malaria services
- Action the plan to ensure the malaria services are targeted to the vulnerable population while tracking the progress.
- Target cost items identified – travel, trainings and program management
- Priority interventions for efficiency savings identified

6.5 Timeline for Kenya grant-making and grant signing

Timeline	Activity
22 January 2021	Country submits applicant response forms + grant documents
25 January – 5 February 2021	GF / LFA review
8 February – 5 March 2021	***Grant negotiations with country stakeholders through virtual meetings****
15 March 2021	Country submits final grant documents + applicant response forms to CT
29 March 2021	Deadline for CT to submit final documents for GAC* (complete submission)
15 April 2021	Grant Approval Committee Meeting
~17 May 2021	Estimated Board Approval
June 2021	Estimated Grant Signing ahead of 1 July 2021 start date

6.6 Current grants 2018 – 2021 – Financial Performance

	Grant budget [A]	Cum budget as at Dec 2020	Utilized (Exp, Commit & Oblig) as at Dec 2020	% Utilized	Remarks
HIV	190,295,823	140,964,105	161,511,943	85%	Procurement of commodities, including COVID-19 ongoing
TB	36,636,511	32,141,314	25,980,555	71%	Unutilized budget largely for COVID-19 commodities & programmatic activities
Malaria	74,063,824	72,425,868	38,281,735	52%	Unutilized budget for mass LLIN campaign
	300,996,158	**245,531,287**	**225,774,233**	**75%**	

6.7 Key programmatic performance issues and mitigation measures

Issues	Effects	Mitigation measures
Quality issues in implementation of activities		
Vertical implementation of activities at county level	-Devolved units not accountable -No systematic mechanisms to follow up on performance gaps -VfM concerns	-Work with HSWG to strengthen programme – county collaboration
Procurement related issues		
Unstable commodity pipelines	-Stock-outs e.g. ALs, mRDTs	Strengthen PSM oversight
Activity implementation challenges		
Activity organization challenges related to lengthy bureaucratic processes	-Slow implementation of grant activities *-Postponed activities*	-PR engagement with MOH
Intergovernmental coordination challenges largely affecting activities implemented at county and health facility levels	-Postponed activities -effects on quality of implementation	-Emphasis on improved engagement with counties with the established intergovernmental communication channels
COVID-19 pandemic restrictions	-Activities not implemented	Encouraging innovative approaches - virtual events etc

7. TB Project

Report from AMREF on Global Fund Tuberculosis Project – John Wangai.

Amref Health Africa is the Non-State Principal Recipient (PR) for Tuberculosis under the Global Fund 2018 – 2021 grant. Mr John Wangai from AMREF gave an update on the Global Fund Tuberculosis grant implementation of January 2018 – December 2020. The presentation outlined the Project implementation updates, updates on strategic initiatives, financial performance, Lessons learned, challenges and mitigation measures and the Key focus for January – June 2021.

The Goal of the Project is to accelerate reduction of TB Leprosy and Lung disease burden through provision of people-centered universally accessible, acceptable and affordable quality services in Kenya. The Coverage is 47 Counties. The project implementation period is 1st January 2018 to 30th June 2021. The Sub Recipients are 36 (28 community TB activities in 47 counties, 9 KIC-TB in 6 counties and 1 PPM in 8 counties). The Total Budget = USD 39,945,624.

7.1 Jan 2018 – June 2021 Key Interventions per Module

- TB care and Prevention – Screening contacts of bacteriologically confirmed TB patients and children under 5 years old with TB, Tracing TB treatment interrupters, Community and Facility based Active TB case finding, Public Private Mix activities.
- TB/HIV collaborative activities - Procurement of GeneXpert cartridges for case detection.
- Multi Drug Resistant (MDR-TB) – Patient and DOT workers' social support, support for MDR TB champions.
- Resilient and Sustainable System for Health (RSSH) – Procurement of EQA panels, Capacity building of CSOs, Support for 24 facilities with Laboratory Information Systems, Sputum Networking.
- COVID-19: Sensitization of community actors, sputum collection in the community, and delivery of TB drugs in the community, KAP surveys, procurement of PPE and COVID-19 test kits.

