KENYA COORDINATING MECHANISM
MINUTES OF KCM MEETING HELD VIRTUALLY ON 9TH DECEMBER,2020 BETWEEN 9.30AM AND 2.23PM

Present

1.	Ms. Susan Mochache, CBS	KCM Chair
2.	Ms. Faith Ndung'u	Member/Vice Chair-NGO
3.	Mr. Stanley Bii	Member/DP-BL
4.	Mr. Philip Nyakwana	Member/PLWD-TB
5.	Ms. Eva Muthuuri	Member/ Malaria-NSA
6.	Mr. John Kihiu	Member/Private Sector Informal
7.	Ms. Faith Muigai	Member/Private Sector Formal
8.	Mr. Peter Njane	Member/KP Rep
9.	Ms. Zilpha Samoei	Alternate FBO/CHAK
10.	Mr. John Kihiu	Member Private Sector Inf
11.	Dr. Medhin Tsehiau	Member/DP-ML
12.	Mr. Samuel Muia	KCM Coordinator

In Attendance

1.	Dr. Nazila Ganatra	Head National Strategic Public Health Program
2.	Ms. Pamela Kibunja	Alternate/NGOs
3.	Ms. Patricia Kilonzo	Alternate/Private Sector Inf
4.	Mr. Ahmed Said	Alternate /KP Rep.
5.	Mr. Vincent Obwanda	Alternate/ KP Rep.
6.	Mr. Ulo Benson	Amref HA
7.	Dr. Caroline Asin	TB Program
8.	Ms. Annette Masbeni	KRCS
9.	Mr. Andrew Wamari	Malaria Programme
10.	Ms. Carol Ngare	NASCOP
11.	Mr. Ulo Benson	Amref HA
12.	Dr. Caroline Asin	TB Program
13.	Ms. Annette Masbeni	KRCS
14.	Dr. Carol Ngare	NASCOP
15.	Dr. Peter Kimuu	C19 FR writing team/TNT
16.	Dr. Dan Koros	Funding request writing team
17.	Dr. Meshack Ndirangu	Amref HA
18.	Dr. Bernard Langat	C19 Funding request team/Chair
19.	Dr. Carol Asin	TB Program
20.	Prof. Matilu Mwau	C19 FR Writing Team
21.	Dr. George Githuka	Head Malaria Program

22. Ms. Jane Kitonga	C19 Funding request team/ Amref Health Africa
23. Mr. John Kabuchi	C19 Funding request team /MOH
24. Dr. Maureen Kamene	C19 Funding request team
25. Dr. Eunice Omesa	OC Member
26. Ms. Elizabeth Onyango	C19 Funding request team
27. Ms. Josephine Mwaura	KCM Secretariat
28. Mr. Kevin Ogolla	KCM Secretariat

Apologies

1. Mr. Lattif Shaban	Member FBO/SUPKEM
2. Ms. Jacinta Mutegi	Alternate FBO
3. Mr. John Kamigwi	Member/NACC-Gov
4. Ms. Ruth Laibon	Member NACC
5. DR. Pierre-Yves Bello	Member/DP-BL
6. Ms. Shoko Isokawa	Alternate DP-BL
7. Mr. Jackson Mwangi	Member/Min. of Devolution
8. Ms. Rosemary Kasiba	Member Key Populations

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. Confirmation of minutes of KCM Meetings held on 25th November,2020 and 2nd December,2020/matters arising.
5. Approval of the KCM Strategic Plan 2021-2025.
6. Approval of SR Selection Technical Review Committee/SR selection Road Map.
    - Presentation by ICCs Chairs
    - Update on Grant Making Process -Grant Making Chair
7. Discuss Oversight Field Visit Reports
    - Presentation by Oversight Field Visit Team Leaders-Nairobi County, Visit to PRs, Busia County and Kwale County
8. Approval of PRs Reallocation/ Reprogramming Requests
    - Presentation by ICC Chair/PRs
9. AOB

Min1/2/12/2020 Introduction/Apologies

The meeting was called to order at 9.30 am and thereafter opened with a word of prayer.

The meeting was informed that the KCM Chair and Vice Chair would be joining the meeting later. KCM Members nominated Mr. Phillip Nyakwana to chair the meeting as;

Propose by: Mr. John Kihiu
Seconded by: Mr. Ahmed Said

Members were taken through the agenda items and were informed that agenda item 4 will come last once non KCM members in attendance dropped off the call.

The agenda of the day was adopted as

Proposed by Dr. Stanley Bii
Seconded by Dr. Medhin Tsehiau

Members were requested to register in the Chat Box. Apologies were registered as above.

Min2/2/12/2020 Opening Remarks by the KCM Chair

The KCM chair was happy to join the day`s meeting and extended the invitation to all members present. She thanked KCM for endorsing the funding request application for the additional award of US$ 16,612,407 allocated by the Global Fund to support COVID 19 Response in Kenya. The funding request application was submitted timely to the Global Fund on 4th December,2020. She appreciated the funding request writing team for working round the clock and over the weekend, to develop the funding request application.

She informed the meeting that Global Fund has so far provided USD 24,918,611 to support COVID 19 Response in Kenya, which has supplemented the Government effort through procurement of COVID 19 test Kits, lab consumables, face masks, sanitizers, training of health workers and community health volunteers on infection prevention control measures and creating awareness at the community levels. The Government of Kenya has put in measures to control the spread of COVID 19. In the recent past the country had been experiencing a second wave and un upsurge of new cases. As at 6th December 2020, a total of 931,799 cases had been tested, out of which 88,380 were confirmed positive and are all under care. Cumulatively 68, 929 patients had recovered, unfortunately the fatality stands at,1,526.
She called upon everyone to take all the necessary steps to observe the guidelines provided by the Ministry of Health. She acknowledged the various KCM oversight teams who conducted an oversight field visit in Nairobi, Busia and Kwale Counties, the purpose of the visit was to assess the progress made by Principal Recipients and subrecipients on implementation Global Fund Grants and COVID-19 Support. She was happy that the days meeting would receive Oversight field visit report/ findings.
She called upon Principal Recipients and Sub Recipients to accelerate grant implementation and ensure that all Global Funds grants were effectively utilized and accounted for by 30th June 2021. That the days meeting would review any reallocation or reprogramming requests from the Principal Recipients to ensure timely submission to the Global Fund for approval.

She noted that during the KCM meeting held on 25th November,2020 the KCM kickstarted the grant making process for the new grant, the grant making team had started the process of

revising all the grant documents in line with the Technical Review Comments and recommendation. That the days meeting was important to receive a status update from the grant making Chair. She implored the grantmaking team to embrace teamwork during this process to ensure that the grant making process is completed timely and grant documents submitted to the Global Fund.

The KCM Chair stated that following the submission of the additional C19 Funding Request, there was need to consult further with experts regarding the procurement of C19 antigen based rapid diagnostic test kits.

With these few remarks, she wished all, very fruitful deliberations.

Discussion

The chair noted that the matters raised by the KCM Chair regarding rapid test kits required further deliberation and consideration.

The Chair invited the C19 Funding Request writing team to share an expert opinion regarding C19 antigen based rapid diagnostic test kits.

The Chair C19 RM, highlighted that the writing team followed an advisory by Global Fund that specifically guided that the additional investments be geared towards acquisition of PPE$, C19 antigen tests and community interventions. He requested the MOH C19 FR team members to give guidance on the matter.

Member C19 FR writing Team - agreed with the KCM Chair by stating that in his expert opinion, there was an ongoing discussion Globally on the accuracy and sensitivity of the RDT tests available in the market, he informed the meeting that investing in vaccines was also a viable option.

Member FR C19 writing Team - noted that she also Sat on the advisory committee from MOH composed of 11 experts. That the advisory committee was constituted to discuss the value of C19 antigen testing in Kenya. Following deliberations, adoption of the C19 antigen testing was justified by its ease of scalability and sensitivity. Its positive predictive value was also questioned but the committee was agreed that C19 RDT testing was useful for picking new cases earlier. RDTs would then be used for special circumstances and special groups. In addition, the C19 FR Writing team was limited in its scope following the advisory by GF.

