



**KENYA COORDINATING MECHANISM
MINUTES OF THE KCM MEETING HELD VIRTUALLY ON 19TH JANUARY, 2021
BETWEEN 9.54 AND 11.00AM**

Present

1. Ms. Susan Mochache, CBS	Chair/KCM (Chairing)
2. Dr. Bernhards Ogutu	Member/
3. Mr. Philip Nyakwana	Member/PLWD-TB
4. Ms. Maureen Murenga	Member/ PLWD-HIV
5. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
6. Ms. Eva Muthuuri	Member/ Malaria-NSA
7. Ms. Mebor Abuor	Member/COG
8. Mr. John Kihui	Member/Private informal sector
9. Mr. Peter Njane	Member/KP Rep-NSA
10. Ms. Gloriah Kerubo	Alternate/ AYP
11. Ms. Eva Muthuri	Member/PLWD-Malaria
12. Ms. Faith Muigai	Member/Formal Private Sector
13. Dr. Pierre Bello	Member/BL
14. Mr. John Kamigwi	Alternate/NACC-Gov
15. Dr. Stanley Bii	Member DP, BL/USAID
16. Mr. Latiff Shaban	Member/FBO
17. Mr. Samuel Muia	KCM Coordinator

In Attendance

1. Mr. Muiruri Nyakinyi	KCM Alternate
2. Ms. Patricia Mwendu	KCM Alternate
3. Mr. Ahmed said	KCM Member- Key Populations
4. Ms. Lucy Njenga	Alternate Member
5. Dr. Nazila Ganatra	HSWG Chair
6. Dr. George Githuka	DNMP MOH
7. Mr. John Ocheru	Global Fund Secretariat-SGPM
8. Ms. Soukeyna Sylla	Global Fund/Country Team
9. Ms. Regis Choto	Global Fund/Country Team
10. Dr. Peter Kimuu	TNT/ Grant Making Team Chair
11. Dorothy Agalla	KSWA/GFFR Core team/NSA
12. Nelson Otswana	NSA /Grant Writing Team
13. Stephen Macharia	TB Program/ Grant Writing Team
14. Dr Newton Omale	NASCOP/ Grant Writing Team
15. Dr. Elizabeth Onyango	TB Program
16. Ms. Khaldi Mohammed	KRCS/Grant Writing Team
17. Ms. Helgar Musyoki	NASCOP/ Grant Writing Team
18. Mr. Solomon Wambua	Grant writing team

19. Ms. Sophia Njuguna
20. Ms. Lucy Ghati
21. Dr. Dan Koros
22. Ms. Margaret Ndubi
23. Dr. Caroline Ngare
24. Ms. Khalda Mohammed
25. Dr. Peter Kimuu
26. Ms. Lucy Ghati
27. Mr. Kennedy Mosoti
28. Mr. Benson Ulo
29. Mr. Patrick Igunda
30. Mr. George Muia
31. Mr. Aiban Rono
32. Ms. Carol Asin
33. Ms. Josephine Mwaura
34. Mr. Kevin Ogolla
35. Margaret Mundia

KRCS/ Grant Writing Team
 FR Core team
 PEPFAR/ Grant Writing Team
 UNAIDS
 NACC/ Grant Writing Team
 KRCS/ Grant Writing Team
 Chair, Grant Making Team
 FR Core team
 NACC/ Grant Writing Team
 AMREF HA/ Grant Writing Team
 AMREF HA/ Grant Writing Team
 KRCS / Grant Writing Team
 TB Program/ Grant Writing Team
 GF Coordinator TB Program
 KCM Secretariat
 KCM Secretariat
 KCM Secretariat

Apologies

1. Ms. Faith Ndung'u
2. Dr. Medhin Tsehiau

Member/ KCM Vice Chair
 Member/DP-ML

AGENDA

1. Introduction/Apologies
2. Opening Remarks by the KCM Chair
3. Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by KCM Ethics Committee Chair.
4. Approval of Grant Making Documents/ Technical Review Panel Responses
 - Presentation by the Grant Making Chair
5. Updates on Sub-Recipient Selection Process
6. Confirmation of minutes of KCM Meetings held on 9th December,2020 and 14th/15th January,2021/ matters arising.
7. AOB

Min1/3/1/2021 Introduction/Apologies

Meeting was called to order at 9.50am. Opened with a word of prayer.

Members asked to register in the chart boxes.

Apologies registered are as above. The meeting was informed that Dr. Pierre Bello would be leaving to attend another meeting at 11:15am.

Min2/3/1/2021 Opening Remarks by the KCM Chair

The chair wished the Global Fund Country Team, KCM Members, Representatives of Principal Recipients, Grant Making Team, a happy New Year.

She welcomed all members to the important meeting to review and approve grant documents for submission to GF on 21st January, 2021. The KCM Chair informed the meeting that during the KCM meeting held on 25th November 2020, KCM kickstarted the grant making process and mandated the grant making team to revise all the grant documents in line with the Global Fund Technical Review comments and recommendations. She took the opportunity to appreciate the KCM, the grant making team, Principal Recipients, development partners, state and non-state actors and health sector working groups for their commitment and support during the grant making process. Kenya is to submit revised grant documents and technical review panel responses to the Global Fund on 21.01.2021 alongside with implementation arrangement map.

The Implementation Arrangement Map outlines in detail how resources, commodities, and reports will flow in the new grant. The implementation arrangement map further outlines the roles and responsibilities of each actor and with what portion of Global Fund grant funds, as well as the relations with the national health sector structures at central, decentralized and community level. She stated that the health sector has prioritized on access to health services, adequacy and safety of health commodities and integrated and efficient communication approaches among other priorities. It is important to ensure that in the new grant we minimize on administrative costs and prioritize on high impact interventions. She reminded all the members that the Government of Kenya is committed to support local manufactures.