7.2 Performance on key community based TB activities

Activity	Indicator	Jan 2018 - December 2020			
		Target	Achievement	% Achievement	Comments
Facilitate CHVs to conduct active Contact screening	1.3.1 (a): Number of bacteriologically confirmed patients and children under 5 with TB whose households were visited and contact screening done	127,250	95,177	75%	Delay in start of implementation resulted to time-bound activities not being implemented. Reduced TB case finding due to COVID-19
	1.3.1 (b):Number of households members screened	380,708	287,111	75%	
	1.3.1 (c): Number of presumptive or < 5 yrs households members referred	190,354	73,192	38%	Project targets 2 people per HH.
Facilitate CHVs to conduct tracing of TB treatment interrupters	(a) Number of treatment interrupters traced physically	11,858	10,674	90%	
	(b): Number of treatment interrupters physically traced, referred back and restarted on treatment	9607	6,565	68%	Of those not found 39% Died, 27% Migrated 34% not known in locality


Margaret Mundia: KCM Secretariat, Mr. John Wangai and Mr Josphat AMREF Representative Rep and Ms. Joyce Wanyonyi KRC Representative.

7.3 Update on key project activities Jan 2018 – Dec 2020

	Activity	Target	Achievement	% Achievement	Comments
3	Social support for patients DOT workers	530 265	641 419	121% 158%	Available savings from PR 2 to cover up to March 2021 if reallocation request is approved. Exploring possibility of covering the gap using savings from PR 1
4	Engagement of linkage assistants in high volume facilities to support ACF	141	110	78%	Some of linkage assistants drop out and replacement processes are lengthy
5	MDR TB Champions	47	45	96%	Baringo and Nyeri Counties did not identify champions
6	Lawyers' sensitization on TB related legal and ethical issues	100	98	98%	86 TB champions, HCWs and CHVs also sensitized on advocacy, documentation of human rights issues and reporting

7.4 Strategic Initiatives

Kenya qualified for additional USD 6 million as catalytic investment

1. **Kenya Innovation Challenge Tuberculosis Fund (KIC-TB)**

Finding missing people with TB in the communities and link them to TB diagnosis and treatment services through innovative strategies

2. **Public-Private Mix (PPM)**

Enhancing Contribution of Unengaged Standalone Formal and Informal Health Providers in Finding Missing People with Tuberculosis

3. **Pay for Performance (P4P)**

Optimizing the TB care cascade in health facilities in order to increase the number of people notified with TB and improve the quality of TB services in 13 target counties

7.5 Summary of KIC-TB innovations

No.	ORGANIZATION	COUNTY	SUMMARY OF INNOVATION
1	**KAPTLD**	Nairobi	Using USSD platform for enhanced self screening for TB among men in work places informal settlements
2	**Community Support Platform**	Kakamega	Using school-going children to screen family members and household contacts
3	**Resources Oriented Development Initiative**	Kiambu	• Expanding TB screening in congregate settings to include detainees in prisons & police cells; prison & police officers, and their families
			• Enhancing screening of plantation and industry workers
4	**North Star Alliance**	Mombasa	Expanding TB screening services for truck drivers and corridor communities
5	**Partnership for a HIV free Generation**	Mombasa	Finding people with TB among Matatu crews and associates with linkage to health facilities.
6	**TAC Health Africa**	Nairobi	Using manned call centers and financial support to enhance screening for TB in informal settlements
7	**Heroes Oasis Counselling Center**	Homa Bay	• Strengthening TB screening in prisons through enhanced use of champions
			• Use of USSD platform for self-screening in the community
8	**Sema Limited**	Nairobi	Use of Automated TB Screening Machine (ASTM) for self-screening of persons seeking services at Huduma Centers, Passport control office and SGR terminus
9	**Nais Healthcare Ltd**	Kajiado	Integrating private sector and incentives to increase TB screening in informal settlements

7.6 KIC-TB: Overall performance – Monthly Achievement

Indicators	Target	Jul-Dec 2019 Achvt	2020 achievements												Total Achvt	% Achvt
			Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		
# of people screened	1,327,434	101,132	7,578	8,837	17,542	10,208	14,861	17,239	16,524	23,317	25,080	25,619	23,052	15,940	**306,929**	**23%**
# of presumptive Cases	159,833	16,897	1,665	1,940	2,591	1,978	3,012	3,830	4,780	8,640	8,023	7,691	7,442	4,364	**72,853**	**46%**
# of presumptive Cases tested	149,441	2,739	1,048	1,283	1,477	1,487	2,010	2,189	1,910	2,680	2,878	2,776	2,226	1,998	**26,701**	**18%**
# of new TB cases Identified	5,199	113	65	68	76	82	90	134	136	167	190	161	148	111	**1,541**	**30%**
# of new TB cases started on TX	1,541	113	64	65	70	79	90	127	134	161	185	130	146	104	**1,468**	**95%**

7.7 Public Private Mix (PPM) Updates

The below reasons are why the Private Sector is Engaged in TB Control Activities?

