

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND  
MINUTES OF THE SPECIAL KCM MEETING HELD ON 7<sup>TH</sup> NOVEMBER, 2019 AT  
AFYA ANNEX ROOM 302**

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**Present**

- |                            |                              |
|----------------------------|------------------------------|
| 1. Ms. Susan Mochache, CBS | Principal Secretary/Chair    |
| 2. Ms. Faith Ndung'u       | Member/Vice Chair            |
| 3. Dr. Nduku Kilonzo       | Member/Government            |
| 4. Dr. Bernard Ogutu       | Member/Government            |
| 5. Ms. Lucy Chesire        | Member/PLWD-TB               |
| 6. Ms. Maureen Murenga     | Member/PLWD-HIV              |
| 7. Ms. Rosemary Kasiba     | Member/KP                    |
| 8. Ms. Joyce Auma          | Member/AYP                   |
| 9. Dr. Jonathan Kiliko     | Member/FBO                   |
| 10. Mr. John Kihui         | Member/Informal Sector       |
| 11. Mr. John Bernon        | Member/DP-BL                 |
| 12. Dr. Mehdi Tsehau       | Member/DP-ML                 |
| 13. Dr. Peter Kamunyo      | Member/Formal Private Sector |
| 14. Mr. Samuel Muia        | KCM Coordinator              |

**In attendance**

- |                           |                   |
|---------------------------|-------------------|
| 1. Mr. Philip Nyakwana    | Alternate/PLWD-TB |
| 2. Ms. Zilpha Samoei      | Alternate/FBO     |
| 3. Dr. Dan Koros          | PEPFAR            |
| 4. Dr. Benard Langat      | PR/AMREF          |
| 5. Mr. George Muia        | PR/KRCS           |
| 6. Mr. Gordon Aomo        | PR/KRCS           |
| 7. Dr. Carolyn Olwande    | UNAIDS            |
| 8. Dr. Joseph Kibachio    | MOH/DSPHP         |
| 9. Mr. Jonathan Mbului    | Consultant        |
| 10. Ms. Christine Awuor   | KCM Secretariat   |
| 11. Ms. Margaret Mundia   | KCM Secretariat   |
| 12. Mr. Kevin Ogollah     | KCM Secretariat   |
| 13. Dr. Rabera Kenyanya   | PS Office         |
| 14. Ms. Elizabeth Ochanda | PS Office         |

**Absent with apology**

- |                      |              |
|----------------------|--------------|
| 1. Dr. Rudi Eggers   | ML/WHO       |
| 2. Mr. Edward Mwangi | PLWD/Malaria |
| 3. Dr. Lenai Kamario | Gov-County   |

## **Agenda**

1. Introduction and Apologies
2. Welcome Remarks
3. Declaration of conflict of interest
4. Review and confirmation of previous minutes:
  - i. Meeting of 13<sup>th</sup> June, 2019
  - ii. Meeting of 24<sup>th</sup> July, 2019
5. Presentation - Oversight Committee Report
6. Presentation - Management Committee Report
7. Presentation and Endorsement of SR Selection Guidelines
8. Update on the Process of defining implementation arrangements of Global Fund in Counties – Chair of Adhoc Committee
9. Preparatory arrangements for the next funding request application
10. A.O.B

### **Min 1/1/11/2019 – Introduction/Apologies**

Members were given an opportunity to introduce themselves

Apologies were presented by the Coordinator as above.

### **Min 2/1/11/2019 - Welcome Remarks by Chair/PS Health**

The KCM Chair acknowledged the Global, KCM Members and other partners for the continued support in the fight against HIV, TB and Malaria in Kenya. The KCM Chair informed members that Global Funds absorption rate for programmatic activities had greatly improved between March 2019 and October 2019, though the overall funds absorption rate was low due to huge budgets to be expended after delivery and payment of contracted commodities. To ensure improved funds absorption in Procurement of Commodities, the KCM Chair instructed all Heads of Programs and KEMSA to prioritize on Procurement and payment of Global Fund Commodities, further improvement in the overall fund absorption rate was expected in the coming months. To ensure adequate stock level of antimalarial commodities, the KCM Chair followed up with the



