

MINUTES OF THE SPECIAL KCM MEETING HELD ON 30TH JANUARY, 2020 AT AFYA ANNEX ROOM 302

Present

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| 1. Ms. Faith Ndung'u | Member/Vice Chair |
| 2. Mr. John Kamigwi | Alternate/NACC |
| 3. Ms. Tessa Mattholie | Member/DP-BL |
| 4. Dr. Pierre Bello | Member/DP-BL |
| 5. Ms. Jane Wamoko | Alternate/NT |
| 6. Ms. Consolata Opiyo | Alternate/PLWD-TB |
| 7. Ms. Lucy Njenga | Alternate/PLWD-HIV |
| 8. Ms. Rosemary Kasiba | Alternate/KP |
| 9. Ms. Gloria Auma | Alternate/AYP |
| 10. Dr. Jonathan Kiliko | Member/FBO |
| 11. Mr. John Kihui | Member/Informal Sector |
| 12. Dr. Mehdin Tsehau | Member/DP-ML |
| 13. Dr. Ischar Oluoch | Member/County Government |
| 14. Mr. Samuel Muia | KCM Coordinator |

In attendance

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| 1. Dr. Pacifica Onyancha | MOH-Ag. Director MDSPPH |
| 2. Mr. Linden Morisson | Global Fund Secretariat |
| 3. Mr. John Ocheru | Global Fund Secretariat |
| 4. Ms. Soukeyna Sylla | Global Fund Secretariat |
| 5. Mr. Francis Muriu | LFA/PWC |
| 6. Mr. Joseph Kagiri | LFA/PWC |
| 7. Dr. Joseph Kibachio | MOH/Head DNSPPH |
| 8. Dr. Valeria Makori | MOH DMSPPH |
| 9. Dr. Bernard Langat | PR/AMREF |
| 10. Ms. Khalda Mohamed | PR/KRCS |
| 11. Ms. Annette Msabeni | PR/KRCS |
| 12. Mr. David Muttu | KEMSA |
| 13. Ms. Lucy Ghati | FR/Core Team |
| 14. Dr. Carolyn Olwande | UNAIDS |
| 15. Dr. Abdinasir Amin | OC member |
| 16. Mr. Stephen Kibira | Consultant |
| 17. Mr. Kevin Ogollah | KCM Secretariat |
| 18. Ms. Margaret Mundia | KCM Secretariat |

Absent with apology

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| 1. Ms. Susan Mochache, CBS | Principal Secretary/Chair |
| 2. Mr. Edward Mwangi | PLWD/Malaria |
| 3. Dr. Lenai Kamario | Gov-County |
| 4. Dr. Peter Kamunyo | Member/Formal Private Sector |
| 5. Dr. Bernard Ogutu | Member/Government |

Agenda

1. Introduction /Apologies
2. Welcome Remarks from the Chair
3. Declaration of Conflict of Interest
4. Review and confirmation of previous minutes of the KCM Meeting held on 7th November, 2019 and matters arising
5. Global Fund Allocation to Kenya
 - i. Presentation by the Global Fund Country Team
6. Oversight Committee Report
 - i. Presentation by the Oversight Committee Chair
7. Management Committee Report.
 - i. Presentation by the Management Committee Chair
 - ii. Endorsement of Road Map/Criteria/Independent Technical Review Committee to guide selection of Principal Recipients
8. Endorsement of Funding Request Secretariat/ Costed road map
9. Update on the progress made in defining Implementation arrangements of Global Fund Grants in Counties.
 - i. Presentation from the Adhoc Committee Chair
10. AOB

Min 1//1/1/2020 Introduction /Apologies

Meeting opened at 9.40 with self-introduction and apologies as listed above.