- 24% of 47 million Kenyan population lives in urban settlements.
- 48% of the Health sector in Kenya are private health facilities.
- Notification of TB from the private sector has ranged between 18% and 20% in 2014 and 2017 (TBU data).
- 42% of patients with TB symptoms access the private sector as initial point of care in Kenya (Patient Pathway Analysis).
- 27% of the people with TB symptoms seek care from individual private providers who have inadequate engagement with NTLD-P.

- 16% of people presumed to have TB in patient pathway analysis sought initial care at chemists and small private clinics.
- Diagnostic availability at point where patients seek care initially - 7% Patient Pathway analysis

7.8 Public Private Mix (PPM)

Indicators	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	% Achievement
Screened	302,831	667	3,019	4,399	5,027	5,567	4,923	8,563	8,409	6,084	8,880	20,533	25,183	38,554	34,763	37,237	44,529	44,301	300,638	99%
Presumptive	45,425	153	239	442	436	482	489	660	457	460	576	773	1,038	1,078	1,263	1,480	2,949	2,523	1,5498	34%
Tested including Xray	34,750	139	207	331	318	351	349	472	394	229	410	548	707	789	900	833	1,024	1,020	9,021	26%
Bact. confirmed TB patients	1,042	0	6	24	17	34	27	14	22	35	44	129	66	87	72	70	71	79	797	76%
TB patients all forms	1,737	1	9	26	21	34	27	14	26	36	50	144	79	96	86	84	85	96	914	53%
On treatment	1,737	1	9	26	21	31	27	14	25	35	50	143	77	93	82	80	84	92	890	51%

7.9 Finance update

	Total budget	Budget (Jan 2018 – September)	Cumulative Expenditure (Jan 18- September 2020)	Variance	Performance %
PR	$29,278,058 (73%)	21,458,595	19,941,996	1,516,599	93%
SR	$10,667,566 (27%)	6,030,389	5,741,082	289,307	95%
Total	**$39,945,624 (100%)**	**27,488,985**	**25,683,079**	**1,805,906**	**93%**

Important to note:

- *Disbursement from GF as at October 2020:* ***USD 28,252,217***
- *54% of the total budget relate to procurements (GeneXpert cartridges) and other activities conducted on behalf of PR1 because of PR2 efficiencies.*

8. Malaria Project

Report from AMREF on Global Fund Malaria Project – Mr. Josphat.

Amref Health Africa is the Non-State Principal Recipient (PR) for Malaria under the Global Fund 2018 – 2021 grant. Mr Josphat from AMREF gave an update on the Global Fund Tuberculosis grant implementation of January 2018 – December 2020. The presentation outlined the Project implementation updates, updates on strategic initiatives, financial performance, Lessons learned, challenges and mitigation measures and the Key focus for January – June 2021. The Goal of the Project is to contribute to the national goal of reducing malaria incidence and deaths by at least 75% of the 2016 level by 2023.

The January 2018 – June 2021 Budget is USD 16,059,470. The Coverage on Community Case Management of Malaria is from 10 Counties namely Nyanza region – Homabay, Kisumu, Migori, Kisii, Nyamira, Siaya, Western region – Bungoma, Kakamega, Vihiga, Busia. 14 Counties are on promotion of malaria prevention interventions through school pupils and these include Lake region – Homabay, Kisumu, Migori, Siaya, Bungoma, Kakamega, Vihiga, Busia, Coast region (2018 – 2021) – Mombasa, Kilifi, Lamu, Tana River, Taita Taveta, Kwale. On Health Facility Support Supervision and Data Quality Audit, all 47 counties are involved.