National Treasury and a waiver for Presidential Malaria Initiative (PMI) commodities was granted. She informed the meeting that the Ministry of Health together with County Governments and Partners responded swiftly during the upsurge of malaria cases in Baringo County and the situation was contained. A strong surveillance and response team to monitor closely the trend of malaria cases in all Counties during this rainy season had been established. The KCM Chair informed members that the Cabinet Secretary Ministry of Health, lead the Kenyan delegation during the 6<sup>th</sup> Global Fund Replenishment Conference held in France on 9<sup>th</sup> and 10<sup>th</sup> October, 2019. The Government of Kenya pledged US\$ 6million, an increment of 20% pledged during the 5<sup>th</sup> replenishment Conference.

**Min 3/1/11/2019 - Declaration of conflict of Interest**

None was declared.

**Min 4//1/11/2019 - Review and confirmation of previous minutes of the**

**(i) Meeting of 13<sup>th</sup> June, 2019**

The Minutes had been circulated earlier to members for their review. The member from the informal sector, informed the meeting that his Alternate, Patricia Mwendu be added as participant in the meeting.

The meeting then confirmed the Minutes as

Proposed by: John Kihui

Seconded by: Jonathan Kiliko

**Matters Arising and Update of Previous Meetings KCM Recommendation**

The Coordinator gave an update on status of recommendations made by the KCM in the meeting of June 12&13 and July 24<sup>th</sup> 2019. He outlined the completed activities and ongoing: The ongoing/pending ones include: (i) Strengthening of Commodity management both at County and National level to ensure adequate stock levels of HIV, TB and Malaria commodities. Status so far, is that a Commodity Security Committee was in place, and held monthly meetings. (ii) Transition of GF supported staff and take over payment of stipends for CHVs by 1<sup>st</sup> July, 2020- special technical team had been set up by MOH on 29<sup>th</sup> August, 2019 to prepare reports and

recommendations to Public Service Commission for transition of Global Fund and PEPFAR supported staff. So far, Five Counties: Busia, Siaya, Bungoma, Kisumu and Vihiga had taken up payment of stipend for CHVs. Efforts were being made for the remaining counties to take up stipend payment as well.

Loss of HIV Test kits in Murang'a County Hospital - Follow up to ensure that the loss is accounted for as per the Global Fund Grant Regulations. The matter had been escalated to the MOH Legal Unit.

Follow up on Court case on non-lab staff conducting medical tests to ensure that diagnosis of HIV, TB and Malaria is not affected. He informed the meeting, MOH had initiated dialogue to address this issue and an update will be provided to members during the next meeting.

### **Discussion and Way Forward**

Members present deliberated on the issue of the Malaria Constituency representation. While the KCM Constitution is silent on whether rotation of seats within a constituency is allowed. Member unanimously resolved that there is need for other people or organizations /networks to serve as members. Therefore, the proposal by the Malaria Constituency was rejected, and the Constituency was requested to select a new Member and Alternate to the KCM.

### **(ii) Meeting of 24<sup>th</sup> July, 2019**

The meeting was called for the KCM to receive the County engagement report from the Global Fund Country Team. The meeting Minutes had been circulated earlier to members for the review and comments.

The meeting therefore confirmed the Minutes as:

Proposed by: Lucy Chesire

Seconded by: Rosemary Kasiba



**Min 5/1/11/2019 - Presentation - Oversight Committee Chair**

The Oversight Committee Chair presented the Grant performance update as presented to the Committee by the ICCs for upto and including the period ending June (P6). The update was presented as: PR/National Treasury – HIV Grant rating A2, Absorption 19%; TB has a Grant Rating of B1, with an absorption of 71%, while Malaria has a Rating of B1, with an absorption of 18%. For Non State Actors, the report was: PR/KRCS/HIV has a rating of B1, with an absorption of 60%. PR/AMREF-TB Grant is at B1 rating with an absorption of 78%; while Malaria has a B1 rating with an absorption of 72%.