Min 2//1/1/2020 Welcome Remarks from the Chair

The Chair welcomed all, and reiterated the need for members to observe punctuality, and attendance so as to start meetings on time. She went on to thank the GF Team which was in Country to discuss the Global Fund Allocation Letter to Kenya and funding request application process. She cited 2020 as the year when the 90 90 90 targets and milestones were supposed to be achieved, and why it was important for the KCM to evaluate progress and next steps. She remarked on the need for the Committee members to come up with innovative ideas that would see the Country achieve the SDGs.

She also reminded members that Conflict of interest was a key parameter on doing business with the Global Fund, and therefore, it was important that all members ensure they sign the 2020 conflict of interest forms.

Min 3//1/1/2020 Declaration of Conflict of Interest

Members with perceived interest were given an opportunity to declare. Representatives of Principal Recipients were to recuse themselves as the KCM deliberated on agenda 7, item ii regarding PR Selection process. Moving forward, it was agreed that there should be a Register to help keep tabs of conflict declared.

Min 4/1/1/2020 Review and confirmation of Minutes of the KCM Meeting held on 7th November, 2019 and matters arising

The Minutes and Matters Arising, thereof, from the KCM meeting held on 7th November, 2019 had been shared with Members for their review and edits.

The Minutes were confirmed as a true reflection of the day's deliberations as:

Proposed by: John Kihii

Endorsed by: Lucy Njenga

Matters Arising were confirmed to have been achieved, and while others were contained in the Agenda as substantive matters.

Min 5/1/1/2020 Global Fund Allocation to Kenya -July 2021-June 2024

Remarks by Linden Morrison-Head/Africa High Impact II – He started by thanking His Excellency the President, the country leadership and the KCM for the contribution towards, the successful Global Fund Replenishment that took place in Lyon France, in October 2019. He went on to say that 2020 should be the year of achieving targets especially, under the 90 90 90. He however noted that based on available data, the Country was still lagging behind in achieving the targets. He encouraged the KCM to be more innovative and ambitious, even as the country looks into the next funding cycle. He advised that some of the challenges experienced were beyond a nations boundary, citing the case of Malaria which had shown an upsurge in the E. Africa region. He encouraged the country to support UHC which can create synergy if looked at from a HSS perspective.

The Country Team, then shared a presentation with the KCM on the details of the Country 2020-2022 Allocation and what is expected during country dialogue. The presentation outline: (i)What's New or Different: 2020-2022 Funding Cycle; (ii)Program Split; (iii)Funding Beyond Allocation; (iv)Co-Financing; (v)Country Dialogue; and (vi)Global Fund Priorities. The application period is envisaged to take 6-9 months, while the Grant Implementation period is 3 years. The Funding request submission is in 3 windows, that is March, May and August 2020. Kenya is going for the August window, followed by TRP which will be in October 2020, Grant Making to follow between November 2020 and January 2021, and approval by March 2021.

What's New or Different: 2020-2022 Funding Cycle: The GF Team informed members that that the current allocation model was implemented to distribute funding across countries in line with disease burden and economic capacity. Over the cycles, allocation methodology has been refined to address lessons learned and achieve greater impact with available resources. The 2014-2016 - Model was developed to achieve greater impact by funding being aligned with highest burden and lowest economic capacity. The 2017-2019 -Model was then refined to deliver impact in line with Strategy, correct problems, and improve flexibility, simplicity, while the 2020-2022 -Adjustment was based on evidence/lessons learned to better achieve impact.

The GF Team informed members that as per the GF strategic plan, all applicants are encouraged to present a **funding request for resilient sustainable and systems for health (RSSH)**, covering health systems' needs across the three diseases, programs that focus on **strengthening**

key and vulnerable populations in order to maximize impact, including women and girls. At the same time, GF encourages flexibility and innovation to respond to **challenging operating environments (COE), and demonstrate** Tailored approach for transition portfolios: all upper-middle income (UMI) and lower-middle income (LMI) portfolios by undertaking **sustainability planning**

Under the current Funding Request cycle, development and use of Essential Data Tables will be required. These are Pre-filled tables of indicators to encourage data-based analysis for HIV, TB, malaria and Resilient & Sustainable Systems for Health. The Tables are prefilled by the Secretariat using publicly available datasets. Applicants are encouraged to use the data as reference while developing the funding request, and where necessary update and/or correct if more recent or different data is being used for analysis. The TRP welcomes the submission of additional datasets that may not be included in the Essential Data Table and would support the funding request analysis/prioritization.