8.1 Progress on Key Activities: CCMm

Indicator	Period	Target	Achievement	%
1. CM-1b (M): Proportion of suspected malaria cases that receive a parasitological test in the community	Jan-Jun 2018	106,391	112,394	105.6
	Jul- Dec 2018	106,390	196,155	184.4
	Jan-Jun 2019	124,608	279,648	224.4
	Jul- Dec 2019	124,608	87,847	70.5
	Jan-June 2020	148,727	57,545	38.7
	Jul-Dec 2020	148,728	76,058	51.1
2. CM-2b (M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Jan-Jun 2018	55,137	76,073	138.0
	Jul- Dec 2018	55,137	122,142	221.5
	Jan-Jun 2019	73,189	184,834	252.5
	Jul- Dec 2019	73,189	57,944	79.2
	Jan-June 2020	97,632	38,800	39.7
	Jul-Dec 2020	97,632	18,750	19.2
3. M&E-2: Proportion of facility reports received over the reports expected during the reporting period	Jan-Jun 2018	3,308	1,884	57.0
	Jul- Dec 2018	3,308	4,409	133.3
	Jan-Jun 2019	3,748	4,490	119.8
	Jul- Dec 2019	3,748	4,523	120.7
	Jan-June 2020	4,189	4,795	114.5
	Jul-Dec 2020	4,190	5,004	119.4

8.2 Progress on Key Activities: WPTMs

Module/Activity	Milestone/Target	Status as at 31st December 2020	Comments
RSSH: CHU Supportive Supervision	735 CHUs supervised in a semester	830 CHUs supervised	
RSSH: Performance-based Incentives payment to CHVs	688 CHUs provided with monthly performance based incentive	393 CHUs (3930 CHVs) in Migori, Kisii, Nyamira, Homabay and Kakamega Counties paid till June 2020. Counties expected to take up payment thereafter but requested extension	Additional 4 Counties; Bungoma (102 CHUs); Kisumu (71 CHUs); Busia (105 CHUs); and Vihiga (90 CHUs) took up stipend payment. Siaya County already paying
RSSH: Printing and distribution of reporting tools to 735 CHUs	735 CHUs supplied with CHIS and Malaria specific reporting tools	CHIS tools distributed to 823 CHUs in 2019 Malaria DAR and DAR summary and MoH 100 distributed to 830 CHUs in July 2020	CHS tools have been revised. Need for budget for printing and distribution of the revised tools

8.3 Finance update as at 31st December, 2020

	Total budget	Budget to date	Expenditure to date	Variance	Performance %
PR	9,125,718	8,063,635	5,109,432	2,954,203	63.36%
SR	6,933,752	6,745,173	6,233,465	511,709	92.41%
Total	**16,059,470**	**14,808,808**	**11,342,897**	**3,465,911**	**76.60%**

8.4 Implementation plan for the remaining grant period

- Prioritized activities for the period Jan – Jun 2021
  - Community Case Management of malaria
  - CHU supportive supervision
  - Health facility supportive supervision
  - COVID-19 response activities
- Grant close-out: asset verification, summative reports, handover
- 2021 – 2024 grant making
- SR selection for next grant implementation

9. HIV Project

HIV Grant Progress Update by KRCS Global Fund – Ms. Joyce Wanyonyi.

Joyce in her presentation outlined the Program Coverage, Target achievement, WPTM, Finance Outlook, Program Successes and key Challenges.

On the Program coverage, 37 Counties are covered with 21 KP coverage. There are 73 organizations under Implementing partners and Sub recipients, 35 SRs, 10 AYP organizations and 28 networks. The Networks are (12 PLHIV, 12 MSM, 2 FSW and 2 PWID networks). The SRs have identified, trained and engaged 6,183 CHVs, 1,427 PEs, 163 OWs, 450 Mentor Mothers, 502 Peer Champions, 188 AYP PEs and 337 CATS to provide health education, treatment literacy, health promotion and adherence support services to their peers at the community and reach out PLHIV and KP community. All CORPs above are actively involved in community service which includes identification of people who need support, linking them to HF and follow up.