She informed the meeting that there is need to ensure that in the new Global Fund grant, the functions that are exclusive to the Counties are implemented by the County Health Departments in line with the Global Fund recommendations, it was important to categorize all grant activities by level of implementation and value, whether at National, County, health facility, community and beneficiaries/individual level. In conclusion, she requested all members to participate actively during the meeting and approve grant documents to enable submission to the Global Fund on 21st January, 2021. With these few remarks she wished the members a very fruitful deliberation and once again Happy New year.

Min3/3/1/2021 Remarks by KCM Ethics Committee Chair/ Declaration of Conflict of Interest/ Code of Ethical Conduct

Dr Bii-Chair KCM Ethics Committee, informed the meeting that a conflict of interest occurs where a member of the KCM and/or its committees uses his or her position to advance personal ambitions or interests, the interests of an institution with which he or she is affiliated, or those of a close associate, in a way that disadvantages or excludes others.

Conflicts of interest, whether actual, potential, or perceived, may diminish public confidence in the KCM as an institution.

No conflict of interest was declared

Code of Ethical Conduct for CCMs: The CCM Code of Ethical conduct outlines how individual CCM Members, Alternates, and CCM Secretariat Staff Members perform their duties underpinned by a series of ethical values. The Code of Conduct expects CCM Members observe the GF ethical Values - Act consistently: with their *Duty of care*; with *accountability*; with *integrity*; with *dignity & respect*; and *Speaks out as necessary*. **Code of Ethical Conduct – Enforcement:** This Code is incorporated as a component of Eligibility Requirement 6 of the Guidelines and Requirements for Country Coordinating Mechanisms. Consequently, CCM's enforcement of this Code is a condition for access to Global Fund financing, and CCM Members' need to adherence to the expectations set in this Code. This code will inform the Global Fund's appraisal of overall CCM performance. In the last KCM Meeting, Members were oriented on duty of care and accountability. **Integrity:** CCM Members are expected to act with Impartiality, Truthfulness and Accuracy, Fairness and Consistency, and Honesty. As CCM Members make decisions, they are expected to prioritize the best interests of the populations affected by the three diseases.

Min 5/3/1/2021 Approval of Grant Making Documents/ Technical Review Panel Responses. Kenya Global Fund Grants Application 2021-2024. Presentation by the Grant Making Chair, Dr. Peter Kimuu: -

Outline of Presentation: Background: General, FR disease splits, approved allocations and status of responses to TRP comments. Grant making process: Core team and roadmap. Grant PR splits: Summary by grant by PR. Budgets and performance frameworks by PRs: HIV, TB, Malaria, RSSH & Human Rights. Status of grant making documents. Status of issues raised at Joint HSWG meeting held on 13 Jan 202. Request to KCM

Background: Dec 2019: Global Fund Grants Allocation Letter for 2022 – 2024. 31 Aug 2020: Kenya Submitted Funding Request Application documents (HIV, TB and malaria). 22 Sept 2020: GF- Access to funding acknowledges receipt of FR Application documents. 16 Nov 2020: Outcome of TRP review received – Application approved to proceed to grant making. 25 Nov 2020: KCM meeting to kick - start grant making process, Grant making timelines and SR Selection process. 25 Nov 2020: Core team formed to steer the process, with PRs taking the leading role. 08 Dec 2020: Core team developed roadmap and timelines. 09 Dec 2020: Grant making roadmap endorsed by KCM

Background: FR Disease Splits 2021 – 2024 Implementation Period: HIV *Amount* 271,649,197; *Allocation utilization period*; 1 July 2021 to 30 June 2024 Tuberculosis; *Amount* 56,694,297; *Allocation utilization period*; 1 July 2021 to 30 June 2024. Malaria *Amount* 86,966,676; *Allocation utilization period*; 1 July 2021 to 30 June 2024; **Total** 415,310,170.

Matching funds by strategic priority: HIV; strategic priority: Adolescent girls & young women in high prevalence settings, Amount (US\$) 4,400,000. strategic priority 2: Community led, community-based key populations programming. Amount (US\$) 10,000,000. Tuberculosis Strategic priority: Finding missing people with TB; Amount (US\$) 8,000,000;

Cross-cutting; Strategic priority: Human Rights; Amount (US\$) 3,800,000. TOTAL 26,200,000. **Background: Approved Allocation:** HIV/TB *Approved Amounts (USD) Within Allocation* 334,344,195 *Approved Amounts (USD) Prioritized above allocation* **144,947,704.** Malaria *Approved Amounts (USD) Within Allocation* 80,965,974 *Approved Amounts (USD) Prioritized above allocation* 42,024,060. **Total Approved Amounts (USD) Within Allocation** **415,310,169** *Approved Amounts (USD) Prioritized above allocation* **186,971,764.**

Background: TRP Comments- HIV/TB

Lack of operational detail on HIV testing uptake, case-finding and linkage to care