The KCM Chair appreciated the efforts put into the C19 FR Proposal. She informed the meeting that there was need to prioritize on PCR testing kits and C19 vaccine

The Key Population Alternate member highlighted that the matters raised above were weighty and broad, he requested that since the day`s agenda was long there was need to deliberate on the other agenda items.

The chair summed the discussion by stating that C19 FR writing team had worked on the document based on the guidelines provided by GF. The C19 FR writing team was requested to discuss further the concerns around C19 antigen based rapid diagnostic test kits and share feedback with the KCM in two days.

Min3/2/12/2020 Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by KCM Ethics Committee Chair.

The Ethics committee chair took members through the ethical Code of Ethical Conduct for CCMs. He reminded members that 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.

Members were reminded of the value of duty of care as discussed in the last KCM Meeting, Members were oriented on their' duty of care first to people living with, affected, or at risk of contracting HIV, Malaria, and Tuberculosis and their obligations towards their constituency and stakeholders; to support, not undermine, this broader public health interest to end the epidemics

Accountability: CCM Members are accountable to the people they represent, and as a group, the CCM is also accountable to the mission of ending the epidemics within its country. The CCM Members are therefore expected to: Be transparent, Prepare and actively participate in the CCM, be responsible stewards of CCM assets, Manage information responsibly.

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

Members were asked to declare their Conflict of interest on the chart boxes.

No Conflict of interest was declared.

Min4/2/12/2020 Confirmation of minutes of KCM Meetings held on 25th November,2020 and 2nd December,2020/matters arising.

Members were taken through the minutes of meeting held on the 25th November 2020/ Matters Arising. The minutes were adopted as

Proposed by Ms. Pamela Kibunja
Seconded by Ms. Zilpha Samoei

Matters Arising

KCM Established grant making team on 25.11.2020. Grant Making Team convened on 4th December,2002. Grant Making Chair to update KCM on the grant making process on 9th December,2020. **Status** On going.

C19 FR Application for the additional award endorsed by the KCM Submitted and to GF on 4th December 2020 **Status** Done.

TB, MICC, and HIV nominated TRC members and developed SR selection roadmap Approval to be granted by the KCM on 9th December,2020

KCM Strategic Plan re circulated to members for review. Final version to be presented on 9.12.2020 for approval

Minutes of the KCM meeting held on 2nd December 2020 minutes would be confirmed in the next KCM meeting.

Discussion

Members conceded that the TRC team composition should be max. 11

Key population alternate stated that the TRC teams currently had more government and development partners representation other than non-state actors.

Members were taken through the roles of KCM members in SR Selection as per the SR Selection guidelines

Member PLWD-Malaria Constituency stated that since the PRs were offering secretariat services, they should then give up their slot to other members hence increase representation from the communities. She added that the government should minimize their presence as this was a non-state lead activity and increase community presence.

Alternate member Key Population constituency opinionated that the SR selection guidelines needed to be amended especially on the expertise required for members to sit on the TRC.

The secretariat noted that the SR selection guidelines had received clearance from the GF Office of the Inspector General (OIG) and GF Secretariat. Any changes to the SR guidelines would require approval by the GF. However, members had a flexibility on the number TRC Members that can be appointed i.e., minimum 7 and a maximum of 12

Way forward

1. Increase the number of TRC membership to 11 to ensure that communities are well represented.

2. Include 1 Non-state KCM member on each TRC to offer oversight roles on the TRC for each team i.e., to monitor and ensure that the SR selection guidelines are adhered to during the SR selection process.
3. 3 KCM NSA to be included in the grant making team to provide oversight.

Min 5/2/12/2020 Approval of the KCM Strategic Plan 2021-2025.

Presentation by Mr. Stephen Kibira- Consultant KCM Strategic Plan 2021-2025: -
Response to key review concerns raised. They included; The Vision Statement- A new vision statement was created as follows: *Optimal, accountable and transparent stewardship towards ending HIV and AIDS, Tuberculosis and Malaria.* The Mission Statement; A new mission statement was created as follows: Harnessing full potential of partners and resources to fight HIV and AIDS, Tuberculosis and Malaria in Kenya. Identification of key challenges and constraints. Challenges in devolving Global Fund grants to the counties. Concerns in quality of services and effective use of resources. Inadequate engagement and organisation. Linkages between constraints, interventions and intermediate outcomes. The current Plan aims to address the constraints through interventions that will lead to intermediate outcomes which aim to be realized during this strategic planning period (2021 – 2025). The current Plan aims to address the constraints through interventions that will lead to intermediate outcomes which aim to be realized during this strategic planning period (2021 – 2025). **Strategic outcome 1: Strengthened devolved engagement (Background)-** Kenya's 2010 constitution devolves health care services with specific functions mapped between the national and county governments, guided by the Kenya's Intergovernmental Relations Act, 2012. Currently GF grants are managed by the national government through the National Treasury, the national disease programs and the national AIDS control council, raising questions over GFs promise to adhere to the principle of country ownership. **KCM Action**. In June 2018, KCM through the National Treasury (NT) and in consultation with the County Governments and CoG submitted a Proposal to the GF. The proposal was to devolve part of the current GF grant managed through NT (and PRs) using conditional grants modality - about 5% of the total grant amount.
GF Response: In May 2019, the GF disapproved implementation of Kenya grants through conditional grants to counties citing the following reasons: Magnitude of the funds involved relative to the whole grant – only 5%.; Magnitude and cost of infrastructure required for tracking flow of funds and results, effective and efficient use of the funds across all the counties; and Net benefit of investment. **GF recommendation:** The GF recommended exploring alternative options of channelling funds to the Counties, other than the Conditional Grant Modality, that are: (a) Feasible, (b) Acceptable under the current Devolved System of Governance, and (c) Cost-Effective. **Adhoc committee**: On 24 June 2019, KCM constituted an adhoc committee to deliberate and propose alternative mechanisms to guide the application and implementation of the 2020 - 2022 cycle grants. Through the committee, two options were considered and analysed: - Option 1: Strengthening the Conditional Grant Proposal based on the issues raised by GF and any other relevant issues; and Option 2: Strengthening the Current Implementation Arrangements to be better aligned with the current devolved system of governance. **Recommendations**; The committee recommended **Option 2** which entails: Increasing visibility and accountability of GF grants at county and COG level; Clear

roles and responsibilities between counties, COG, MOH and NT; Funds flow – A process that enhances value for money in the implementation of GF activities as it leverages on existing National and County structures without the need to set up parallel assurance and control mechanisms. To align the GF grants with the 2010 constitution for the devolution of health care services, and strengthen county engagement through Option 2, the strategic plan envisions the following results chain.

Strategic outcome 1: Strengthened devolved engagement; Intermediate outcomes; Engaged county governments in grant making and oversight; GF financing at county level through existing devolved structures; Resources and programmatic results accounted for by Counties. Interventions; Engage counties in the grant making as well as continuous and active participation in KCM meetings to facilitate grant oversight. Establish a funds flow process that enhances value for money in the implementation of GF activities as it leverages on existing National and County structures without the need to set up parallel assurance and control mechanisms. Key challenges; Implementation arrangement in the context of devolution that complies with GF recommendations: (a) Feasible, (b) Acceptable under the current Devolved System of Governance, and (c) Cost-Effective. Inherent inability of counties to implement activities and account for grant funds in a timely manner. Coordination of 47 implementers could delay the flow of funds from the central level, the absorption of funds and subsequent reporting. **Strategic outcome 2: Improved quality of services, effective use of available resources and improved grant performance (Background).** Results of reviews on the performance of the Kenyan portfolio. According to the Office of the inspector General, 2018 Audit, quality of service delivery under the grants was rated as partially effective. The rating was partly attributed to challenges in the delivery of quality services to beneficiaries. Similar results were also identified and reported through assessments and reviews by the Ministry of Health, LFA and other implementing partners. **Key concerns**: Inefficiencies in procurement and supply chain affecting program performance and absorption of grant funds. Areas of concern include: Procurement delays, storage limitations, distribution challenges and untraced expiries at KeMSA, gaps in monitoring of active case findings in the TB grant as well as variations reported results. Inaccuracies, duplication and overlaps in reporting of results. Over reporting of results at the national level was identified due to overlaps and duplications in intervention areas between the Global Fund and other health partners. Other duplications related to sharing of reported indicators especially by SRs receiving multiple funding sources but reporting the same results indicators. This was attributed to the absence of a detailed donor mapping hence affecting value for money, efficiency and effectiveness in the utilization of resources. These quality limitations, structural or procedural, have affected the grant performance and the absorption of grant funds. To improve on quality of service, the strategic plan envisions the following results chain.