Other highlights under this sub-heading included, the PAAR which is to be developed and submitted at same time as funding request submission; the Global Fund team clarified that request on Matching Funds was to be integrated in funding request. The CCM Eligibility – Eligibility Requirement 1&2 are key, and will be assessed at submission. Eligibility Requirement 3-6: for countries not selected to participate in CCM Evolution will be done through a **self-assessment with “EPA Lite” tool**.

The Key Annexes for this funding include: Budget, Performance Framework, Funding Landscape Tables, Programmatic Gap Tables, Prioritized Above Allocation Request, Essential Data Tables, **CCM Endorsement of Funding Request, CCM statement of compliance, Co-financing documentation, National Strategic, Implementation arrangement map, Health Product Management Tool and Transition Readiness Assessment and/or Transition Plan***

(ii) Program Split Process: The KCM was informed of the funding allocation and indicative split in December, 2019. KCM is required to conduct data-based, inclusive program split discussion, and then submit the program splits to the Global Fund, for review and approval. The very latest a Program Split can be submitted is alongside the funding request.

(iii)Funding Beyond Allocation: The total country allocation is 415,310,170. Split by disease is HIV/AIDS:271, 649,197; TB: 56,694,297 Malaria 86,966,676. In addition, Kenya is eligible for additional CATALYTIC MATCHING FUNDS beyond the allocation amount in four priority areas as follows: 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

(iv)Co-Financing is core requirements to access an allocation. Other requirements and this sub title include: (a) Progressive government expenditure on health, and (b) Progressive absorption of key program costs. In addition, a co-financing incentive of **at least 15%** of the allocation available to countries if they make and realize *additional commitments* with the following focus: More flexibility to focus on health systems in LICs and LMICs and More targeted focus on disease programs, key and vulnerable populations, and transition and sustainability priorities as countries move along the development continuum. The Key Considerations for these are: **20%**

of country's allocation is a **co-financing incentive**, accessible only when the country makes and realizes additional domestic commitments as per the requirements of the Sustainability, Transition, and Co-Financing (STC) policy.

During submission of funding request, the country should submit evidence of the realization of previous commitments (from the 2017-2019 allocation); as well as realize additional co-financing commitments – at minimum 20% of the 2020-2022 allocation amount).

Country Dialogue process must be transparent and inclusive funding request development process, and also ensure a Transparent and documented Principal Recipient (PR) selection process.

The Funding Request process, expected outcomes are: (i) Documented evidence of the inclusive dialogue to comply with Eligibility Requirement 1 and Eligibility Requirement 2: (ii) a KCM Endorsed the funding request.

For the upcoming Funding Request, the Global Fund Priorities are: (i) Funding to be aligned to prioritized country needs as guided by NSPs & prioritize focus on key opportunities to increase impact using quality evidence based interventions; (ii) Maintain efficient implementation of programs to ensure strong financial absorption of grant funds; (iii) AGYW - Support consultation and analysis to identify and encourage focus on key opportunities for increasing impact, including the implementation and scale up of quality evidence-based interventions for AGYW in line with national strategies; (iv) Health Financing - Explore potential areas of catalytic investments from the Global Fund allocation to support the government's health financing agenda, including efforts to improve efficiency in government health spending and to contribute to the successful implementation of the Health Financing Strategy and the Blueprint for Sustainable Domestic Resource Mobilization for Health in Kenya. (v) Importance of investing in strengthening health and community systems; and (vi) Importance of investing in programs and approaches that address human rights and gender-related barriers to access to health services.