Timeline During grant making *Status of responses* to be finalized on 15 Jan 2021. 2. Insufficient attention to ethical issues in the proposed VMMC activities directed at adolescents aged 10 – 14 years' *Timeline* During grant making *Status of responses* to be finalized on 15 Jan 2021. 3. Insufficient attention to specific populations that face high risk of HIV and TB but remain underserved *Timeline* During the first 6 months of grant implementation *Status of response*. Response to be finalized on 15 Jan 2021. 4. Insufficient details on engaging all providers on TB care *Timeline* 1. During the first 3 months of grant implementation. 2. During grant implementation *Status of responses*. Response to be finalized on 15 Jan 2021. 5. Insufficient indicators in the performance framework to assess progress and effectiveness *Timeline* During grant making *Status of responses*; To be finalized on 15 Jan 2021. 6. Large funding gap and risk to sustainable financing of the HIV and TB programs *Timeline* 1. During grant making. 2. During grant implementation *Status of responses* Response to be finalized on 15 Jan 2021. 7. Weak governance for RSSH investments *Timeline* Action 1: During grant making Action 2 & 3: During grant implementation *Status of responses*; Responses to be reviewed on 15 Jan 2021 **TRP Comments- Malaria included: -**

Lack of access to case management and IPTp, particularly in endemic remote rural populations *Timeline* During grant making and implementation *Status of responses* Draft response to be reviewed on 15 Jan 2021. Weak governance for RSSH investments *Timeline* During grant making and implementation *Status of responses* Draft response to be reviewed on 15 Jan 2021. Lack of available routine malaria data captured by DHIS2 *Timeline* During grant implementation. Draft response to be reviewed on 15 Jan 2021. Insufficient attention to human rights barriers for migrants, refugees and diverse ethnic groups *Timeline* During grant making and implementation *Status of responses* Draft response to be reviewed on 15 Jan 2021. Insufficient details on addressing inefficiencies in the proposed use of resources *Timeline* During grant making *Status of responses* Draft response to be reviewed on 15 Jan 2021. **The Grant Making core Team Members:-** Peter Kimuu – Chair TNT; Clare Obonyo TNT; Anthony Miru TNT Carol Ngare – Secretary NACC; Joab Khasewa NACC; Newton Omale NASCOP; Helgar Musyoki NASCOP; Carol Asin TB Program; Aiban Rono TB Program; Stephen Macharia TB Program; Bernard Langat- Co-Chair Amref Health Africa ; Benson Ulo Amref TB; Jane Kitonga Amref TB; Bob Agwata Malaria Program ;Andrew Wamari; Malaria Program; trick Igunza-Amref Malaria; Pauline Lema-Amref Malaria; Emily Muga-KRCS George Muia-KRCS; Noor Sheikh-Garissa COG; Pius Mutuku Makueni COG; Mike Ekisa-Kakamega COG; Evelyn Kibuchi NSA; Maurine Milanga NSA; Kena Kihui KCM; Peter Njane KCM; Eva Muthuri KCM; Elizabeth Onyango NTP; Catherine Ngugi NASCOP; George Githuka NMCP. **Grant Making Road map** 1 Core team orientation meeting; Dates 08 Dec 2020; Remarks Agenda items - Confirmation of membership, clarification of mandate, familiarization with grant making tools and the reporting structure. 2.

Present roadmap to KCM; Dates 09 Dec 2020 Remarks Roadmap endorsed with some amendments. 3. Response to TRP comments. Dates-09 - 17 Dec 2020 Remarks On-going, extended to 13 Jan 2021. 4. Draft and finalize grant making documents. Dates 09 - 17 Dec 2020, Remarks, Involves PRs, technical experts, and other stakeholders. Process on-going, extended to 13 Jan 2021, 5. 1st Updates to core team Dates 11 Dec 2020 Remarks Done. 6. 2nd Updates to core team Dates 18 Dec 2020 Remarks postponed, done on 04 Jan 2021. 7. Harmonization meeting, Dates 05 - 06 Jan 2021 Remarks Done on 07 Jan 2021 (PR splits) & 08 Jan 2021 (Budgets by PR). 8. Endorsement by joint HSWG Dates 07 Jan 2021, Remarks Rescheduled to 13 Jan 2021. 9. Revision based on comments from HSWGs. Dates 07 - 13 Jan 2021 Remarks. Incorporate comments from HSWGs – Rescheduled to 13 Jan 2021. 10. Review of grant making documents by KCM; Dates; 14 - 15 Jan 2021- Remarks- Presentation by Grant Making Team .11 KCM Meeting to Approve grant making documents/TRP Responses; Dates 19 Jan 2021 Remarks- Endorsement by KCM ; 12 Submission to The Global Fund- 21 Jan 2021; Remarks Submission of Grant documents to GF. **Overall, 2021-2024 Grant PR Splits Overall, Grant PR Splits** the National Treasury (State PR) HIV (USD) 215,329,214 (84%) TB (USD) 47,821,567 (47%) Malaria (USD) 68,282,286 (84%) Total (USD) 331,433,067 % Allocation 74%. Amref Health Africa (Non-State PR) HIV (USD) N/A TB (USD) 54,657,421 (53%) Malaria (USD) 14,455,770 (18%) Total (USD) 67,341,109 15 % Allocation 16%. Kenya Red Cross Society (Non-State PR) HIV (USD) 45,813,057 (18%) TB (USD) N/A Malaria (USD) N/A. Total (USD) 45,813,057 (18%) % Allocation 18%. Total HIV (USD) 258,195,897 (59%) TB (USD) 102,478,988 (23%) Malaria (USD) 80,965,974 (18%) Total (USD) 441,159,997 (100%) % Allocation 100%. % Allocation 59% HIV (USD); 23%TB (USD) ;18%Malaria (USD) Total (USD) 100%. **HIV Grant. HIV: Budget by Modules by PR.** 1.HIV Prevention Total (USD) 42,077,283 TNT (USD) 19,314,227; 46% KRCS (USD) 22,763,056 -54%. 2. PMTCT Total (USD) 6,452,797 TNT (USD) 2,831,750 44% KRCS (USD) 3,621,047 56%.3. Differentiated HTS Total (USD) 4,603,613 TNT (USD) 3,300,184 72% KRCS (USD) 1,303,429; 28%. 4 HIV treatment care and support Total (USD) 178,004,678 TNT (USD) 171,751,785 96% KRCS (USD) 6,252,893 4%. 5 Reducing human rights-related barriers to HIV/TB services Total (USD) 8,125,422 TNT (USD) 2,873,784.48 35% KRCS (USD) 3,958,591 49% 6 RSSH - HMIS and M&E Total (USD) 6,232,893 TNT (USD) 6,232,893 100% 0-. 7. Program management Total (USD) 12,699,211 TNT (USD) 6,444,458 51% KRCS (USD) 6,254,753 49%. Total (USD) 258,195,897; TNT (USD) 212,749,081; 83%; KRCS (USD) 44,153,769 17%. **Human Rights: Module Budget by PR:** National Treasury; 2,873,784-35% Kenya Red Cross ,3,958,591-49% Amref Health Africa 1,374,954 -17% Total Allocated amount in USD 8,125,422. **Performance framework indicators – HIV:** 1. HIV I-14 Number of new HIV infections per 1000 uninfected population Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data Kenya HIV estimates.2. HIV I-4 Number of AIDS-related deaths per 100,000 population Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data Kenya HIV estimates.3. HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data Kenya HIV estimates.4. HIV I-13 Percentage of people living with HIV Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data Kenya HIV