Intermediate outcomes; Enhanced implementation and absorption of funds disbursed especially to the government implementers. None duplication between programs supported by the Global Fund and other health partners. Interventions; Conduct a gap analysis to identify program weaknesses across the implementing agents. Provide technical assistance to PRs and Implementing Agents (IAs) especially in efficiency of procurement and supply chain. Engagement with in-country stakeholders on harmonisation of grants. Key challenges;

Inaccuracies, duplication and overlaps reporting of results. Inefficiencies in procurement and supply chain affecting program activities and absorption of grant funds.

Strategic outcome 3: Strengthened harmonization in delivery of results; At the heart of the GF grants coordination in Kenya is the KCM. KCM offers a platform for representation from various actors to achieve its mandate of oversight in service delivery. The organisational capacity assessment respondents outlined significant challenges in the operations of the KCM. **Key challenges**; The capacity, involvement and availability of some members were insufficient to actively and sufficiently participate in KCM deliberations / represent their constituencies and feedback sufficiently. The challenge was attributed to the criteria of nomination at some constituencies. The KCM constituencies renewed their members bi-annually. An orientation program was conducted through the KCM secretariat; however, the content was noted to be insufficient to enable sufficient understanding and representation. There was thus a slack of understanding of KCMs oversight role vis a vis day to day grant implementation by members. Additionally, continuous training was not provided leaving it to the prerogative of the member to self-study. Due to poor communication and information sharing, some constituencies such as the civil societies and FBO reported inadequate engagement. The information deficiency was cited as contributing to poor deliberations which delay and affect endorsement of critical decisions. Balancing competing engagements of members was also noted to constrain effective participation of members in KCM sessions. There are relationship challenges within KCM, and with PRs, SRs and other implementing partners which have the potential to impact negatively on grant implementation. The relationship challenges are caused by lack of association – i.e., lacking similar interests, hidden agenda and conflicting interests hence limiting the performance of the KCM. To strengthen harmonization in delivery of results, the strategic plan envisions the following results chain. Intermediate outcomes; A harmonised KCM where the members are working as a team Inclusive oversight and meaningful engagement; Interventions; Development of a nomination criteria by constituencies to the KCM aimed to enhance representation. Continuous capacity building of members. Meaningful, inclusive and active participation by members. Communication channels within KCM and with membership and constituencies strengthened. Key challenges; Insufficient capacity, involvement and availability of some members to actively and sufficiently participate in KCM deliberations / represent their constituencies and feedback sufficiently. Slack in understanding of KCMs oversight role vis a vis day to day grant implementation. Inadequate engagement by some constituencies attributed to poor communication, information sharing and competing responsibilities. Relationship challenges within KCM, and with PRs, SRs and other implementing partners which have the potential to impact negatively on the implementation of grants.

Next steps. The outcomes matrix outlined in the Strategic Plan will be developed into a Strategic Results Framework (SRF). The SRF will have smart intermediate outcome indicators that will be developed when the financial position is clearer (upon approval of the new GF round). The SRF will be the basis for the development of a Delivery Plan. A resource mobilisation and partnership strategy will be developed to fund emerging funding gaps (unfunded result areas). A Monitoring, Evaluation, Accountability and Learning (MEAL) Plan will be developed to monitor and measure performance of this strategic plan. ***On fulfilment of***

the key concerns raised during the Strategic Plan validation process, we request the KCM to endorse the strategy.

Discussions

The chair noted that the strategic plan has been discussed for more than three months both at the adoc committee and at the KCM meeting and that all members were given an opportunity to share inputs. The strategic plan 2021 to 2024 was adopted as

Propose by Ms. Pamela Kibunja

Seconded by Ms. Eva Muthuuri

The member PLWD Malaria Constituency further added that the Strategic plan was a live document that could be evaluated and modified within the course of time on event any new developments are realized.

The chair summed up by stating that the Strategic plan had been approved and adopted for implementation.

Min 6/2/12/2020 Approval of SR Selection Technical Review Committee/SR selection Road Map.

- **Presentation by ICCs Chairs**

Dr. Ganatra Chair ICC noted that the TB, Malaria and HIV ICCs had nominated SR Selection TRC members as well as the development of SR selection road map. She invited Amref HA, The National Malaria Program and Kenya Red Cross Society to make their presentations.

Presentation by the TB GF Manager Amref HA Mr. Benson Ulo: -
He stated TB Health Sector Working Group held its inception meeting on 7th december2020 to deliberate on the TRC Membership and SR Selection Roadmap. **election and endorsement of the TRC members**

The 7-member Technical Review Committee as per the SR selection guidelines and also as guided by KCM were 1. Mr. Mike Ekesa; **Organization** COG; **Expertise** Dr Langat to follow up on confirmation of the member. 2. Stephen Anguva; **Organization** Representative for communities; **Expertise** TB Community expert. 3. Dr Anastasia Nyalita; **Organization** Kenya Health Care Federation; **Expertise** Procurement. 4. Immaculate Kathure; **Organization** USAID; **Expertise** M&E Expert. 5. Dr Eunice Omesa; **Organization** -WHO; **Expertise** Disease expert. 6. Dr Macharia; **Organization** NTP; **Expertise** Program management. 7. Ms. Jane Kitonga; **Organization** Amref Health Africa; **Expertise** -Finance

Amref Health Africa in Kenya being the PR will be the secretariat support.

Road map for selection of sub recipients to implement global fund TB 2021– 2024 grant

The members discussed and endorsed the roadmap in line with SR selection guidelines. This included a number of special conditions as shown below.

Notification of PR selection **Dates** Done; Appointment of the TRC by the HSWG **Dates** 7th December 2020; Development of the SR selection roadmap **Dates** 7th December 2020; Presentation of TRC selection and roadmap to KCM for endorsement **Dates** 9th December 2020; Orientation of TRC on the desk review process and tools **Dates** 17th December 2020; Population of data in the desk review tools by the PR **Dates** By 30th January 2021 ; **Comments/suggestions to shorten process** This will allow for inclusion of December data.TRC SR selection through desk review and development of tender documents for open tender selection process **Dates** By 5th February 2021; TRC presentation to the HSWG for endorsement **Dates** 9th February 2021; HSWG presentation to the KCM for endorsement **Dates** 10th February 2021; **Comments/suggestions to shorten process** These two processes are missing in the SR selection guidelines. TB HSWG felt there is need for endorsement of the appraisal of existing SRs before open tender. Notification to the SRs **Dates** By 12th February 2021; Advertisement for the Request for Proposals in the local daily for selected counties based on desk review results; **Dates** 15th – 28th February 2021 **Comments/suggestions to shorten process** Tender to run for 14 Days as guided in the SR selection document. Opening of the tender **Dates** 1st March 2021. Proposal reviews – Administrative and Technical **Dates** 2nd – 5th March 2021. **comments/suggestions to shorten process** Within 14 days of tender opening. Capacity assessment and report writing Dates By 19th March 2021 **Comments/suggestions to shorten process** Within 28 days of tender opening. The timelines will depend on the number of organizations to be visited. Endorsement by HSWG **Dates** 24th March 2021; **Comments/suggestions to shorten process** Within 7 of TRC report (35 days after tender Opening) Endorsement by KCM **Dates** 26th March 2021 **Comments/suggestions to shorten process** Within 7 days of HSWC report (42 days after tender opening) Feedback to SRs **Dates** 31st March 2021. **Comments/suggestions to shorten process** Within 7 days of KCM report (49 days after tender opening). Receipt of appeals, reviews and feedback to SRs

Comments/suggestions to shorten process Within 14 days after PR communicates feedback. (63 days after tender opening) This section has been captured below. Contractual engagement of SRs. **Comments/suggestions to shorten process** After the expiry of the 14 days' appeals window. Includes budget discussions, opening of interest earning bank account by SR. Review of Appeals **Dates** From 15th April 2021; **Comments/suggestions to shorten process** After the expiry of the **14 days'** appeals window. Presentation of the appeals committee report to KCM **Dates** 23rd April 2021. **Comments/suggestions to shorten process 28 days** after closure of the appeals window. New call for proposals where appeals were successful. **Dates** 28th April 2021. First disbursement of funds to SRs. **Dates** 31st May 2021. **Comments/suggestions to shorten process** One week after the KCM report

Special considerations

Team members agreed that the special consideration should be endorsed and tabled to KCM. Once endorsed by KCM, the TRC will review them extensively using available data and experience and inform the SR selection process adequately. Below are the special conditions agreed upon and endorsed by the TB ICC.