The Oversight Committee noted that following implementation of acceleration plans by PRs as recommended by the KCM, there has been an improvement in funds absorption rate for programmatic activities between March 2019 (P5) to September 2019. For example, NACC had upped from 29% to 120%, NASCOP from 48% to 120%, TB Programme from 70% to 156%, and National Malaria Programme from 30% to 221%.

However, there is still a big challenge occasioned by delays in Procurement of Commodities and there is need to FastTrack call downs and payment of all invoices.

The OC therefore recommended to the KCM, that PRs should among other things: (i) Fast track call downs and delivery of GF supported commodities/ payment of all pending invoices to avert stock outs; (ii) Explore the possibility of using air transportation to reduce the freight time; (iii) KCM Oversight Committee to conduct an oversight visit to all PRs/KEMSA with a view to discuss a sustainable solution.

The OC further recommended that (v) KCM to approves Reallocation of USD 2.4m from ACT Co-payment to procurement of medicines and test kits for the Malaria programme; (vi) Budget for procurement of LLINs be moved to 2020/2021, the expected time to expend this budget. This is currently affecting the overall absorption rate for the malaria grant; (vii) the Ministry of Health to find an amicable solution for the Court case by Laboratory board as this is affecting service Delivery-Meanwhile CHVs to refer suspected cases of malaria to link facilities instead of testing



and treating; (viii) MOH, PRs, Counties to fast-track the process of finalizing transition plan for all staffs/CHVs supported through Global Fund; (ix)

leverage /expansion of Community Health Engagement for UHC through reallocation of savings towards establishment of new community units, informed by savings by counties that have taken up CHV stipends; (x) KCM/OC members to familiarize themselves with the funding application process for the period 2020-2022 and finally, (xi) Informal sector to participate actively during the next funding request application process and be considered for implementation of GF Grants.

The Committee's next steps are: (i) Conduct Oversight Field visit on the week of 18<sup>th</sup> to 22<sup>nd</sup> November, 2019. The proposed sites being Kilifi and Kiambu Counties as well as visit all PRs, NACC, NMCP, NASCOP, DNTLLD and KEMSA.

### **Discussion**

The Chair raised concern over the low funds absorption on HIV/AIDS (11.1%) and Malaria (31.4%) as at 30<sup>th</sup> June. The meeting was informed, that there had been progress made since the last dashboard report. For instance, HIV had made commitments, meaning once payments were effected, then the absorption would increase. At the same time, MOH held a meeting with KEMSA and suppliers to ensure efficiency in delivery of commodities especially Niverapine and Rifampicin. The KCM Chair promised to follow up the matter with KEMSA to ensure completeness /timeliness in delivery and payment of all contracted commodities.

The Representative of AYP informed the meeting that there were issues with the Adolescent programs, and everything was not as presented by the KRCS. She informed the meeting that AYP constituency members were not getting adequate support from the PR, and its causing low implementation of activities on the ground.

*In response to this, The Oversight Committee Chair confirmed that the upcoming visits are purpose driven/targeted, and the issue of AYPs in Kilifi will be looked at and a report made to the KCM.*

The representative of PLWD/HIV informed the meeting that GF is keen to see increased Domestic Fund, for example, the gaps left by PEPFAR, is Government taking up. She informed the meeting



that in the next country allocations whose outcome will be known in December 2019, will be considering areas like, Absorption, Additional Resources by countries/co-funding and Extent to demonstrate inclusivity. On a positive note, she informed the meeting that there was going to be a likely 5% increase in allocation, after the successful GF replenishment.

The CEO-NACC noted that absorption is a key issue in Global Fund considerations for funding ceilings and therefore critical to address expeditiously. The CEO thanked the Principal Secretary, Health for expeditious availability of funds which is reflected in increased absorption.

The representative from FBOs/MEDS advised that the Oversight Committee to follow up and ensure the cause delay in procurement are addressed objectively. KCM stands between 3 areas, Kenyan population (patients) non performing grants and GF'S expectations.

Dr. Koros – PEPFAR asked the meeting to be cautious in putting blame solely on KEMSA, and requested the KCM to look deeply into the whole process, identify the areas that may be causing delays. He advised that the issue of inadequate stock levels or stock out should be addressed in totality to give a full picture, upon which remedial action can be taken.