estimates.5 HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed. 7. HIV O-19 Percentage of women aged 15-19 who have had a live birth or are currently pregnant *Impact/outcome/coverage/WPTM*. Outcome Retained from current grant / New Retained Frequency Annually Source of data KHIS

HIV O-5^(M) Percentage of sex workers reporting the use of a condom with their most recent client *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New New Frequency 3 – yearly Source of data Survey.9. HTS-4 Percentage of HIV-positive results among the total HIV tests performed during the reporting period *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data HMIS.10. PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and deliver *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data HMIS.11. TCS-1.1^(M) Percentage of people on ART among all people living with HIV at the end of the reporting period *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data HMIS.12. KP-1a^(M) Percentage of men who have sex with men reached with HIV prevention programs - defined package of services *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data NASCOP KP Reports. *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New Retained Frequency Annual Source of data HMIS. 6. HIV O-21 Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New; New Frequency Annual Source of data HMIS. 13. PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data HMIS. 14. KP-6c Percentage of eligible sex workers who initiated oral antiretroviral PrEP during the reporting period *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data NASCOP KP Reports.15. HTS-3d^(M) Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Quarterly Source of data NASCOP KP Reports 15. MEN-1 Number of medical male circumcisions performed according to national standards *Impact/outcome/coverage/WPTM* Coverage Retained from current grant/ New Retained Frequency Quarterly Source of data HMIS. 16. YP-4 Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New New Frequency Quarterly Source of data KHIS.17. PMTCT-4 Percentage of antenatal care attendees tested for syphilis *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New; new Frequency. Quarterly Source of data KHIS .18. Percentage of organizations reporting through the CAPR system *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New; New Frequency Quarterly Source of data KHIS.19. Number of clients experiencing violation who were referred to the HIV tribunal and other legal services *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New;

New Frequency Quarterly Source of data HIV Tribunal Reports. Expand EMR coverage to achieve 100% coverage for 25 facilities at level 4 or 5 and high-volume facilities with patient on care in 7 Arid and Semi-Arid Lands (ASAL) *Impact/outcome/coverage/WPTM*; WPTM Retained from current grant / New; New Frequency Annually Source of data KHIS. **TB Grant: Budget by Modules by PR:** RSSH: Health management information systems and M&E – TB specific; Total amount 3,591,745; TNT; 3,328,151; 93% ; 263,594; 7%. TB care and prevention Total amount; 28,066,036; TNT; 9,485,766; 34%; Amref Health Africa; 18,580,271; 66%. MDR-TB Total amount 12,352,635 TNT 8,510,375; 69%; Amref Health Africa; 3,842,260; 31%. TB/HIV; Total amount; 16,289,027; TNT 8,667,330; 53% Amref Health Africa; 7,621,697; 47%. Program management; Total amount 7,130,594; TNT 2,937,575; 41%; Amref Health Africa 4,193,019; 59%. **Totals 67,430,037 TNT 32,929,196; 49%; Amref Health Africa 34,500,841; 51%. Performance framework indicators – TB (TNT).** 1.TB I-2 TB incidence rate per 100,000 population *Impact/outcome/coverage/WPTM* Impact Retained from current grant / New Retained. Frequency Annually Frequency Global TB report 2020. 2. TB/HIV I-1 TB/HIV mortality rate per 100,000 population *Impact/outcome/coverage/WPTM* Impact Retained from current grant / New; New Frequency Annually Frequency Global TB report 2020. TB I-4^(M) RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB *Impact/outcome/coverage/WPTM* Impact Retained from current grant / New; New Frequency Annually Frequency Global TB report 2020 4.TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New Retained Frequency Annually Frequency TIBU. 5. TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse case. *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New Retained Frequency Annually Frequency TIBU.6. TB O-4^(M) Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated. *Impact/outcome/coverage/WPTM* Outcome Retained from current grant / New Retained Frequency Annually Source of data TIBU 7. TCP-1^(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU 8.TCP-2^(M) Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU 9.TCP-3 Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period. *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Annually Source of data EQ A report 10. TCP-5.1 Number of people in contact with TB patients who began preventive therapy *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Semi-Frequency Annually Source of data TIBU. 11.TCP-6a Number of TB cases (all forms) notified among prisoners' *Impact/outcome/coverage/WPTM* Coverage Retained from current grant / New Retained Frequency Annually Source of data TIBU. 12.TCP-7a Number of notified TB cases (all forms) contributed by non-national TB program providers –

private/non-governmental facilities. *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 13.TCP-7c Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals. *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 14.TCP-8 Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 15.TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 16.TB/HIV-6^(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 17.TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 18.MDR TB-2^(M) Number of TB cases with RR-TB and/or MDR-TB notified *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 19.MDR TB-3^(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU.* 20.MDR TB-6 Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi-annually Source of data TIBU*