Limit in the number of counties an SR can apply for (If the current SRs covering several counties pass the desk review how do we drop the counties based on the agreement?)

Status Endorsed **Comments** the SR should be allocated/apply for a maximum of 3 counties. There is need for TRC to document how to reduce the number of counties for existing SRs during appraisal. How to handle organizations with very high salary scales as SRs **Status** Endorsed. **Comments** Use the 70% direct cost and 30% program management costs rule to cap. TRC to review this further using available data during review since the problem is usually at grant making process with the SRs. Any SR who will not adhere during work planning should be dropped at that point. Consider a lower pass mark for hard-to-reach areas **Status** Endorsed **Comments** Not all the 21 ASAL counties will be considered. We will select the hard-to-reach areas based on PR experience. The PR should also ensure that Have COG validate. Tentative counties considered were Mandera, Wajir, Tanariver, Taveta, Marsabit, Lamu, Garrissa. Turkana and Samburu.

The TRC will agree on the pass mark based on PR experience and available data.

Discussions

The chair thanked the TB ICC for their inputs and opened the meeting for deliberations Member Key Population constituency wondered what Criteria was used in selection of the TRC members. He added that community representation is vital in all the TRC.

The chair asked the TB HSWG to respond to the above matter and shed some light on what guided the TRC Membership nomination. He enquired on what PRs would do in order to address service delivery in the hard-to-reach areas and what modalities the PR had put in place to ensure the community organizations with minimal capacity are enrolled and compete on the same level as the SRs with greater financial capacity influence.

In response Mr. Benson Ulo clarified that the ICCs followed the guidance provided by the KCM on TRC membership and as outlined in the SR Selection guidelines. Further consideration of the addition of TRC members from the various constituencies, would require them to have the expertise required. On the question of inclusion of smaller TB Community organizations as SR, he expressed optimism that the KCM would give guidance on how PRs would deal with the networks for organizations that cannot bid with bigger organizations.

Key Populations Alternate Member enquired on whether the PR had any plans to sit down with the networks of communities to orient the communities on the process of SR selection and application?

Member Private Informal sector requested for consideration of the informal Private sector representation on the TRC.

The Amref HA GF Manager stated that on orientation meeting was very vital as experience showed that many applications failed to progress in the preliminary stages. Amref HA would organize an Orientation package highlighting mandatory requirements in the SR Proposal. Consultation with the KCM contacts a virtual orientation meeting could be organized.

Dr. Langat Amref HA stated that following the guidance of KCM, there were 7 TRC slots with allocation going into Development partners- 2 members. National Government representation-1, County Representation- 1, private sector representation- 1, National TB Program- 1. He sought guidance on what slots were over represented and needed to be scaled down.

The Chair stated that based on the discussions, 4 things were evident; KCM could not endorse the Composition of the TRC as it was. The KCM would further deliberate on the matter under matters arising- agenda 4 and give a way forward/feedback to ICCs /PRs. There was need to provide oversight and consider additional Non state actors and the key affected communities in the TRC.

Presentation by Dr. Githuka George- Lead National Malaria program: -

He stated that the Malaria ICC had meet the previous day. The main agenda was the nomination of the TRC members as well as crafting an SR selection road map. The activities include: -

Notification of PR selection; Done. **Comments/suggestions to shorten process** Completed. Nomination of TRC by the HSWG **Dates** 8th December 2020

Comments/suggestions to shorten process Completed. Development of the SR selection roadmap. **Dates** 8th December 2020. **Comments/suggestions to shorten process** Completed

Presentation of TRC selection and roadmap to KCM for endorsement. **Dates 9**th December 2020

Orientation of TRC on the desk review process and tools. **Dates 15**th December 2020

Population of data in the desk review tools by the PR. **Dates** By 30th January 2021 to allow for inclusion for December data. TRC SR selection through desk review and development of tender documents for open tender selection process. **Dates** By 5th February 2021.TRC presentation to the HSWG for endorsement. **Dates** By 8th February 2021. HSWG presentation to the KCM for endorsement. **Dates** 10th February 2021. Notification to the SRs. **Dates** 11th February 2021

Advertisement for the Request for Proposals in the local daily for selected counties based on desk review results. **Dates** 11th February 2021. **Comments/suggestions to shorten process** Tender to run for 14 Days as guided in the SR selection document. Opening of the tender. **Dates** 26th February 2021. Proposal reviews – Administrative and Technical. **Dates** by Mid-March 2021. **Comments/suggestions to shorten process** Within 14 days of tender opening. Capacity assessment and report writing. Dates By end of March 2021. **Comments/suggestions to shorten process** Within 28 days of tender opening. Endorsement by HSWG **Dates** by First week of April (5th/6th April 2021). **Comments/suggestions to shorten process** Within 7 of TRC report (35 days after tender opening). Endorsement by KCM. **Dates by** Second week of April (12th April 2021)

Comments/suggestions to shorten process Within 7 days of HSWC report (42 days after tender opening) Feedback to SRs. **Dates** By third week of April (19th April 2021). **Comments/suggestions to shorten process** Within 7 days of KCM report (49 days after tender opening). Receipt of appeals, reviews and feedback to SRs. **Dates** By first week May

2021. **Comments/suggestions to shorten process** Within 14 days after PR communicates feedback. (63 days after tender opening).

Special considerations. 1. Limit in the number of counties an SR can apply for to maximum of 2 Capping of admin cost to 30%
Selected as members of the Technical Review Committee for Malaria SR selection included Dr Mildred Shieshia (PMI)- Representing the development partners, she also brings across technical expertise in programme management; Ms. Theresa Watwii Ndavi (HP+) - Health financing expert; Mr. Daniel Wacira (PMI) - Malaria disease exper; Mr. James Kiaries (DNMP) - M & E expert; Mr. Georgina Mbeki (Living Goods) - Procurement to be supported by the AMREF procurement team. The KCM will select the CoG representative as well as the CSO disease representative.