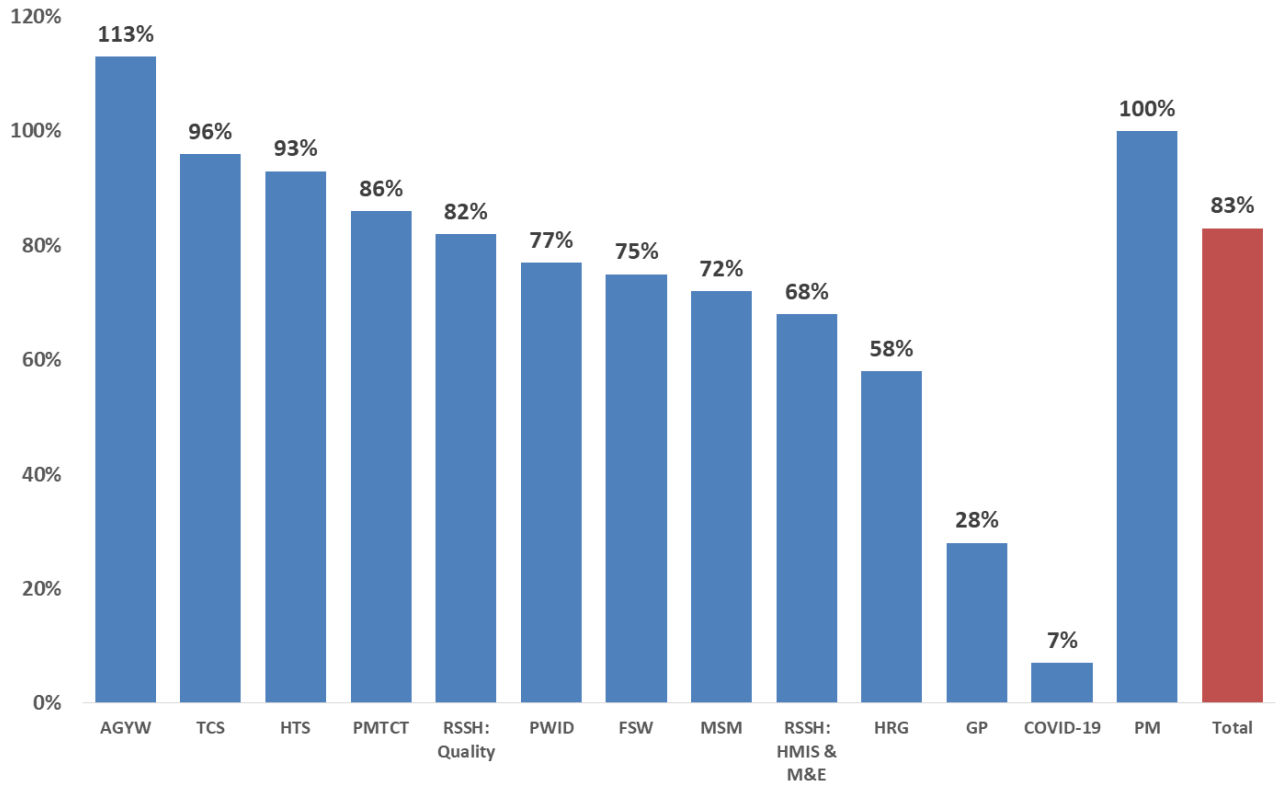
9.1 Progress Updates – Coverage Indicators

Indicator	Target	Achievement	%ge Achievement
KP-1c (M): Percentage of FSW reached with HIV prevention programs.	41,443	42,331	**102%**
KP-1d (M): Percentage of PWIDs reached with HIV prevention programs.	13,500	13,879	**103%**
TCS-Other 1: Number of PLHIV who receive care and support services outside facilities	137,485	148,498	**108%**
KP-1a (M): Percentage of MSM reached with HIV prevention programs.	20,000	19,891	**99%**
AYP: # of Adolescent and Young Population reached within the program	78,824	84,263	**107%**

9.2 Progress Updates - WPTM

Indicators	Achievement
AYP: # of AYP living with HIV who receive care and support services outside facilities	• **23,276** identified and supported in treatment initiation and retention, and provided adherence counselling and treatment literacy. • **7,940** supported by CATS to provide health education, treatment literacy, health promotion and adherence support services to their peers at the community.
HRG: # of people reached through know your rights campaign	• **32,209** people reached with Know Your Rights Campaigns (KYRC) • **5,623** people reached through Legal Aid Clinics. • **19,268** of people reached through SGBV outreaches • Increased reporting of human rights violation cases
CTP: # of AGYW receiving cash transfers	• **9,136** received their last cash transfer and dignity kits
KMMP: # of Mentor mothers engaged in KMMP program	• **450** are receiving monthly stipends across 47 counties.