The member from the Bilateral Constituency, John Bernon informed the meeting that there was a problem with availability of GF supported ARVs, which had been delayed, and USAID was called upon to provide a stop gap measure.

The member from the Private Sector/Formal, said there was need to do a deep dive on challenges around procurement. Product availability from local manufacturer should be explored. He felt that this is where the strength of the Private Sector should be felt.,

In response, the Head of Strategic Programs/Ministry of Health, Dr. Kibachio noted the concerns, and informed the meeting that the buck does not just stop with KEMSA. He informed the meeting that Ministry of Health had taken action and is reviewing stock status for commodities weekly. The Programs (NASCOP, TB & Malaria) were working on improving procurement processes. He

cited external factors like Tax Exemption process, lack of API ingredients for Nevirapine and Rifampicin needed a joint solution and not purely MOH or KEMSA.

He requested the KCM to co-opt the Ministry of Health Stock Managers in the Oversight Committee.

AMREF – gave a brief update on CHV Transition, which included, Siaya, Bungoma, Vihiga, Busia and Kisumu. Others which have demonstrated intention to transition include, Kisii, H/Bay, Migori and Kakamega.

The Manager, NASCOP Manager requested the Oversight committee to look deeply into the issue of stock security. Where is the bottleneck in the whole procurement process? She confirmed that much as suppliers had been contracted, there was still a delay in supplies. It was therefore time to find a sustainable solution for the problem.

### **Recommendation/Way Forward**

The upcoming Oversight Visit to KEMSA and the programs should be able to establish the root cause and understand the issues therein, and matters brought up to the KCM to recommend a sustainable solution. The findings from the Oversight Visit was to inform the need to engage technical support to strengthen procurement and supply systems, this will go a long way in improving Funds absorption in future.

### **Min 6/1/11/2019 - Management Committee Report**

The Chair of the Management Committee presented to the KCM a report from the committee meeting held on 24<sup>th</sup> October, 2019. The brief included: GF Replenishment which took place in Lyon France, and she informed members that Kenya had participated and pledged USD 6million a 20% increase from the 5<sup>th</sup> replenishment. The committee had reviewed draft SR selection guidelines to be discussed as a substantive Agenda No. 7/1/11/2019). The draft had also been shared with the KCM and the Country Team for comments and these were incorporated in the presentation to made to the full assembly.



During the 24<sup>th</sup> October Meeting, the committee had also deliberated on the issue of Proposal on Defining Implementation Arrangements of Global Fund Grants in Counties. This was also to be discussed as a (substantive agenda No. 8/1/11/2019)

On the matter of KCM Eligibility Criteria No. 3, the committee informed the member that this is key, as the country prepares for the next funding request, fulfillment by the KCM in all eligibility areas is mandatory. The NGO, Private Sector, PLWD/HIV had completed their election/selection processes and new members accepted by the KCM. The AYP, PLWD-TB, KPs, Private Sector Informal Constituencies were in the process, while FBO were due in 2020. The PLWD/Malaria which had been sent back to the Constituency for further consideration was presented afresh to the KCM. The members deliberated on the matter, and declined the request by the Constituency to rotate the same members, as they had fully served two terms in the capacity of Member and Alternate.

The committee also updated the meeting on implementation of KCM Workplan as of end October. The activities were on schedule. However, there was a concern with a delay in GF submitting funds for the 2019/2020 period due to delays in Finalizing and signing KCM/KRCS MOU. The MOU was in process, and had been sent to the office of the Solicitor General, but was awaiting a No Objection communication from PS/Treasury.

**The Committee then requested the KCM to consider allowing the funds be remitted through National Treasury as we await the *finalization of the MOU process*.**

### **Discussion and Way forward**

1. The MOU between the KCM and KRC should be fast-tracked for now because so that the process is finalized according to the KCM desire.
2. If by next KCM meeting (10<sup>th</sup> December, 2019) the MOU is not finalized, the National Treasury will be requested to receive funds for the first year.