The TRC Nominees were endorsed by the Malaria Health Sector Working Group in a meeting held on 8th December 2020

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Discussion

The chair thanked the Malaria ICC for their inputs. He however noted that the Malaria TRC membership had similar challenges as the TB TRC. He asked for further consideration by the HSWG to consider the Key affected communities and NSA,

Presentation of the HIV ICC by Ms. Emily Munga- KRCS: -
The meeting was informed that the HIV ICC Meeting was held on 7th on the online platform. All member inputs were incorporated into the recommendations. The meeting was pivotal in addressing the Sub-Recipient selection process, Orientation for the SRs teams have been put in place. **Sub- recipients Selection Process;** In Kenya, KCM has developed Guidelines for SR selection which has largely guided the development of this roadmap. Sub- recipients will be selected via two pathways. Existing SRs performance will be assessed and those meeting a threshold of 70% as per the selection criteria will be retained. Open competitive tenders shall be conducted to fill in vacancies where SRs fall below the set threshold. The two processes shall be detailed, competitive, transparent and fully documented to enable verification. PR are responsible for ensuring that such SRs has the capacity to carry out the required reporting and M & E activities. The selected entities must have the necessary capacities to carry out the program activities. **Proposed Timelines – Review of existing SRs: -** Step 1. Appointment of the TRC **Sub-activities;** Nomination of TRC **Responsibility** HIV ICC **Deadline** 8/12/2020; Endorsement of TRC **Responsibility** KCM **Deadline** 9/12/2020. Step 2. Appraisal for well performing SRs TRC **Sub-activities;** Compilation of SR performance reports **Responsibility** PR Deadline 22/01/2021; Review of programmatic and financial performance of the existing SRs. **Responsibility** PR**; Deadline** 29/01/2021**;** Verification of SR performance data **Responsibility** TRC, **Deadline** 05/02/2021; Rating of SR performance by the TRC **Responsibility** TRC, **Deadline** 05/02/2021. Step 3 Endorsement by HIV ICC and KCM **Sub-activities** Presentation of findings to HIC ICC **Responsibility** TRC/PR; **Deadline** 17/02/2021; Endorsement of finding by KCM; **Responsibility** TRC/PR **Deadline** 24/02/2021. Step 4; Feedback to SRs; **Sub-activities** Feedback to SRs; **Responsibility** PR **Deadline**

03/03/2021. Step 5 Contractual engagement of SRs; **Sub-activities** Target setting and allocation **Responsibility** PR **Deadline** 15/05/2021. Plans and Budget Negotiations **Responsibility** PR **Deadline** 31/05/2021.

Proposed Timelines – New SRs Selection Process

Step 1: Advertisement for new SRs. Development of EOI; **Responsibility** PR; **Deadline** 12/02/2021; Verification of EOI by the TRC **Responsibility** PR; Deadline 15/02/2021; Approval of EOI by HIV ICC **Responsibility**; TRC Deadline 17/02/2021; endorsement of EOI by Advertisement in national dailies KCM **Responsibility** PR; Deadline 15/02/2021. Step 2; Proposal submission by SRs and opening of the tender; Window of proposal submission - 2 weeks **Responsibility** PR; Deadline 17/03/2021. Tender Clarifications - within 1 weeks **Responsibility** PR; Deadline 17/03/2021. Tender Submission Closing **Responsibility** PR; Deadline 17/03/2021. Tender Opening **Responsibility** PR/TRC; Deadline 17/03/2021. Step 3; Tender evaluation – Administrative, Technical and References; Administrative Responsibility PR/TRC; Deadline 19/03/2021; Technical Review **Responsibility** PR/TRC; Deadline 26/03/2021; Reference verification **Responsibility** PR/TRC; Deadline 26/03/2021. Step 4 - Presentation of tender evaluation report; Presentation of findings to HIC ICC **Responsibility** TRC; Deadline 31/03/2021; Endorsement of finding by KCM **Responsibility** TRC; Deadline 7/04/2021. Step 5 Onsite Capacity Assessment; Review of the tools and logistics **Responsibility** TRC/PR; Deadline 16/04/2021; Conducting Onsite assessment **Responsibility** TRC/PR; Deadline 16/04/2021; Report writing **Responsibility** TRC/PR; Deadline 16/04/2021. Step 6 Endorsement by HIV ICC and KCM Presentation of final list of new SRs to HIC ICC **Responsibility** TRC; Deadline 21/04/2021; Endorsement of final list of new SRs by KCM **Responsibility** TRC; Deadline 28/04/2021. Step 7 Feedback to Applicants Feedback to Applicants **Responsibility** PR; Deadline 10/06/2021. Step 8 Contractual engagement of SRs; Target setting and allocation **Responsibility** PR; Deadline 10/06/2021; Plans and Budget Negotiations **Responsibility** PR; Deadline 28/06/2021. **Eligibility Criteria** Applicants will have to be a legal entity registered in Kenya with the right to enter a contractual agreement with Kenya Red Cross Society. The applicant must have the mandate to work in the geographical location applied for. It must have no history of legal proceedings related to fraud or corruption. The applicant must demonstrate: Local presence for the last 3 years in the proposed areas of operation. Willingness and ability to work with County Government and local community to implement the grant activities. The necessary technical skills and experience to manage and deliver the grant. Sound financial management capacity and internal controls. The capability to manage and account properly for the total grant funds. Experience in implementing health projects in the proposed areas of operation. Experience in community HIV prevention and care projects **will be an added advantage. Experience working within the Community Health Strategy. Technical Review Committee**: - The representatives from the previous TRC were as follows; - PLHIV communities Representative, CSO Representative, Adolescent and Young person (AYP) representative, FBO Representative, HIV ICC Representative, KCM Oversight Representative, NASCOP Representative, NACC Representative, County Representative, Kenya Red Cross Society-Secretariat

Request to HIV ICC: - Review and approve. The proposed TRC membership. The proposed Roadmap for review of existing SRs and selection of new SRs. PR to conduct internal review

process of existing SRs and share the detailed report with ICC and KCM through TRC. The proposed Roadmap for Selection of New SRs (*the PR to advertise the Open Tender on print media and KCM, NACC, NASCOP and KRCS online platform*). The eligibility criteria for SR applicants.

Discussions

The chair thanked the HIV HSWG for their presentation. He welcomed member deliberations on the above.

The alternate member Key Populations commented that KRCS should reconsider the approach on evaluating existing SRs and opportunities for new SRs. He inquired what was KRCS doing to ensure 30 % of the GF resources are utilized in the local communities as stipulated by GF.

Member Key Populations enquired on what modalities KRCS had put in place to involve community and its networks in SR Selection.

Member Private Informal sector requested for consideration of the informal Private sector representation on the TRC as the Informal Private sector represented 14.6 Million Kenyans.

In response Ms. Emily Munga clarified that KRCS carried the GF HIV grant and the Key Population must be part of the TRC. She clarified that Constituencies would have deliberations amongst themselves and then came up with the criteria to choose TRC Members. It hence becomes the responsibility of the constituencies to choose the membership. The question on incorporation of new SRs in the next grant would follow guidance on SR selection provided by KCM. She clarified that the 3-year performance criterion/ threshold subjected to SR was based on guidance given, target, reporting rates, TRC review and rate applied. That evaluation of performance 3 years prevented bias. It allows acquisition of 6 reports and average of each allows for SR classification and grading.

The chair thanked the HIV team for a job well done. He noted that there was need to have indicators to weigh performance. He asked why KRCS had not attached names of TRC nominees like other groups. He enquired on why guidance given by KCM on the number of TRC members was not adhered to. He also added that NACC and NASCOP were both form MOH. He guided that one representative from MOH was enough to give room for others to join. He stated that KCM would deliberate on the matter under agenda 4- matters arising and give direction/way forward to PRs/ICCs

Update on Grant Making Process -Grant Making Chair

Dr. Peter kimuu- The National Treasury, noted that the FR were approved by GF to proceed to grant making. The timelines given were very stiff. That the grant making core team was constituted and had its first meeting yesterday to clarify on the reporting structure and

familiarize on the GF structures. His presentation included Grant making roadmap, Indicative budget and Request to KCM.

The road map includes; Core team orientation meeting; 8th December 2020; Done. Key agenda items: Confirmation of membership, clarification of mandate, familiarization with grant making tools and the reporting structure; Present roadmap to KCM; 9th December 2020; For endorsement; Response to TRP comments; 9th to 17th December 2020; To incorporate consultants if required; Draft and finalize grant making documents; 9th to 17th December 2020; Involves PRs, technical experts, and other stakeholders; 1st Updates to core team; 11th December 2020; Report on progress; 2nd Updates to core team;18th December 2020; Report on progress; Harmonization meeting 5th to 6th January 2021; Include PR splits and coordination of RSSH interventions; Endorsement by joint HSWG 7th January 2021. Presentation to joint HWSG for endorsement. Revision based on comments from HSWGs 7th to 11th January 2021. Incorporate comments from HSWGs. Endorsement by KCM 14th January 2021. Presentation for endorsement. Submission to The Global Fund 22nd January 2021

Grant Making Indicative Budget- *Harmonization meeting* – Nairobi; Conference package for 40 unites; Unite cost 5,000 total 400,000.00; *Airtime and bundles* Core team; 20 pax 5,000; total 100,000; Secretariat 5 pax 5,000; total 25,000; Team leads 4 pax 5,000; total 20,000; Module leads 24 pax 5,000; total 120,000; KCM secretariat 4 pax;5,000; total 20,000. **TOTAL Budget 685,000.00**

Request to KCM: *Endorsement of grant making roadmap and indicative budget*

Discussion

Member Key Populations stated that exclusion of KCM Members on the grant making process was wanting and KCM members needed to be part of the Decision-making process during grant making.