Discussion and Decisions

Members noted that there was need to be innovative in the next funding phase. Members were requested to identify scalable areas such as in Malaria to have interventions that can go beyond the national borders. A resource mobilization strategy was also suggested to enhance the co-financing element.

There were concerns however on how the GF arrives at the Funding Split. KCM requested if GF can share the data used to arrive at this decision. Upon deliberations, and with guidance from the GF Team, members felt that the indicative disease split be adopted, as any changes/alterations would require a lot of research and data to back it up, which would interfere with the funding process. The GF funding cycle would remain the same during the next cycle.

Agenda Decisions

- (1) Country to go for 31st August submission Window.
- (2) The indicative Disease Split as proposed by the Global Fund were adopted. Decision on RSSH and Modular splits was to be made after prioritization and gap analysis

- (3) Country advised to rely heavily on partner dialogue when generating data tables
- (4) The Country Team to share the country specific application materials as a package where the actual funding request documents can be accessed.

Min 6/1/1/2020 Oversight Committee Report – Presentation by Oversight Committee Chair

Quarterly Oversight Committee Report: Report is a summary of deliberations of the Oversight Committee meeting held on 9th December, 2019 and KCM Oversight visits conducted in November 2019. The Grant performance for up to Period 6 and 7 was also presented as: PR-National Treasury: HIV-Latest Rating A2, Absorption P6-19% and P7-29%. PR-National Treasury: TB -Latest Rating B1, Absorption P6-71% and P7-73%. PR-National Treasury: Malaria -Latest Rating B1, Absorption P6-16% and P7-18%. PR-National Treasury: HIV-Latest Rating A2, Absorption P6-19% and P7-29%. PR-KRCS: HIV-Latest Rating A2, Absorption P6-60% and P7-64%. PR-Amref: TB-Latest Rating A2, Absorption P6-78% and P7-79%. PR-Amref: Malaria-Latest Rating A2, Absorption P6-72% and P7-72%.

Oversight Visits – November 2019: The recent Oversight Visits were advised by the need to take a deep dive into grant performance and addressed the causes of delayed implementation and low funds absorption rate especially for TNT Malaria and HIV Grant, the oversight visit aim was discussing grant implementation bottlenecks with PRs, and make recommendations to the KCM. The Visit objectives were, to Establish causes of low funds across implementers; Review the current Procurement pathway; Promote linkages and collaboration between KCM, and key implementers and finally make Specific recommendations for improved performance

The Oversight noted key issues which include:

Procurements: A Procurement pathway mapped and bottlenecks identified. The pathway, was as a result of noted bottlenecks starting from grants making to the last mile, which is delivery by KEMSA. The wide range consisted of Contract Management: concerns with Contractor adherence to Contract agreements and timelines, HR issues due to transitioning at KEMSA, thus disruption of operations; delays in various areas, from the procurement initiation step, approvals at MoH, delays due to General Tax Exemptions, Supply disruptions leading to minimum stock status across a number of commodities and stock outs e.g. Nevirapine syrup; Shortage of APIs for ARVs and TB Commodities affected production timelines; as well as absence of a Procurement Tracking system.

Issues noted at implementation level include: delayed start up of activities for new grants across all implementers; and a pending Court case by KMMLTB Lab Association ruling on non-lab personnel conducting tests affecting diagnosis;

The Oversight committee, thus made recommendations as:

PR/TNT: Procurement considerations during grant making processes to ensure that budgets are factored in periods when it's feasible to expend; decentralize GF Approvals to Department Heads to minimize delays during implementation; and regular Oversight over the Commodity Coordinating Committee at TNT level. Other recommendations included: request for a General Tax exemption/Master List Preparation during and prior to grant making; engage 2 Principals under Treasury and MoH on Tax Exemption and prioritizing ERP System development and finalization.

KEMSA: It was recommended that the Agency sets up GF Unit; Identify a Permanent Contract Manager within KEMSA; Ministry of Health consider deploying Pharmacists to KEMSA and Contract /Supplier Management.