Finally, the committee presented to the committee a request by IGAD who have secured a new regional grant from the Global Fund amounting to US\$ 7.5 million to be implemented in IGAD Region between April 2019 and March 2022 to partner with KCM on matters of Oversight. The purpose of the grant is to strengthen capacity for TB and MDR –TB diagnosis and TB (TB/HIV) service provision in refugee camps in Kenya, Ethiopia, Uganda, South Sudan, Somalia, Djibouti. In this new grant, IGAD is considering conducting joint Oversight Visits with Country Coordinating Mechanisms - US\$ 10,500 per year is available for this activity-IGAD/KCM/OC to hold a joint meeting to plan for the upcoming joint oversight.

**Next Steps** for the Committee include: facilitating among others: An Ordinary KCM meeting 10<sup>th</sup> December, 2019; Orientation/Induction KCM members and alternate 22<sup>nd</sup> January, 2018 and Funding Request, Country Dialogue and Constituency Feedback Meetings -February to April 2020

### **Presentation on Status and Update on OIG Agreed Management Actions**

The OIG review of 2018 required some action to be taken in specific areas where there were seen to be gaps. The actions had different timelines by which milestones had to be reached, and communication/evidence sent to the Country Team. The pending areas with submissions dates for November and December 31<sup>st</sup> 2019 include:

(i) PR/National Treasury was required to (a) Develop an action plan for implementation of the TB strategic initiatives, including; (b) Implement arrangements for expansion of TB case detection and reporting in the private sector; (c) Have in place, Interventions for improving and monitoring active case findings at facility and communities; and finally (d) A challenge fund to pay for performance initiatives.

*Annex 2 find detailed report on implementation of OIG audit recommendations.*

### **Discussion/Way Forward**

All activities are on-going and are scheduled to be completed by 31<sup>st</sup> December 2019.

**Min 7/1/11/2019 - Endorsement of SR Selection Guidelines by Consultant**



The GF, through the findings of the OIG Audit report for Kenya, (Nov. 2018) indicated delays in engaging sub recipients for the grants managed by the civil society PRs (9 months on av. to complete) delaying implementation of some activities. To this end, the OIG had recommended that the KCM, develops guidelines for timely selection of SRS at the start of new implementation periods.

The Specific objectives for the assignment were: undertake review of best Country/Regional practices on SR selection in line with Global Fund and in country Procurement guidelines; review existing in country selection processes and tools; undertake stakeholder consultations with stakeholders and develop SR selection guidelines and Present to ICC and KCM for approval. Methodology and approach for the review process included, collection of Primary data to inform the through Key Informant Interviews. Among those targeted included KCM members, the three heads of the National disease programs and sampled development partners.

The T/A identified the following as the major causes of delay in SR selection: (i) lack of clarity and standardization of the method of SR selection as well as; (ii) the appointment of TRC members and their availability. Other factors related to applying organisations include: majority the organizations lacking the mandatory documents and therefore disqualified at the preliminary stage, in some instances leading to lack of organisations that qualify to implement. Other factors relate to the process of endorsement, of reports of the TRC committees by the Health Sector Working Committees (HSWCs) and KCM. Also, in some cases, lack of quorum and the scheduling of meetings at the HSWCs and KCM also contribute to the delays.

The T/A proposed a step by step process of achieving desired outcomes in the process as: (i) Appointment of TRC by KCM to be done immediately after receipt of the Grants Allocation Letter from GF. (ii) Advertisement for Request for Proposals be done in the Dailies by PRs within 3 months after the submission of the Funding Request to GF; (iii) Proposal submission by SRs and opening of the tender by SRs, TRC,&PRs be done within 14 days after the advert; (iv) Proposal Reviews (Administrative & Technical) by the TRC to end 14 days after Tender opening process;

(v) Capacity assessment and report writing by TRC not to last more than 28 days after the opening of the tender; (vi) Endorsement by relevant HSWC to be done within 7 days of TRC report, bringing process so far to 35 days from tender opening. Finally, the document is to be presented by the HSWCS Chair to the KCM for consideration/endorsement within 7 days. This would then mean process to be done, within 42 days.