Member PLWD- Malaria supported the previous speakers' sentiments and added that KCM members need room to engage with DR. Kimuu's team.

The Secretariat clarified that in the last KCM members passed a resolution that KCM members needed to interact with the documents 2-3 times before endorsement. The Secretariat emphasized on the separation of roles and responsibilities during decision making process.

The Chair noted that KCM needed to review the documents within acceptable timelines. A Full briefing from the grant making team would be a welcome move to make the endorsement of grant documents very fast and easy. He added that the Road map needed to indicate the splits and agreements around the issue. The responses on TRP were good and composition is good however the numbers from the communities need to be further re-evaluated. Approval of this presentation may be pegged to some amendment.

Dr. Kimuu in response noted that the detailed activities and their budgets would be discussed first. Followed by the harmonization meeting which would then discuss the PR splits on the 5th to 6th January meeting. The mode of engagement will ensure everyone is on board. He further stated that the Core team was a small steering committee. That there was a greater constituency team within the grant making teams where communities will be engaged, and their voices heard. He assured members that The KCM would be accorded the opportunity to review the grant documents with the grant making core team and be allowed one week for document perusal before the final endorsement about 20th January 2021.

Member Key Populations wondered whether there was a separate budget for a physical meeting for KCM Members to allow them 2 days to review the grant making documents.

The secretariat confirmed that a venue will be secured for a two days meeting to allow members to review the grant making documents.

The Grant making road map and budget was adopted with amendment of adding 3 Non state actors i.e., informal private sector and two representatives of PLWD

Proposed by Mr. John Kihiu

Seconded by Mr. peter Njane

Min7/2/12/2020 Discuss Oversight Field Visit Reports

- **Presentation by Oversight Field Visit Team Leaders-Nairobi County, Visit to PRs, Busia County and Kwale County**

Members were asked to give brief 5 minutes presentations as this will inform grant making process.

Kwale county Oversight field visit by Ms. Eva Muthuuri: -

Members were brought to speed by noting that the team had 15 members present. Had a Meaningful Engagements at Kwale County including Governor and CEC- Health; Kwale County CHMT; Diani Health Center; Ukweli- MSM Network; Teens Watch; Samburu Sub County Hospital; Kanco; Kinango Sub County Hospital; Kwale Sub County Hospital- MDR Client Interview; Lunga Lunga Sub County Hospital; Pwani ADS; PRs.

Kwale County Health Services At a Glance; **Objective 1: Establish HIV/TB/Malaria commodity security status and progress made in strengthening supply chain systems.** HIV has Adequate Commodities (ARVs, IO drugs, RTDs, Condoms and Lubricants); Notable stock outs Septrin; TB: There were fairly adequate stock levels in the pharmacies. Notable stock outs - Pyridoxin and INH; Malaria commodities and drugs are available in the county efforts due to delays by KEMSA; **Objective 2: Establish progress made on implementation of COVID-19 Support /Mitigation of C19 effects.** COVID 19 -PPE supplies to CHVs through AMREF. Training of Health Care workers on COVID 19 by KRCS.

Objective 3: Establish bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance. Achievements; There were adequate stock levels in the pharmacies. Innovation to start targeted community TB screening and testing was employed. Cascading of the 90:90:90 strategy stands at 70%

100%93% Lunga Lunga. Assisted Partner Notification Process 35% success in Lunga Lunga. Contact tracing through CHVs. This has yield 3% of TB cases reported in Kwale. **Capacity gaps observed;** Understaffed facilities; Capacity for stock quantification needs building Space for stand-alone TB clinic to avoid infection to other patients. Need for investments in GeneXpert machines – shared within an area of vast geographical scale. **Objective 4: Engage with stakeholders/ beneficiaries and share information/ experiences regarding GF Programming in Kenya** KP program interventions (FSWs, MSM, Transgender and PWID) have a positive vibe. MDRTB patient was a clear champion. In corporate spousal and mental counselling because domestic violence can happen if discordant – loss of family, job, health is traumatizing. Success stories can be used as champion to dispel/allay fear. Highly motivated CHWs. Committed SRs. County Government prioritizes health extremely highly – 100% free health services

A Focus on Key Populations; The Ukweli organization was founded in 2011 - human rights issues among Men having Sex with Men (MSMs). Reach of 643 MSM out of targeted 700 giving performance of 92%. Supports 32 KPLHIVs MSM. The organization reaches youth through online WhatsApp groups to share human rights and legal issues. Commodities: the organization receives commodities (Lubricants, Condoms, and IEC materials) from KEMSA through the county government of Kwale. Quantification is done at the county level. Linkages: The organization has a good referral linkage with teens watch for services. They also refer their clients to Lunga Lunga sub county hospital and Teens watch DICE in Ukunda. Challenges: The main challenge is inadequate HCWs support from peripheral facilities especially during outreaches. Recommendation – continue to build organizational capacity to achieve sustainability

Key findings- Teenswatch; They work with IDUs and drug users and female sex workers. They have an agreement with the county – they get them to Diani hospital for ambulation. Requesting a MAT treatment container in Ukunda - untapped population in Ukunda Diani. Good partnership linkages - Diani, County, Sub County.

Diani Health Center, Samburu, Lunga Lunga; Lab request forms are all being photocopied. Supplies needed. No septrin, Pyridoxin and INH. Over worked and over stretched staff. Bin and stock card management can be improved through capacity building. Exceptional issues in Lunga Lunga community outreach. Rape every 4 days in November alone. Ranging from 2 year who led to death. HIV infection and Mental health issues due to stigma

Observed Human Rights Barriers; A high incidence of sexual violations in the last 3 weeks there 6 reported cases - CHEW Lunga Lunga; In the last quarter there are total of 30 reported cases; Including children; The case load had spiked now that children are out of school; To be able to get justice the first point of call is to get P3 form from the Hospitals. However, the hospitals charge KES 1,500. Due to low economic status this becomes a barrier to access to services.

Recommendations: Additional gene expert for Kwale County, to make diagnosis more efficient especially for Lunga Lunga and Samburu Sub County hospitals. Before then improve the logistics (delivery of specimen and collection of results) is done by the lab assistant. Can explore encamping a boda boda rider to assist. Assistance in the formulation of child friendly DRTB drugs. National Govt to hasten the process of NHIF to our DRTB clients-Last payment

done in July 2020. Capacity building of health care workers can be outsourced to the Non-State actors as state has the next 6 months to close the GF project for this allocation.