Observed issues that require the attention of Non State PRs were:

PR/KRCS: There have been cases, and concerns arising thereof, from the delayed selection of Sub Recipients; Transitioning of CHVs from Partners to Government (Counties); Procurement and supplies, challenges with NSP kits, STI medicines, lubricants supply. Other challenges were on **Implementation** which included: Prevention programs for the general population; delayed rebranding of VCTs as HIV prevention centers; delayed approval of COMBO implementation. **Pprevention** programs for adolescents and youth, in and out of school, delayed set up of youth led organizations and capacity challenges; Conflicting mandate by PR and SR on training of ToTs under AYP; Programs to promote human rights and gender equality -related barriers to HIV services and lack of a Manual for HR thus delaying trainings

PR/Amref-HA: Delayed SR engagement was also cited as a challenge; delayed implementation under Special Initiatives – KIC, PPM and P4Performance. Issues identified in procurement include: Transition to SLA under Cartridges; delayed GF Approvals; delayed deliveries; budget deficits at PR level affecting Cartridges, freight charges and tax levies and partner budgets under PMI – Malaria

Recommendations for the Non- State PRs included:

SR selection: Endorsement and use of SR selection guidelines to inform process as FR development is underway; Pre bidding Conference before the commencement of SR Selection process: Procurement of Gene Xpert Cartridges for 2021: reallocation request under AMREF TB grant and HRH Transition for GF supported CHVs be expedited.

Discussion

The Members commended the Oversight Team for the tremendous effort, since procurement related challenges had continued to affect funds absorption. There was a request to have the Procurement Pathway well documented and monitored through a period of time.

The Ministry of Health Team informed members that discussions with the Laboratory Board on how to end the court battle and allow for processes to flow smoothly. The court case is headed for final determination on 18th of February, 2020.

Agenda Decisions

The Procurement Pathway be dissected for easier management and implementation

1. Low absorption of funds was noted as an exposure area. However, the plenary noted the low absorption was **partially** due to reporting criteria. The feeling was that if accrual basis of accounting was acceptable and commitments on procurements made under the National Treasury reflected, then the graphs would reflect the true position. Oversight Committee asked to include a slide depicting Commitments status in future presentations.
2. The suggestion by National Treasury to align budget with activities e.g. Procurement of ILLNs in the next grant, might not make the difference envisaged, but rather, ensuring that all procurements are planned and executed in a timely manner.

3. PR/TNT to ensure that all goods that have been ordered for are delivered by 30th June, 2021 so that they are not locked out of the current funding grant.
4. There is need to track Co-funding to enable justifiable requests in future.

Min 7/1/2020 Management Committee Report.

(i) Presentation by the Management Committee Chair

The Management committee meeting held on its quarterly meeting on 22nd January, 2020. The Committee highlighted to the meeting the KCM performance thus far, and the remaining activities as per approved workplan. However, the committee reported that the process of receiving 2019/2020 KCM funding had not been finalized, and therefore, money had not been remitted, which was likely going to cause some delays. The CS/MOH had sent a letter to CS Treasury requesting for approval of KCM Funding agreement to allow Global Fund to disburse KCM Funding through the National Treasury. A reply was being awaited. Signing of the MOU for KCM Grants between KCM/KRCS has taken long than expected, the process to get clearance from the Solicitor General is ongoing. The committee informed the meeting that the process of Developing a KCM strategic plan had started and the Consultant had been invited for the KCM meeting as part of the process. The committee raised the matter, of considering to have KCM become a legal entity. Management Committee also gave highlights of 3 other KCM processes that were in progress, they included (i) Funding Request Road Map/Secretariat, (ii) Implementation Arrangements for Global Fund Grants in Counties; and a PR Selection process Adhoc committee. The 3 items were to be discussed as substantive agendas.