9.3 Cumulative Absorption Per Module



9.4 Key Financial Indicators

- Cumulative absorption improved from **76%** in **June 2020 to 83 % Dec 2020;**
- Current absorption improved from **80% in June 2020 to 95% by Dec 2020,** with significant improvements seen in AYP, HRG & RSSH HMIS& ME (Combo) modules with the acceleration plans put in place.
- **Covid-19 (7%)** Variance mainly relates to PPEs procurement initiated, samples tested by KEBs currently undergoing technical & financial evaluation to go for award subject to GF approval.
- GP: Field work by NASCOP completed, BQs shared with KRCS (Jan, 21); Advertising for contractors being done; Tender for Equipment procurement opened being analyzed for award

9.5 Focus on the Next Grant

- Working with Truckers for HIV prevention, care and adherence support
- Working with Beach Management Units to reach Fisher folks with HIV prevention, care and adherence support
- Working with community pharmacies as Art dispensing sites
- Comprehensive HIV prevention Services targeting KP Programing(FSW, PWID, MSM), AYP and General Population
- Human Rights Intervention

9.6 Programme Successes

As a result of the GF investments in Community HIV programming in Kenya, there is;

- Increased access to HIV testing and counseling in the target counties; focusing on marginalized and hard-to-reach population
- Increased identification of HIV positive individuals especially among key population, AGYW and PLHIV households; and linkage to HIV treatment and care services
- Increased access to health services for the beneficiaries through direct service delivery; outreach and guided referrals to health facilities
- Support to follow up of defaulters, newly diagnosed and LTFU; and support through treatment literacy, adherence support and PSS through group therapy

As a result of the GF investments in Community HIV programming in Kenya, there is;

- Strengthened peer education and demand creation to reach key population and AGYW with HIV prevention information, commodities and services
- Provided safe spaces that are established to bring KP members to rest, get information and interact with each other – building solidarity and collective identity
- Capacity building of the Networks of KP, AYP and PLHIV as implementing partners through trainings, mentorship and OJT to enhance organizational capacity for quality program delivery, financial management and reporting.

9.7 Lessons Learnt

- There is need for integration and leveraging between the different modules to maximize impact for the project beneficiaries
- Grant Implementation start greatly depend on the SR selection timelines
- The capacity of implementing partners greatly determines the PR target achievement and overall success of the grant
- Understanding of the interventions and strategies of implementation is key to successful implementation
- Synergistic relationship with counties is critical for smooth transition of grants and/o grant close out process.

9.8 Challenges

1. Slow implementation during COVID 19 onset
    - Development of guidelines for implementation during COVID 19 period.
    - Engagement of Outreach workers and some Peer Educators to deliver essential.
    - Maximized utilization of mobile van.
    - Development of BCPs/Aligning activities to meet MOH measures/Seeking authorization from counties.
2. Lack of nutritional support affecting adherence in ART.
3. Violence and discrimination against KPs remain a challenge and barrier to access services.
4. Increased cases of Sexual Transmitted Infections among key population.

10. Review of Formal Private Sector constituency engagement work plan

Kenya Healthcare Federation would table the advantage of its bi-monthly members meeting and the existing advocacy forums: The Ministerial Stakeholders Forum (MSF), The Presidential Roundtable (PRT), The Speakers Roundtables (SRT) and the County Stakeholders Forums (CSFs).

10.1 Formal Private Sector Constituency Recommendations to the KCM

Formal private sector through Kenya Healthcare Federation has capacity to provide services under the global fund and should be considered as a principle recipient in subsequent funding rounds




Private Sector Voices Dr Njoki Fernandes (Heri Healthcare), Ms. Ann Musuva (Think Well Global), Mr. Vinod Guptan (Medsource Group) and Dr Oduor Otieno (Systems Evaluation)