Busia County presentation by Mr. Ahmed Said: -
Oversight Visit Objectives: Establish HIV, TB and malaria commodity security status and progress made in strengthening supply chain systems. Establish progress made in implementation of COVID-19 Support and mitigation of COVID-19 effects. Establish bottlenecks and challenges affecting GF grant implementation and recommend solutions and strategies to improve grant performance. Engage with stakeholders and beneficiaries and share information/ experiences regarding GF programming in Kenya
Sites visited: 100% Coverage as per the initial plan: Team Hosted by HE the Deputy Governor Honorable Governor. Meeting with CHMT. Visit to Busia County Referral Hospital. Site visit WOFAK Offices Bumala / Show case Key Population and HIV Prevention for general population. Site Visit to Holy Family Nangana Mission Hospital Referral Hospital. Meeting with CHVS Supported through Buisa County/GF/KRCS/AMREF / WOFAK and IRDO at Nangina. Visit to Amukura GOK Level 3 hospital. Visit to PSI offices and Bugengi CHU in Matayos supported by Busia County/GF/Amref/PSI. **Key findings-Success:** Oversight Team well received and hosted by HE Deputy Governor and CHMT. County government has prioritized UHC, HIV, TB, Malaria and C19 Services. High level of teamwork embraced and noted-CHMT members accompanied KCM Oversight Team to all sites visited. Overall, the stock levels for HIV, TB and Malaria commodities (drugs/lab reagents) are adequate other than pyridoxine. ordering sites expanded to 88 to include primary health care facilities for HIV commodities in the county. The HIV treatment success rate in Busia County is at 87% which slightly below target the target of 90%. The subcounty of Bunyala and Samia have been experiencing flooding affecting care and treatment. The county has achieved 93% virus suppression in the general community against a target of 95%. New Infections in adults and the youth has increased. PMTCT Viral suppression 97% attributed to mentors who are jointly supported by Busia/GF /PRs/Partners. CHVs doing a commendable job, Evident by success stories Nagina-Life saved, high level of confidence by beneficiaries to trust. Community members Accessing GF support/ C19 Support-Mask, sanitizer, ARVS, Anti TB, Antimalaria- Evident CHVs wearing Mask confirm to have received support from PRs. GF Support has impacted positively on access to services /GF funding effectively utilized, saving lives. Health care workers have taken Community case management of malaria positively in Busia –Amukura lab issuing MRDTs supplies to CHVs. Consistency of information between community, service delivery points and CHMT. Good working relationship between PRs, SRs, CHMT and Busia County. Timely disbursement from PRs to SRs e.g., 10days. IGAs through cash transfer. **C19-** To date 72,803 tests have been undertaken in Busia out of which 2,122 were positive giving a positivity rate of 2.9%. Out of the total tests 70% were truck drivers yielding in 1,496 positives giving a positivity rate of 2.2%. There were 1,138 HCW tested with 71 testing positives giving a positivity rate of 6.1%. 214 were prisoners with a test positivity rate of 20.6%. There were 328 positive cases from the general population out of which 13 were food handlers. Currently there are 10 COVID patients admitted out of which 9 are confirmed and 1 suspected. There is a surveillance team linking up the positive cases for follow up and CHVs to monitor home based care patients. The county has a COVID isolation center at ALUPE with a bed capacity of 300, however 180 bed

are available for occupancy. The county is in the process of procurement to ensure the 300-bed capacity has been achieved. The BCTRH has an ICU with a bed capacity of 15, but currently with 4 beds. It has been equipped with oxygen. **Challenges**: - Inadequate of testing Kits, Inadequate sample collection kits & PPEs due to long county procurement processes, Inadequate of standard reporting tools, no airtime for contact tracing, Shortage of staff, Poor data management and lack of equipment, Insufficient PPEs due to the lengthy procurement process in the county, not all health care workers/CHVs have been trained on infection prevention Control. COVID-19 has affected health seeking behavior of the population. Inadequate infrastructure and equipment in some facilities -Hand washing Facilities for health care workers COVID 19 Safety for health care workers and patient-Lab Amukura no running water/soap. Not all health care workers have been sensitized on Infection control measures. Shortages in staffing particularly at sub county facilities and level 2 -lab Amukura. CHVs are demotivated –low stipends/ continuity/ enablers-Torn tent at Nagina were CHVs Meet. Gene expert reports not submitted timely hence stock out in some facilities in Busia County. Inadequate community awareness on SGBV issues/logistical constraints to facilitate the movement service providers /champions supporting the survivors of SGBV to access justice. There have been frequent changes in the treatment guidelines without proper guidance on how to handle stocks held at the facilities. Children under 2 years are not suppressed due to poor/inconsistent care giving skills by the parents/guardians. Currently adolescent suppressing rate is at 73%. There have been stock outs of dual test kits thus affected testing of expectant mothers for HIV and syphilis. The recording and reporting tools are not in sync with each other to provide adequate information for decision making. Under key population, the people who injecting drugs (PWID) and transgender do not have partner support. **Recommendation**: - Are Continuous sensitization / Health education to Health coworkers/CHVs /schools on C19 Prevention and Control Measures. Install hand wash Facilities/ Provision of Sanitizers at service delivery points/ HW Workers /CHVs/Clients. Busia County to submit timely online reports on GeneXpert cartridges usage to ensure an uninterrupted supply. The county has 60% microscopy coverage for malaria diagnosis-LLINS distribution planned -Embrace good net use practice. Integrated action days. TNT, KEMSA, TB Programme to fast-track procurement /distribution pyridoxine. Equip Nagina Mission Hospital with a microbiology unit. Revamp/Repair tent used by CHVs for various activities at Nagina. Prompt payment /County to take over payment of stipends for /start income generating activities for CHVs. Partners/County to support CHVs with enablers –rain court, gumboots, tablet, bags, airtime /Adequate reporting tools. C19 enforce and emphasize on behavior change. Nangina need to Register for NHIF/Mama Linda Programme

Oversight Field visit to Nairobi county by Ms. Pamela Kibunja: -

Conducted on 9th to 13th November 2020. Included a visit to the Nairobi Metropolitan Services Health team, Coptic hospital, Mbagathi County Hospital, and EDARP Komarock health center. **Overall Findings-Success** Global fund supported training of 720 health workers in public and faith-based health facilities in 2019 on the use of guidelines for the diagnosis, treatment and prevention of Malaria. The health facilities are stocked with malaria commodities. There is annual Malaria data quality audit and supportive supervision. Annual monitoring of Malaria inpatient and outpatient quality of care. Generally, the commodity

security status is good except shortages in tabs Seprin, Female Condom and ABC. Attempts to prevent and mitigate the effects of Covid-19 have institutionalized however there is room for more improvement. **Lesson learned** The GF has invested significantly to the response of HIV, Malaria and TB in Nairobi county. However more interventions are required. From the three sites visited, significant number of HIV, TB and Malaria patients are treated in private and FBO. There were notable delays in delivery of medicines for up to 3 months in the beginning of the year due to Covid -19 externalities. The CHVs supporting the mainstream health workers in the sites visited. Supported by partners. Most lost to follow up of TB Patients was a result of transfers out due to Covid-19 pandemics. The TB client enrollment dropped by almost half in all facilities. Partner contribution to access of health care is significant for all the facilities and was recorded in all facilities. Beyond the provision of GF commodities, consideration should be made to fund programs that promote community rights and gender and the health facility to better support treatment success. The Oversight committee should pay closer attention to the performance of each of the grant in the remaining period and be proactive in recommending programmatic/funding shifts.

Challenges: - Inadequate staffing, Reduced number of HIV/TB visiting patients due to Covid related stigma, Reported drug and commodity stock out the first three months of the year-Sceptrin, Syphilis duo Kit, Female condoms (Mbagathi), Inadequate space at the TB Clinic and youth friendly center (Mbagathi and EDARP), Lack of sexual reproductive health commodities (Coptic) No GF Support on Covid mitigation (Coptic). Lack of awareness of GF and KCM. Health workers not taking TB Prevention therapy. The gene xpert machines works over capacity. No HIV Self-testing. No DRTB pediatric formulation, hence children enduring the bitter taste of Moxifloxacin. Payment of NHIF for DRTB not updated at the National. This has seen those requiring admission and extra test not able to do so. Lack of point of care commodities for viral load and PCRs. **Recommendations:** - Additional gene xpert for Nairobi, since Nairobi contributes between 10-15% of the National TB cases and 14 machines which are publicly assessable cannot manage to serve 246 referral sites. Assistance in the formulation of child friendly DRTB drugs. National to hasten the process of NHIF to our DRTB clients-Last payment done in July 2020. Supply of the County with adequate gene xpert commodities. To support KIC-TB innovation on call center and self-screening, Different media houses have been used to pass TB messages and invite the public to call or self-screen. Regular refresher training on malaria case management. GF to consider scale up support for Malaria data quality audit and supportive supervision to enable the health facilities to be assessed regularly in a year. GF to consider supporting Nairobi Metropolitan health services to conduct annual entomological surveillance in order assess the pattern of malaria vector in different seasons. Beyond the provision of GF commodities, consideration should be made to fund programs that promote community rights and gender and the health facility to better support treatment success. The Oversight committee should pay closer attention to the performance of each of the grant in the remaining period and be proactive in recommending programmatic/funding shifts.