(ii) Presentation by Ad Hoc Committee on PR Selection Process

The Ad Hoc Committee was set up by the Management Committee during its 10/12/2019 meeting to prepare documents necessary to guide the selection of Principle Recipients. The Ad Hoc Committee was expected to present to the Management Committee on 22nd January 2020 and subsequently to the KCM meeting of 30th January, 2020 for endorsement. The Management Committee also proposed that the Independent Review Panel (IRP) to review the submitted bids would constitute of 7 Members from the development partners with the following expertise: (1) Public Health knowledge of the 3 disease areas; (2) Finance; (3) Procurement; (4) Project Management and (5) Monitoring & Evaluation. The proposed partners were: (WB, WHO, UNAIDS, USAID, UNICEF, UNFPA, UNDP). Dr. Mehdi (UNAIDS) and Dr. Pierre Bello (French Embassy) were tasked to reach out to the ML/BL partners. This proposal was based on the commendable work done by the previous IRP during the non-state PR selection process for the current grant.

Ad Hoc Committee Members included: Lattif Shaban (Chair), Edward Mwangi, Dr. Peter Kamunyo, Pamela Kibunja and Maureen Murenga.

The TORs for the Ad Hoc Committee as prescribed by the Management Committee included: Develop a Costed Road Map to guide PR selection Process; Develop Content/Materials for the RFP and its Annexes; Prepare the Newspaper Advert; Oversee the day to day PR Procurement process, and continuously update KCM/Management Committee on the progress, including coordinating the Tender Opening, Responses to Bidders queries and Documenting all FAQs.

The Committee presented a Costed Roadmap depicting the processes and inputs required for and during the process with a total budget of KSHS. 2,367,170. **Ad Hoc Committee Meetings:**

activities under this sub heading included: Selection of Committee Chair and Endorsement of TORs; Developing draft timelines for the selection of PR Process; Develop Draft Roadmap for PR selection process; Request for Proposal Documents/Evaluation Criteria; Developing draft TORs for Independent Review Committee; Consolidation of the draft documents for PR selection; Approval of the draft documents for PR selection; Presentation of Roadmap & documents to Management for approval; Include the Management Committee Recommendations/edits in document & Roadmap; Documents shared with Legal and Procurement Experts for Review and Edit; Presentation of Roadmap to KCM for approval; Meeting to input KCM Recommendations.

Under **Advertisement**: On two dailies (Nation & Standard); Answering the Proponents questions; Information session for Management Committee and IRP Team; Opening of the Tender Documents.

Activities envisaged under the subtitle **Independent Review Committee** include: Review the submitted Tender documents and Annexes; Make site visits to organization for assessment - Car Hire; Make site visits to organization for assessment - Transport Refund; Award marks based on the framework in the RFP documents; and finally, Prepare and present the report to the KCM'

The TORs for the IRP were proposed to be: (i) Receive Bids after tender opening; (ii) Identify entity/organizations with sound Financial Management Systems, Institutional and Programmatic arrangements; Procurement and Supply Management Systems and Monitoring and Evaluation arrangement; (iii) Provide the KCM with: A List of Recommendation of the Organization/s to support the country implement the 3 disease areas; A report detailing the process with recommendation and areas of improvement in future; and A summary Presentation of the Report to be tabled during the KCM meeting for adoption.

The Committee requested the KCM to endorse:

1. Endorse the Management Committee's Sub Committee and its TOR
2. Endorse the proposed list of Independent Review Panel Members and TORs
3. Approve Costed Roadmap
4. Support in mobilizing resources for the activity

Discussion

Members discussed the agenda and recommendations. It was felt that the Costed Roadmap contained a high budget, which should be brought down. There was also a request to consider have a DP in the Ad Hoc committee

Agenda Decision

The Committee endorsed 3 out of the 4 requests:

-The Ad Hoc Committees TORs, with inclusion of a DP. Tessa (DFID) was proposed as the one to join the Team.

-Proposed list of Independent Review Panel Members/TORs

-Support in Mobilizing resources for the activity.

Proposed by: Iscar Oluoch

Seconded by: John Kamigwi

The Costed Road map is to be re-worked and circulated to KCM members for consideration and endorsement. The Meeting also requested the Adhoc committee to highlight broad areas of the PR selection criteria for KCM to review before finalization.