11. Annexes:

11.1 List of Participants

	NAME	ORGANISATION
1	MARYANE WAHITO	THE NAIROBI HOSPITAL
2	DANIEL KARUME	GOODLIFE PHARMA
3	AMIT THAKKER	AFRICA HEALTH BUSINESS
4	CAROLINE MWIKALI	PENDA HEALTH
5	GRACE NDEGWA	ZAWADE BRAND SOLUTIONS LIMITED
6	DR. BINDI TANK	THE NAIROBI HOSPITAL
7	LEONARD NDEGWA	HUMAN QUALITY ASSESMENT SCIENCES
8	JOSHUA K. MURIITHI	ROCHE
9	CHRISTINE WAITHERA	JUBILEE HEALTH INSURANCE
10	DR. SIMON KIGONDU	KENYA MEDICAL ASSOCIATION
11	DR. MURIITHI K.M	NOVARTIS
12	MITCHELL OGUNA	PENDA HEALTH
13	WALTER OBIYA	HEALTH STORE EAST AFRICA
14	VINOD GUPTAN	MEDSOURCE GROUP
15	DR. KIPLANGAT SIGEI	BIOMERIEUX
16	DR NJOKI FERNANDES	HERI HEALTHCARE
17	BONNIE ODUOR	INTERNATIONAL CANCER INSTITUTE
18	TAKA AWORI	ELEPHANT HEALTHCARE
19	ODOUROTIENO	SYSTEMS EVALUATION LIMITED
20	JAN DE WILLEDOLS	ELEPHANT HEALTHCARE
21	KAMAL KISHOR	CCKC
22	NYOKABI KIARIE	AFRICA HEALTHCARE NETWORK
23	FRANCIS KARANJA	GSK/KHF
24	ELIZABETH WALA	AGAKHAN FOUNDATION
25	JOYCE WANYONYI	KENYA RED CROSS SOCIETY
26	ANGELA SITEYI	PHARMACESS FOUNDATION
27	JAMES NGUNJIRI	HERI HEALTHCARE
28	ANGELINE ACHOKA	IMPERIAL HEALTH SCIENCES
29	MICHAEL DOWLING	ELEPHANT HEALTHCARE
30	JOSEPH KIMANI	AMREF HEALTH LIMITED

31	CLINTON OBURA	ELEPHANT HEALTHCARE
32	RUKIA ABDULKADIR	E-PLUS
33	NAVIMIT SINGY	CANCER CARE KENYA
34	ERIC MUCHIRI	AHF/KEHACIO
35	MICHAEL K. CHEGE	AFRICA HEALTH NETWORK KENYA
36	DR. WANGUI MILLICENT	AMREF HEALTHCARE LIMITED
37	STELLA KWTANVI	MEDIXUS
38	DR. ANN MUSUVA	THINK WELL GLOBAL
39	FRED OBONDO	MY DAWA
40	MICHELLE MAINA	GOODLIFE PHARMACY
41	LOISE WANJA	FEDERATION OF KENYA PHARMACEUTICAL MANUFACTURERS
42	MARTHA CHERUTO	KENYA PRIVATE SECTOR ALLIANCE (KEPSA)
43	TONY WOOD	MY DAWA
44	PATRICIA KAWOLEMA	AFRICA HEALTH BUSINESS (AHB)
45	FRANCIS NJUGUNA	KENYA COUNCIL OF EMERGENCY MEDICAL TECHNICIANS
46	ABRAHAM ORARE	HEALTH STORE EAST AFRICA
47	FAITH OWIYO	KENYA PRIVATE SECTOR ALLIANCE (KEPSA)
48	ANBAR GANATRA	AFRICA HEALTH BUSINESS (AHB)
49	YUTE POSTUMA	PHARMACCESS FOUNDATION
50	EDITH. N.GITAU	KENYA MEDICAL ASSOCIATION
51	JEAN KYULU	HELIUM HEALTH
52	NICHOLAS MINYALE	KENYA VERTERINARY ASSOCIATION
53	JOHN MUNGAI	AMREF HEALTH AFRICA
54	GLORIA WANDEYI	AMREF HEALTH AFRICA
55	MARGARET MUNDEA	KCH
56	AGNETTA LUSIOLA	AFRICA HEALTH BUSINESS (AHB)
57	DR. DOUGLAS ORAMIS	KENYA DENTAL ASSOCIATION
58	CAROLINE KAWIRA	KENYA PRIVATE SECTOR ALLIANCE (KEPSA)
59	DISHA HINDOCHA	SURGIPHAM LIMITED
60	MWANGI NJEKE	CONVERGENT MEDICAL SERVICES
61	SUSAN NG'ONG'A	E PLUS
62	ANN ITHIKU	AIDS PLAN
63	NICOLE SPIEKER	PHARMACCESS FOUNDATION
64	OLIVIA KOJA	JANST HEALTHCARE
65	JOHN KITHI	AFRICA HEALTHCARE NETWORK
66	DR. LEAH WAINAINA	JUBILEE HEALTH INSURANCE
67	JOYCE RIUNGU	STRATHMORE UNIVERSITY
68	DR. EZRA OMOLO	JUBILEE HEALTH INSURANCE
69	MARYANN MAINA	STRATHMORE UNIVERSITY
70	STELLA OWAKI	THE NAIROBI HOSPITAL
71	DR NJENGA MUIRURI	PONEA HEALTH
72	RUTH ELWAK	GOODLIFE PHARMACY
73	JUSTUS MBUTHIA	JACARADA HEALTH
74	LUCY NJUGUNA	NURSE IN HAND
75	JULIET KONJE	MARIE STOPES
76	DR. STEPHEN MULESHA	MINISTRY OF HEALTH
77	JACQUELINE KIDERA	THE NAIROBI HOSPITAL
78	ONYANGO OTIENO JACK	PRACTHEALTH
79	JULIUS MULESHE	MAISHA POA
80	DR. YASMIN KHANDI	HCP/NIHER