Oversight Field visit to the TNT, Amref, SRs, KRCS and Kemsa by the secretariat: -
Team Members; Faith Ndungu: KCM, Vice Chairperson, Rosemary Kasiba: KCM. Sam Muia: KCM Secretariat, Dr. Nazila Ganatra: MOH, Head Strategic Program, Dr. Teresa

Alwar: KCM OC, Dr. Victor Sumbi: KCM OC, Mr. Philip Nyakwana: KCM. **Areas Visited;** The National Treasury, KEMSA. Amref Health Africa, TAC Health Africa, Kenya Red Cross Society, Bar Hostess (BEHSP). **Key Findings:** TNT *Financial Performance.* Absorption: Overall – 62.3%, Malaria – 20.3%, TB – 77.5%, HIV – 95.1%. A lot of commitments and obligations that had not been paid and delivered respectively with ~6 months left to the end of the grant. Many activities postponed as at September 2020, the team needs to find a way to get back on track. **Programmatic Performance: HIV** HIV testing among pregnant and breastfeeding women was 66% against a target of 88%. AZT syrup for infant prophylaxis was delivered but the syringes were faulty, KEMSA confirmed that the syringes will be delivered on 14th November 2020. Adequate stocks of NVP susp at KEMSA but reports of stock outs at SDPs. Cotrimoxazole being procured with CPF. Concerns around lubricants: viscosity & quality. **Programmatic Performance: TB:** Generally adequate stocks of TB commodities, Excess Kanamycin due to change of guidelines: to be donated to KNH; consider MTRH & KU TRH, 6% of TB patients are dying of malnutrition. The team requested for detailed disaggregation based on age and gender since some of the affected population are supported by other partners. Proposal to reprogram savings to go towards expansion of coverage and functionalities for TIBU. **Programmatic Performance: Malaria** Stockouts of RDTs in the country due to delayed delivery of GF stocks and challenges clearing PMI-funded RDTs; 3m RDTs received in October. LLINs for mass net: need for timelines of delivery of $11.9m worth of GF-funded LLINs. Tax waivers for PMI-funded commodities: has disrupted the malaria commodities pipeline, urgent solution required. P**rogrammatic Performance: COVID-19** delays especially the procurement of PPEs. Only one consignment was delivered in Country on 3 November 2020 while other products under the TB grant had not been advertised since the user is still in the process of changing the commodities to ensure that they are in line with GF approved list of health products. Approval of the revised master plan to facilitate tax exemption is still at the ministry of health and should be fast tracked. The distribution list for abbott test that were delivered on 3rd November 2020 is also at the Ministry of Health. The approval is required to facilitate distribution. **Key Findings: KEMSA:** Challenges with tax waivers reiterated. KCM members expressed concern about supplier management by KEMSA. Late deliveries. Delivery of items not meeting requirements. KEMSA warehouse construction on course, 90% complete, to be completed by 15 December 2020. **Key Findings: Amref Health Africa**: - They are on track with the grant implementation except for the Strategic Initiatives. Service Level Agreement (SLA) for Gene Xpert cartridges purchased on behalf of the National Treasury not yet finalized. Good coordination between Amref and Kenya Red Cross Society to leverage each other's resources to support timely COVID-19 interventions e.g., KRCS procured masks on behalf of Amref to support Kirinyaga mass net distribution pilot exercise. Amref is experiencing a challenge in the identification and screening of children under 5 for tuberculosis. Stock outs of RDTs has adversely affected testing and treatment targets for community case management of malaria. The PR demonstrated willingness and commitment to work with Key Populations for TB interventions. The meeting observed that COVID-19 mitigation measures seem to have reduced the transmission of other infectious diseases e.g., cholera, TB etc. **Key Findings: TAC Health Africa**: - Late start of the project; was to start in July 2019 but started in March 2020. This led to a delay in achieving their programmatic targets. There was a decline in calls to the center between July and September 2020 which the SR explained was due to power

outages at the center. They had cumulatively screened 855 people for TB and identified 110 cases (13% positivity rate). The SR had no clear strategy to reach the target population. COVID-19 had led to reduced uptake of the call center services. The SR had to change their community engagement strategy from face to face to other methods e.g., using community radio stations. **Key Findings: KRCS:** - The program was affected by COVID-19 for in-person activities. However, they developed business continuity plans (BCP) for both the PR and SRs which facilitated flexibility to adjust to the challenges. KRCS leveraged resources from other donors in the COVID-19 response e.g., nutritional support for KPs and PLHIV communities. The PR had low performance for prevention for general population, AYP and PLHIV networks, human-rights related interventions, COVID-19, RSSH and PMTCT. There was a disconnect between programmatic performance (generally high) and low funds absorption. AGYW cash transfer program achieved 101% of the target and is now at close-out and transition stage. There was good demonstration stakeholder engagement with the girls, their caregivers, and social protection focal points, and the county of Turkana. COVID-19 fund absorption stood at 15% (USD 190,044) out of an allocated budget of USD 1,229,497. However, there was assurance that procurement is under way and delivery of consignment is expected by 15th December 2020. Need to develop a clear plan on the implementation strategy for engagement of non-GF SRs in the implementation of C19 support. **Key Findings: Bar Hostess**: - IGAs, Rider to help in DSD for those on care, accompanying TB patients to get drugs. Safe space for community members. Communities sitting at court users committee. Disbursement of funds by PR done on time. Challenges with septrin and STI drugs. COVID challenges. Masks and sanitizers for community; transport hikes. **Key Action Points:** - All PRs to submit beneficiary lists and type of support for COVID-19 emergency response by Tuesday 24th Nov 2020. Reprogramming and reallocation requests by all PRs to be discussed at health sector working group level and submitted to KCM by 11th Dec 2020. Delays in processing of tax exemption for GF- and PMI, COVID-19 implementation requires to be resolved urgently in consultation with top leadership. MOH tax department to fast-track the process of securing tax waivers for GF commodities procured using COVID-19 funds to be delivered in December 2020 and other GF related commodities.

Discussions

The chair thanked the various teams for their contributions into the Oversight field visits. He opened the floor for deliberations.

Alternate member FBO thanked the team for all the inputs. She noted that Kwale county had received considerable delays in procurement of medicines particularly the malaria Commodities. The Governor was forced to acquire medical supplies through a vote and acquire alternative mechanisms to meet the needs of the people. The discussion around alternative procurement mechanism then remains very viable method to solve the drug procurement and distribution challenges experienced in most of the counties visited. Kwale county was also in dire need for the gene expert machines.

Chair stated that the oversight committee needed to receive the report so that a plan of implementation is required in order to draw intermediate, medium- and long-term action

plans and way forward. This will then be shared with KCM. That there may be need for specific oversight on covid 19 matters in order to truly evaluate the impact of covid in the country.

Min 8/2/12/2020 Approval of PRs Reallocation/ Reprogramming Requests

- **Presentation by ICC Chair/PRs**

The PRs confirmed that the reallocations requests /Reprogramming Requests will be ready and shared with KCM in Janaury,2021

Min 9/2/12/2020 AOB

Members were informed that KCM had been invited to the African Constituency Bureau virtual meeting to discuss on the adverse effects of Covid-19 on the implementation of Global Fund grants in the two African constituencies: ESA and WCA. The meeting to be held on Monday, 14th December 2020 from 09.00 AM GMT, 11.00 AM CAT, 12.00 PM Addis Ababa for 3 hours.

The secretariat requested the KCM to nominate 6 of its members to represent CCM- Kenya during this meeting.

The meeting was informed that KCM was also invited to the IGAD meeting that would occur concurrently with the African Constituency Bureau meeting.

There being no other business the meeting closed at 2.23pm.

Sign: ..... **Date:** 19/1/2021.

Mr. Samuel Muia
KCM Coordinator

Sign..... **Date:** 20/1/2021

Ms. Susan Mochache, CBS
KCM Chair