This process should then be followed by the feedback to SRs, by the respective PR within 7 days. Feedback/ Appeals by organisations to be completed within 14 days, Appeals be reviewed in 14 days, and presentation by Appeals committee be done 28 days after the closure of the Appeals Window. Thereafter, if need be, a New Call for proposals is made 7 days after the KCM report.

The KCM with support from UNAIDS had enlisted the support of a T/A to support KCM develop guidelines that would assist in mitigating the process of securing SR through a consultative process. In the current grant, SR selection process has been noted as one of the cause of low funds absorption by Non State SRs.

The Consultant presented his findings and recommendations as highlighted above.

## **Discussion**

The representative from FBO/MEDS asked for clarity in how envisaged problems would be addressed in the process. He expected that the key proposal in SR selection guidelines would be to bring in competitiveness in the process, as well as clear some of the envisaged challenges.

## **Recommendations and Way Forward**

- Preference for best performing SRs: the meeting recommended Open tender, this will ensure fairness and openness in selection, however the Selection criteria need to be adjusted to include a score for best performing SRs. Past experience on desk review a point of consideration.



NB: The Meeting Endorsed the SR Selection Guidelines with amendments. All the proposals made during the meeting should be incorporated, and final draft sent back to the KCM before finalization.

#### **Min 8/1/11/2019 - Update on the Process of defining implementation arrangements of Global Fund in Counties**

The KCM set up a committee to after the July 24<sup>th</sup> 2019 meeting to look into what GF recommended. The issue was that GF had asked the KCM to propose other options of sending money to the counties, and not under Conditional Grants as earlier thought. The committee is Chaired by a representative from the COG, and Co-Chaired by the National Treasury.

The Committee Chair was expected to make a presentation, but this did not take place.

#### **Discussion and Way Forward**

The KCM recommended that the Chair communicates to the Chief Executive Officer of the COG, and Principal Secretary/National Treasury and ask what action needs to be taken to take the process forward, and report to GF by 31<sup>st</sup> December 2019.

#### **Min 9/1/11/2019 - Preparatory arrangements for the next funding request application Presentation on Funding Request**

The KCM Secretariat presented to the KCM the specific tasks to be accomplished to ensure timeliness in submission of a sound funding request application. These activities include: KCM meeting discuss preparatory arrangements for the Funding Request Application Process; Assessment of Country Strategic Plans and readiness for Funding Request and addendum to Country Strategic Plans; Orientation of KCM members on Funding Request; Sensitization of ICCs/TWGs (HIV, TB, Malaria); Endorsement of Disease Specific Splits/ funding Request Development Roadmap/ TORs for Writing Teams/Identification and mobilization of resources for Funding request; Nomination of writing Team. /small and lean secretariat / **Separation of duties**

**writing, reviewing and endorsing;** Nominate Organizations to undertake documentation; Identification and recruitment of T/As as necessary; Country Dialogue/Prioritization/Documentation of funding request process; KCM Eligibility Performance Assessment/Selection of PRs; Stakeholder endorsement of Funding request in National forum (with County Rep), and finally Endorsement of Funding request by ICC and subsequently, KCM. Thereafter, Submission Funding request to Global.

Required of KCM during the process, is the fulfilling of Eligibility requirements. The six eligibility requirements with which CCMs must comply remain unchanged for the 2020-2022 funding cycle. However, for eligibility requirement number six, an additional indicator (and two minimum standard indicators) was added, covering the need to enforce the Global Fund's Code of Ethical Conduct and apply the CCM's Conflict of Interest Policy throughout the life of Global Fund grants.

See print out for details [FR Application Process, key tasks.docx](#)

*The request to KCM was to make a decision on: (i) FR Submission window; (ii) Establishment of funding request secretariat; (iii) Funding Request Secretariat/ ICCs /HSWGs to develop costed road map for endorsement by the KCM. Costed road map to guide KCM/ Partners in mobilizing resources to support the process; (iv) Establishment of Independent Technical Review Committee to guide PR Selection Process /TORs/Budget*

### **Discussion and Way Forward**

The meeting recommended that the country goes for the August 31<sup>st</sup> Application Window since the current Grant runs up to 30<sup>th</sup> June 2021.