Performance framework indicators – TB (Amref) 1. TB incidence rate per 100,000 population *Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annually Source of data Global TB report.* 2. Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New Retained Frequency Annually Source of data TIBU.* 3. Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New Retained Frequency Annually Source of data TIBU.* 4. Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New Retained Frequency Annually Source of data TIBU.* 5. Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi Annually Source of data TIBU.* 6. Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities. *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Semi Annually Source of data TIBU.* 7. Number of community-based organizations that received a pre-defined package of training *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New; New*

Frequency Once Source of data Routine CSS report. 1. Engage Linkage coordinators to support OPD TB screening in high volume Public and FBO facilities. *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Semi Annually *Source of data* Project reports 2. 1.3.2.b Mainstreaming TB in the Music and Drama Festivals for both primary and secondary schools. *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Annually *Source of data* Project reports 3. 2.1.3.1 Strengthen community/facility-based support groups to support adherence and retention in care *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Semi Annually *Source of data* Project reports 4. 19.3.1. Procurement of RUTF for Severe Acute Malnutrition for all eligible TB patients (16% of TB Cases) *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Once *Source of data* TIBU and Project reports. 5. 19.3.2. Procurement of FBFF for Moderate Acute Malnutrition for all eligible TB patients (28% of TB Cases) *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Once *Source of data* TIBU and Project reports. 6. Monthly social support of ksh.6000 for 3,055 DR TB patients cumulatively *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Semi Annually *Source of data* TIBU and Project reports. 7. 10.2.7 Conduct refresher training on leadership, Governance of community health activities for 1000 Community Health Committees members (10 Members per CHC) in high burden (HIV, TB, Malaria) counties *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Semi Annually *Source of data* Project reports 8. 9.3.3. Train 30 CSOs (CBOs, FBOs, PSOs, Community resource persons/Corps) per county on iMonitor+ in 17 counties. *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Once *Source of data* Project reports 9. 9.4.4. Provide technical assistance to CSO networks and champions on DRM, policy assessment, analysis, negotiation and engagement; *Impact/outcome/coverage/WPTM WPTM Retained from current grant / New New Frequency* Annually *Source of data* Project reports.

Malaria Grant: Malaria: Budget by Modules by PR: as presented by Dr. George Githuka: - 1. Case Management; Total Amount 21,650,955; TNT 14,556,966; 67% Amref Health Africa 7,093,989; 33%. 2. Program Management Total Amount 8,612,466; TNT 4,790,828; 56% Amref Health Africa 3,821,637; 44%. 3. RSSH Total Amount 6,921,696; TNT 6,921,696; 100%; Amref Health Africa 0; 0%. 4. Specific Prevention Interventions (SPI) Total Amount 5,813,545 TNT 4,730,678; 81% Amref Health Africa 1,082,867; 19% .5. Vector control Total Amount 37,967,312 TNT 36,945,130; 97% Amref Health Africa 933,037; 3% Total 80,965,974; 67,945,298; 84%; 12,931,531; 16%.

Performance framework indicators – Malaria; 1. Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year; *Impact/outcome/coverage/WPTM; Impact Retained from current grant / New Retained* using the revised reporting tools. *Frequency Annual Source of data* KHIS. 2. Malaria I-3.1^(M) Inpatient malaria deaths per year: rate per 100,000 persons per year; *Impact/outcome/coverage/WPTM; Impact Retained from current grant / New; New Frequency Annual Source of data* KHI .3. Malaria I-4 Malaria test positivity rate *Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data* KHIS. 4. Malaria I-5 Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection;