81	PETER K. MWANGI	KPA
82	SYLVIA MUGO	EXPO GROUP
83	BONIFACE MUTINDA	KENYA PRIVATE SECTOR ALLIANCE (KEPSA)
84	JANET MUMO	PONEA HEALTH
85	CHARLES KARIUKI	AAR HEALTHCARE
86	DR BRIAN LISHENGA	RURAL PRIVATE HOSPITAL ASSOCIATION (RUPHA)
87	DR JOYCE SITONIL	AAR HEALTHCARE
88	MONGARE KEVIN	RUPHA
89	DANIELLA MUNENE	PHARMACEUTICAL SOCIETY OF KENYA
90	DR ANASTASIA NYALITA	KENYA HEALTHCARE FEDERATION

11.2 Constituency Work plan Report 2019/2021

No	Planned Activity	Achievements/Deliverables	Challenges Noted	Suggestions for Improvement/Remarks
1	Disseminate information on Global Fund grants at the Ministerial Stakeholders Forum (MSF)	Ministry of Health leaders well informed of the KCM defined, mandate, composition & structure. Public Private Partnerships on Global Fund well aligned.	Leadership changes at the Ministry of Health interrupts continuity. In 2020 Focus was on COVID 19 Pandemic.	Need to support programmes that reflect national ownership
2	Disseminate information on Global Fund grants at the County Stakeholders Forum (CSF)	The County health leaders (CECs Health and Sanitation) well informed of the KCM defined, mandate, composition & structure. Public Private Partnerships at the county level on Global Fund well aligned.	Leadership changes at the County level interrupts continuity. In 2020 Counties focused on the COVID 19 Pandemic. Bureaucratic PPP Procurement Processes at the county level hindering funding processes.	Need of expansion of the grant to cover other diseases and possible pandemics.
3	Disseminate information on Global Fund grants at the Presidential Roundtables (PRT)	Kenya Private Sector Alliance and the PRT organizers well informed of the funding request procedures. Infrastructures and PPP Policy widely discussed and aligned which impacts of funds dissemination.	The PRT is multisectoral and covers all other sectors apart from health. Solutions are given at a much higher level, it terms of processes, policy formulations which is time consuming.	Need to advocate for PPP policy formulations to be simplified to enable ease of funds dissemination and doing business.
4	Disseminate information on Global Fund grants at the Senators Roundtables (SRT)	Senators and Members of Parliament well informed of the funding request procedures, KCM defined, mandate, composition & structure	SRT is all inclusive and multisectoral with little focus on health.	Come up with other forums with the MPs, Senators and Governors for Health.

5	KCM updates to the private sector stakeholders. Disseminate information on Global Fund grants at the KHF Members meeting	Reports from different Consituenties and specific subrecipients shared with the Private sector. The Private Sector called upon to participate in grant processes and implementation processes.	Lack of media involvement to package the information to the public. Communication breakdown within the private sector. Data analysis and general management under monitoring and evaluation, how to capture data that feeds onto DHIS.	Private Sector need to do more activities that can raise awareness on the specific diseases. Training – online training and training digitization. The Private Sector through KHF needs participate in ✓ Funding template –EMR ✓ Absorption ✓ Exit Strategy ✓ Procurement ✓ Supply Chain

11.3 Gallery

Dr Amit Thakker: KHF Chairman.

Dr Elizabeth Wala: KHF Vice Chair.