Min 8//1/1/2020 Endorsement of Funding Request Secretariat/ Costed road map

Presentation by Core Team Chair – Dr. Celestine Mugambi

During the KCM Meeting held on 7th November, 2019 the KCM set up FR Core team consisting of 3 members from the Government (NACC/MOH-Strategic Programs Head and COG) and 3 members from Non State and One Member Representing Partners. Team was tasked to prepare a Roadmap for the FR Application, Budget, constitute FR Secretariat/Draft TORs. The Team has held two meetings so far, that is 8th December, 2019 and 16th January, 2020/ Virtual meetings. The deliverables by FR Core team were reviewed by Joint ICC/HSWG and KCM management committee on 22nd January, 2020. The deliverables by the Funding Request Core Team had been shared with KCM members for review ahead of the meeting.

The Committee requested the KCM to endorse:

1. The proposed Funding Request Secretariat
2. Funding Request Roadmap/ budget totaling to Kshs. 62,666,100
3. Funding Secretariat request terms of reference

Discussion

Members felt that the budget attached to the activity was high, and if there was any commitment by Government. The size of the Funding Request Writing Team was queried, and there was concern that nothing much could be achieved with such a large number. Members also recommended that some of the proposed Residential Meetings be conducted in Nairobi, as a cost cutting measure.

Members discussed further and emphasized that as recommended during the KCM meeting held on 7th November, 2019 there was need ensure a lean Funding Request Secretariat / Separation of duties i.e. writing, reviewing and endorsing.

Agenda Decision

The Committee Chair was advised to:

1. Downsize Writing Team
2. Cut the budget accordingly
3. Submit the proposal afresh to the KCM online by Tuesday, 4th February, 2020 for consideration and online approval.

Min 9//1/1/2020 Update on the progress made in defining Implementation arrangements of Global Fund Grants in Counties.

Mr. John Kamigwi made the presentation on behalf of the committee established by the KCM to define implementation arrangements for Counties. The Adhoc committee was established following the recommendation by the Global Fund for Kenya to explore other alternative options of channeling funds to Counties, other than the Conditional Grant. Mr. Kamigwi informed members that the Adhoc Committee had made twice and recommended that there was

need to engage a consultant to Draft Proposal detailing costed options of implementing GF Grants in Counties and recommendation on the best option. This was to ensure that decision made by the KCM was informed through a well-documented process. The Consultants was to explore on the following options;

- Conditional grants to counties using intergovernmental Framework.
- Reimbursement to Counties (Reimburse fund after expenditure have been incurred on approved activities)
- Making COG to be a PR
- Disbursing fund to Counties through Civil Society Organization making counties as SRs
- Making Counties to be PRs (Global Fund Disbursing fund directly to counties)

The Consultant to analyze and evaluate options based on: Cost of disbursing the funds to counties and also reporting, Costs related to administration, infrastructure etc., one off cost and recurrent.), anticipated challenges which might occur and mitigation measures, Pros and cons of each option Functionality in terms of legality, Operations of each model taking into account optimization of expected programme results and how to handle accountability (Financial and Programmatic) issues in case of their occurrence. Mr. Kamigwi informed the meeting that Adhoc committee report/Consultants TORs had been shared earlier with members for review.

Discussion and Decision

Upon deliberation, the KCM endorsed Proposal by the Ad-hoc Committee for KCM to engage a consultant to draft proposal detailing costed options of implementing GF to Counties. The meeting also endorsed the Terms of Reference for this assignment. The KCM was to seek for Technical assistance for this assignment


Min 10//1/1/2020 AOB

There was none.

There being no other business, the meeting ended at 2.15pm.

Sign: 
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Samuel Muia
KCM Coordinator

Date: 5/05/2020
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Sign: 
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Faith Ndungu
KCM Vice Chair

Date: 5/05/2020
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