Impact/outcome/coverage/WPTM Impact Retained from current grant / New Retained Frequency Annual Source of data KHIS.5. Proportion of households with at least one insecticide-treated net for every two people; Impact/outcome/coverage/WPTM. Outcome Retained from current grant / New; Retained Frequency 3 to 5 years; Source of data PMLLIN/KMIS survey 6. Proportion of children under five years old who slept under an insecticide-treated net the previous night. Impact/outcome/coverage/WPTM Outcome; Retained from current grant / New Retained Frequency 3 to 5 years Source of data. PMLLIN/KMIS survey. 7. Proportion of pregnant women who slept under an insecticide-treated net the previous night. Impact/outcome/coverage/WPTM. Outcome Retained from current grant / New; Retained frequency 3 to 5 years Source of data PMLLIN/KMIS survey.8. Percentage of children <5 years of age with fever who took any ACT the same or next day in the lake endemic region Impact/outcome/coverage/WPTM Outcome; -Frequency 3 to 5 years Source of data KMIS survey. 9. Proportion of population that slept under an insecticide treated net the previous night.; Impact/outcome/coverage/WPTM. Outcome; Retained from current grant / New New; Frequency 3 to 5 years Source of data PMLLIN/KMIS survey. 10. Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns. Impact/outcome/coverage/WPTM; Coverage Retained from current grant / New Retained Frequency Periodic Source of data Mass LLIN report. 11. Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Bi-annual Source of data QOC Survey/KHIS .12. Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Bi-annual Source of data QOC Survey/KHIS. 13. Number of people with uncomplicated malaria receiving ACTs as per national treatment guidelines in the public sector Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Retained Frequency Bi-annual Source of data QOC Survey. 14. Completeness of facility reporting Impact/outcome/coverage/WPTM Coverage Retained from current grant / New; New Frequency 6 months Source of data KHIS. 15. Timeliness of facility reporting; Impact/outcome/coverage/WPTM Coverage Retained from current grant / New Frequency 6 months Source of data KHIS. 16. Proportion of pregnant women attending ANC who received 3 or more doses of IPTp for malaria. Impact/outcome/coverage/WPTM Coverage Retained from current grant / New; Frequency 6 months Source of data KHIS/KMIS. 17. Proportion of suspected malaria cases that receive a parasitological test in the community; Impact/outcome/coverage/WPTM. coverage Retained from current grant / New Frequency 6 months Source of data KHIS. 18. Procurement of LLINs; Impact/outcome/coverage/WPTM; WPTM Retained from current grant / New Retained Frequency. Periodic Procurement Plan. 19. Microplanning Impact/outcome/coverage/WPTM -WPTM Retained from current grant / New Retained Frequency Periodic Mass net plan of Action.20. Training of health workers; Impact/outcome/coverage/WPTM -WPTM; Retained from current grant / New; Retained Frequency Periodic Training plan. 21. Procurement of ACTs Impact/outcome/coverage/WPTM; WPTM Retained from current grant / New Retained - Procurement plan. 22. OP QOC; Impact/outcome/coverage/WPTM; WPTM Retained from current grant / New Retained Frequency 6 months OP QOC activity report. 23. Distribution of LLINs; Impact/outcome/coverage/WPTM -WPTM; Retained from current grant / New Frequency. Periodic Mass campaign report.24. Produce quarterly surveillance bulletins at

national level; *Impact/outcome/coverage/WPTM-WPTM*; Retained from current grant / New Retained; Frequency 6 months Malaria Surveillance Bulletin

RSSH: As presented by Dr. Aiban Rono

1.RSSH: Community systems strengthening. *Total allocation* 5,997,350.87 - .0% *Amref Health Africa* 4,338,059 72% *KRCS* 1,659,292 28%. 2. RSSH: Financial management systems *Total allocation*.1,600,424.96 *TNT*.641,440 40% *Amref Health Africa* 958,985 60%. 3.RSSH: Health management information systems and M&E – Cross cutting *Total allocation* 5,046,209.55 *TNT* 4,078,183; 81% *Amref Health Africa* 968,026 19%. 4. RSSH: Health products management systems *Total allocation* 4,895,205.57 *TNT* 4,825,581 - 99% *Amref Health Africa* 69,624 - 1%. 5. RSSH: Health sector governance and planning *Total allocation* 2,160,061.66 *TNT* 1,732,370 - 80% *Amref Health Africa* 427,692 -20%. 6. RSSH: Human resources for health, including community health workers *Total allocation* 1,222,674.15 *TNT* 1,119,183 - 92% *Amref Health Africa* 103,491 - 8% 7. RSSH: Integrated service delivery and quality improvement *Total allocation* 3,106,418.93 *TNT* 1,422,894 -46% *Amref Health Africa* 1,683,525- 54% 8. RSSH: Laboratory systems *Total allocation* 5,304,943.04 *TNT* 1,072,720 - 20% *Amref Health Africa* 4,232,223 - 80% **Totals 29,333,288.71 TNT 14,892,371 -51% Amref Health Africa 12,781,626 -44% KRCS 1,659,292 -6%**

Performance framework indicators – RSSH

HSS 0-5 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New*; New Frequency Annual Source of data KHIS HSS O-7 National aggregate HMIS fully deployed and functional: Percentage of HMIS components in place (HIS deployment, completeness, timeliness, and integration of aggregate disease reporting for HIV, TB and malaria indicators) *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New*; New Frequency Annual Source of data KHIS. HSS-Other 1: Government allocation to health as % of total government budget *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New*; New Frequency Annual Source of data Budget estimates. HSS-Other 2: Proportion of facility maternal deaths audited *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New*; New Frequency Annual Source of data KHIS HSS Other 3: Proportion of health facilities with Electronic Health Records *Impact/outcome/coverage/WPTM Outcome Retained from current grant / New*; New Frequency Annual Source of data KHIS. LAB-1 Percentage of National Reference Laboratories accredited according to ISO15189 standard or achieving at least 4 stars towards accreditation *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New*- New Frequency Annually Source of data Lab reports. SD-3 Number of outpatient department visits per person per year *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New* Frequency Annually Source of data KHIS. SD-6 Number of iCCM conditions treated among children under five in target areas during the reporting period *Impact/outcome/coverage/WPTM Coverage Retained from current grant / New*; New Frequency Biannually Source of data

KHIS. PSM-7 Percentage of health product batches for the three diseases tested for quality in line with Global Fund Quality Assurance Policy *Impact/outcome/coverage/WPTM Coverage*