A funding Request Core Team was set up composing 3 members from the Government (NACC/MOH-Strategic Programs Head and COG) and 3 members from Non State. The names for NSAs to be presented by the week of 11<sup>th</sup> November.

The Core Team was tasked to prepare a Concept Note and Roadmap for the process, and present to the KCM by the next KCM meeting.


The KCM **NOTES** that the selection of PRs is now a key requirement by the time a country submits its Request.

**Min 10/1/11/2019 - Any Other Business**


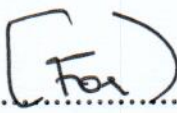
Members raised concern over the one-day Orientation process for KCM members which they felt was not adequate.

There was an overall agreement that members observe time during meetings, to avoid long delays, and interference with their other engagement.

There being no other business the meeting ended at 14.27pm.

Sign:   
.....  
Samuel Muia  
KCM Coordinator

Date: 30/1/2020

Sign:    
.....  
Susan N. Mochache, CBS  
Principal Secretary/KCM Chair

Date: 30/1/2020

UPDATES ON PREVIOUS RECOMMENDATIONS MADE BY THE KCM		
Action Point	Responsible	Update as at October,2019
Acceleration Plans (by modules) to fast-track current grant performance to be presented to ICCs/TWGs, Oversight Committee and KCM in August,2019	PRs	<p>PRs developed acceleration plans and presented to ICCs. Plans shared with OC/KCM members for review.</p> <p>Funds absorption rate for <b>programmatic activities</b> has improved greatly between March 2019 to September 2019 i.e. NACC= from 29% to 120%, NASCOP= From 48% to 120%, TB Programme from 70% to 156%, National Malaria Programme from 30% to 221%. The main challenge affecting absorption of GF Grants is <b>Procurement of Commodities</b></p> <p>Procurement fast tracked, PSM activities improved ie procurement planning and implementation, including use of an interim procurement monitoring tool</p> <p><b>Done</b></p>
All Programmes (NASCOP,NMCP,NLTP) to ensure that Work plans, procurement plans/specifications for 2019/2020 are approved before 15 <sup>th</sup> July,2019 and submitted to the National Treasury/KEMSA	NMCP,NASCOP,NLTP	<p>Implementation done for the current 2019/20 FY</p> <p>Please update</p> <p>-NMCP approved on 5<sup>th</sup> July,2019</p>



		-NASCOP Approved on 15 <sup>th</sup> July 2019 -NLTP Approved on Aug 19 <sup>th</sup> 2019
Strengthen Commodity management both at County and National level to ensure adequate stock levels of HIV, TB and Malaria commodities	TNT, COG, NMCP, NLTP, NASCOP	Commodity security Committee Meetings held monthly <b>Ongoing</b>
Transition of GF supported staff and take over payment of stipends for CHVs by 1 <sup>st</sup> July, 2020-Request to be made to Public Service Commission and Council of Governors.	KCM, MOH, TNT, KRCS and Amref Health Africa	A special technical team appointed by MOH on 29 <sup>th</sup> August, 2019 prepare report and recommendations to Public Service Commission for transition of Global Fund and PEPFAR supported staff.  Five Counties: Busia, Siaya, Bungoma, Kisumu and Vihiga now paying stipend to CHVs. <b>There</b> are however reported delays and <b>inconsistency</b> in the payment of the stipend. Advocacy for the remaining counties: Homabay, Migori, Kisii, Nyamira and Kakamega to take up stipend payment ongoing. <b>Ongoing</b>
Loss of HIV Test kits in Murang'a County Hospital - Follow up to ensure that the loss is accounted for as per the Global Fund Grant Regulations.	KCM, TNT, COG	Matter escalated to MOH Legal Unit <b>Ongoing</b>