*Retained from current grant / New; New Frequency Biannually Source of data KEMSA QA reports. Joint planning and review meetings with the policy and political leadership/ Health Committees Impact/outcome/coverage/WPTM -WPTM Retained from current grant / New; New Frequency Semi-annually Source of data Activity reports. Capacity development for county government technical teams on financing modelling development of business plans. Impact/outcome/coverage/WPTM -WPTM Retained from current grant / New; New Frequency Semi-annually Source of data Activity reports. Training the Health Care workers at the county level on Basic Epidemiology, Data management, Surveillance and Outbreak management Impact/outcome/coverage/WPTM- WPTM Retained from current grant / New Frequency Semi-annually source of data Activity reports. Quarterly County meetings to monitor progress of QI Impact/outcome/coverage/WPTM -WPTM Retained from current grant / New Frequency Semi-annually Source of data Activity reports. **Status of other grant documents and next steps** Detailed Grant Budgets, **HIV Done TB Done Malaria Done**; 2. Performance framework **HIV Done TB Done Malaria Done**; 3. Health Products Management Tool **HIV Done TB Done Malaria Done**; 4. Implementation Arrangement map **HIV On-going TB On-going Malaria On-going**; 5. List of Program Assets and Receivables Transferred **HIV Done TB Done Malaria Done**; 6. Updated programmatic gap table **HIV/TB -Done Malaria Done**; 7. Updated funding landscape table- **Done**; 8. Response forms **HIV/TB Done Malaria Done***

ASK TO KCM

Approval of grant documents for submission to GF's on 21 Jan 2021

The chair appreciated the work that had gone into development of the GF grant document. She greatly thanked the team for a job well done. She opened the meeting for further deliberations

The member TB Constituency thanked the team for a job well done. He sought clarification on why the allocation to PR2 had reduced whereas the overall grant had increased. In addition, the areas around AYP and treatment and care need to be addressed further as well as the overall grant was heavy in trainings. That there was need to free up monies for community-based interventions.

whereas there are efforts to address the expansion of community case management of Malaria, this rational had not been factored on well. He also wondered why under the RSSH module, Amref TB grant had received money for monitoring and evaluation where as KRCS did not receive a similar allocation for the same to support data quality audit.

The GF Grant portfolio Manager thanked members and grant making teams for their relentlessness in addressing all the issues within the grant documents as well as the TRP Review comments/recommendations. He stated that the team was in the meeting as observers and would have an opportunity to review the grant documents upon submission to GF and share feedback. He agreed with the previous speaker that a good justification must be documented on why the non-state PR allocation had reduced. In addition, the TRP comment on VMMC needed to be well supported as per the TRP recommendations. He stated that the grant documents needed to address sustainability issues through leveraging on increased

domestic resource mobilization as Kenya prepares to move to a middle-income country status. He requested the team to leverage on the health financing strategy to address the sustainability issues. He guided that it was best to allocate funds with reference to competitive advantage. Example in the current grant Amref HA was able to rehabilitate some laboratories in counties for PR1 where as KRCS was able to procure equipment's to support maternal/ reproductive health care.

Ms. Soukeyna Sylla- GF Country team requested the grant making team to align cross cutting RSSH module and ensure clarity on coordination and implementation of RSSH activities.

Alternate member NACC thanked the team for the good work within a short span of time. He cautioned that there was need to ensure efficiencies within the allocations. That the grant documents indicated a variance in program management across all the PRs- that for the HIV Grant- Program management for the government was at 3% where as KRCS program management was at 14.7%; for the TB Grant PR1- Program management was 8.9% whereas AMREF was 12.2%; the malaria grant PR1 Program management costs were at 7.7% where as Amref Programmatic management costs were at 30%. He enquired on what informed the wide variation. In addition, the Human rights module, what considerations/programs were moved/shifted to warrant the increase of the non-state allocation. And lastly from the presentation he highlighted procurement of some commodities had been moved to the non-state actors he hence wondered whether the commodities were pharmaceuticals or non-pharmaceuticals and what parameters were employed to inform the decision.

The chair noted that the state has reduced the administration cost but wondered why the costs in the PR2 Has remained the same. She asked the PR2 to rethink and reevaluate the administration costs.

The chair Grant making core team invited the grant making core team members to respond to the issues raised

The Malaria grant writing team in response stated that following a successful negotiation process with PR2, the advocacy and communication module for the entire 27 implementation counties went to PR2. He added that in line with the TRP recommendations some activities were dropped off to ensure efficiencies within the malaria grant in addition the program had maintained and scaled up mass media content in airing TV to a tune of approximately 50 million.

Grant writing team member -KRCS denoted that the Variations in program management cost was a result of several variables. He added that KRCS had 73 implementors (Subrecipient's) and in all truth the allocation for 6 million USD was not adequate to implement considering that the targets had increased. In the upcoming grant, Program management allocation had decreased and it would hence be impossible to implement.

Grant writing Team member -Amref HA agreed with the previous speaker. That the denominators were different as state allocation was procurement heavy where as PR2 was heavy on community-based intervention implemented by subrecipients. He added that Amref

HA had 38 SRs implementing the community strategic units. The scope and scale were greater hence the variance in program management.

Grant Writing Team Members Amref HA added that Amref HA under the malaria grant was looking towards expanding training of CHVs and other community actors. That the PR had also allocated vector control initiatives for 2 counties and other FDC activities. However, he committed to re-look the administration costs and see what savings may be realized.

The KCM Member PLWD-HIV stated that looking at the narrative, the budget was divorced from the activities/ interventions. She noted that transferring some of the functions to the non-state ensured continuity of service provision in times like this where Government nurses have been on strike for more than 40days. That there was need to create efficiencies by reducing the per diems and travel costs by PR1. Increasing the allocation to non-state PRs was critical and considered during grant making/negotiation.

KCM Member PLWD-TB Constituency faulted the malaria program on the slow pace of incorporation of Joint ICC and KCM recommendations on the grant. There was need to free more resources from the budgets allocated to trainings.

The grant making chair stated that the PR1 and PR2 had meet with the malaria team to look at the 3 TRP issues that were to address by scaling up community case management of malaria the meeting between the PRs agreed to scale up to 60 % in malaria endemic areas and 6.1 USD million was needed for the expansion to the counties. Continued deliberations have realized savings from the travel, training and other areas to a tune of 1.6 million USD. The reduced unit cost of LLIN had also realized some savings which have been allocated towards addressing the remaining gap. He expressed optimism that further negotiations and partner commitment would yield the funds required for expansion to all malaria endemic zones.

KCM Member PLWD-TB Constituency stated that those commitments are a welcome move and should be documented.

Grant writing team members -Amref HA agreed with the previous speaker. That negotiations between PR1 and PR2 have been taking place and have realized 1.7 Million in savings which would be availed for expansion of malaria case management. the current expansion is at 45%. He expressed Optimism that during grant negotiations more savings would be realized.

The grant making chair appreciated the Country teams' comments around RSSH. That the grant making team had envisioned a partnership coordinating RSSH structure through PR1 He committed to better illustrate how the SR will be incorporated and actioned in response to issues as recommended by the country team

The Chair stated that the grant writing team need to factor in funds for awareness creation within the community on use of the mosquito nets and the need to leverage in communication using mass media example use TV and radios stations to help in empowering the communities.

The KCM Member representing Key populations stated that following a Sunday meeting with NASCOP and other state agencies, the non-state actors got the green light to procure lubricants. On the question on Human rights, members together with Grant making modular leads and team went through the human rights modules and following a negotiation process the margins and allocations were reached at.

The Chair informed the meeting that the Ministry of Health was working hard to strengthen procurement systems. The state was now able to directly monitor the procurement process through dashboard right from requisition to delivery and distributions.

KCM Member representing the private informal sector lauded the work done by the grant making team which allowed for consensus building between the various PRs. He stated that the presentation was reflective of the discussions between the 2 non-state PRs during the KCM meeting held on 14th and 15th January ,2021 as well as weekend meetings. He requested the informal private sector to be prioritized in the new grant

The chair appreciated inputs and recommendations made during the meeting and requested members to approve the grant documents;

Proposed by Mr. John kihu
Seconded by Berhards Ogutu

The Chair requested the grant making team and PRs to incorporate the recommendations and inputs made during the meeting and share the final grant documents with the KCM before 21st Janaury,2021.

Min6/3/121 Updates on Sub-Recipient Selection Process

The Secretariat invited the two PR2- Amref HA and KRCS to give the updates on the Sub-Recipient selection process.

KRCS stated that the SR Selection process had slowed down for a while due the current Grant making process. The first meeting with TRC had been scheduled to Fastrack the process.

Amref HA stated that SR Selection road map and plans were on course. The only activity they had not done was the orientation meeting but this had been planned.

The chair thanked the PR2 for the comments and retaliated that even as the new grant is ushered in, implementers should not lose sight of the fact that the current grant needed to close successfully. She welcomed remarks from KCM members.

Representative from KRCS stated that she supported the sentiment of the earlier KRCS speaker by adding that the KRCS budget does not have adequate budget for SR program management costs, she hence asked the KCM to take deliberate actions that would ensure KRCS receives the support required for program management.

The grant making team chair confirmed that a meeting will be convened to incorporate the recommendations and inputs made during the meeting and share the final grant documents.

KCM Member PLWD-TB enquired that since the grant had received approval, at what point would the members look at the documents before submission to GF.

The KCM Coordinator noted that the final grant documents would be shared with the KCM by COB 20th January ,2021

KCM Member representing Key populations enquired whether the documents would be shared with the ICC before submission.

The KCM coordinator confirmed that the grant making team will share the final grant documents with the ICC and KCM.

Non KCM Members were requested to drop off the call to enable the KCM to deliberate on the remaining agenda items which were specific to the KCM

Min7/3/1/2021 Confirmation of minutes of KCM Meetings held on 9th December,2020 and 14th/15th January,2021/ matters arising.

The KCM coordinator, took members through the minutes of meetings held on the 9th December 2020 and Matters Arising.

Members were satisfied, and no matter/issue was raised concerning the minutes. They were therefore Confirmed as a true record of the day's proceedings.

**Proposed by Mr. Phillip Nyakwana
Seconded by Ms. Eva Muthuuri**

The KCM coordinator, took members through the minutes of meetings held on the 14th /15th December 2020 at Sarova Panafric and Matters Arising.

Members were satisfied, and no matter/issue was raised concerning the minutes. They were therefore Confirmed as a true record of the day's proceedings.

**Proposed by Mr. Phillip Nyakwana
Seconded by Ms. Eva Muthuuri**

Min 8/3/1/2021 AOB

The meeting was informed that the KCM had received a request/appeal received from Siaya County regarding the continuation of GF AYP Programme In Siaya. The KCM Secretariat consulted with the FR Secretariat on the same, in response the current/ upcoming grant will only support Key interventions and activities for Adolescent girls and young women (AGYW) in medium HIV Counties where DREAMS is not implemented i.e. Kisii, Turkana, Kajiado, Kilifi and Machakos


Siaya County is one of the Counties supported by PEPFAR -funded DREAMS Project

The KCM coordinator informed the meeting that Kinda women's group SR Implementing with AMREF HA had written to appeal the decision by Amref HA to suspend the organization from implementation of GF grant. The meeting requested the KCM appeals committee to review the appeal and thereafter share feedback with the KCM

Being no other business, the meeting closed at 1.32PM

Sign: 
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Mr. Samuel Muia
KCM Coordinator

Date: 20/1/2021
.....

Sign: 
.....
Ms. Susan Mochache, CBS
KCM Chair

Date: 20/1/2021
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