Alignment/Harmonization of implementation of AYP Programmes in Siaya County-	KRCS,PEPFAR,NACC, CHMT	Siaya	<b>Done.</b> GF to implement in Counties not covered by DREAMS
Follow up on Court case on non-lab staff conducting medical tests to ensure that diagnosis of HIV, TB and Malaria is not affected	MOH		MOH has initiated dialogue to address this issue. <b>Ongoing</b>
The Ministry of Health and National Treasury to resolve Challenges in commodity security resulting from delays in tax waivers for USAID/PMI supported commodities.	MOH,TNT		MOH followed up with National Treasury and a waiver for Presidential Malaria Initiative (PMI) Commodities was granted <b>Done</b>



RECOMMENDATION OF OIG AUDIT RECOMMENDATIONS UPDATE AS AT NOVEMBER, 2019 RESPONSIBLE		
Development of an action plan for implementation of the TB strategic initiatives, including; Implementation arrangements for expansion of TB case detection and reporting in the private sector Interventions for improving and monitoring active case findings at facility and communities A challenge fund to pay for performance initiatives	TNT/MOH 31/12/2019	The final draft action plan is to be shared with Global Fund Country Team for review and feedback by November 11, 2019. Following incorporation of Global Fund inputs, final action plan is to be shared with KCM for endorsement, and thereafter submission to GF by the deadline of December 31, 2019 Implementation of strategic initiatives for finding missing people with TB; i.e. pay for performance, expanded TB detection and reporting in private sector and active case finding innovations have been initiated and implementation ongoing. <b>Ongoing</b>
Revision of the implementation strategy for AGYW interventions based on lessons as per pilot phase.	KRCS 31/03/2019	The implementation strategy for AGYW interventions was revised and shared with AYP TWG. The Global Fund reviewed the strategy, provided comments for improvement. The Revised strategy was Approved for implementation in February, 2019 <b>Done</b>
Development of an oversight and implementation plan for improved timely identification and management of expiries at the central and facilities level Including measures to address identified control gaps upstream and downstream.	TNT/KEMSA 31/12/2019	Draft action plan is under review. Final version is expected by 11 <sup>th</sup> November, 2019 Implementation of activities in the plan started in March 2019. This includes; Identification and mop up of expired commodities for HIV and Malaria in Jan-March quarter. The

		<p>order management teams followed up with counties to ensure quality reports to inform quantification of health products.</p> <p>Monitoring of stock status is done during the monthly commodity meetings, short expiry products are identified, efforts are made to redistribute or use before expiry.</p>
<p>Design of an appropriate framework which takes into consideration different options for implementing GF grants in a devolved setting, in line with GF guidelines.</p>	<p>COG TNT KCM 31/12/2019</p>	<p>Process to design framework has been initiated under guidance of CT</p> <p>County capacity self-assessment completed in Jan 2019.</p> <p>Counties Readiness assessment by the Global Fund to receive and programmatically and Financially account for Global Fund Funds Completed.</p> <p>The Global Fund Country Team held a meeting with KCM During the special KCM Meeting held on 24<sup>th</sup> July, 2019. Global Fund did not approve Conditional Grants as a mechanism of Implementing GF grants in Counties.</p> <p>The KCM Constituted a special adhoc committee to define/design cost effective and sustainable mechanism of disbursing GF Grants in Counties Other than Conditional Grants.</p> <p>Adhoc committee to provide update to the KCM on 7<sup>th</sup> November, 2019</p> <p><b>Ongoing</b></p>



<p>Development of guidelines for timely selection of SRs at the start of new implementation periods with a view to ensuring uninterrupted program continuity.</p>	<p>KCM/PRs 31/12/2019</p> <ul style="list-style-type: none"> <li>Initial Joint meeting between KCM Secretariat and PRs held on 19<sup>th</sup> February, 2019 to discuss the approach.</li> <li>PRs shared experiences and lessons learned in SR Selection process.</li> <li>Follow-up meeting with all Chairs of Technical Review Committees held on 4<sup>th</sup> March, 2019.</li> <li>Road map finalized and presented to the KCM on 14<sup>th</sup> March, 2019.</li> <li>Road Map and request for technical assistance endorsed by KCM on 14<sup>th</sup> March, 2019.</li> <li>UNAIDS offered to provide Technical Assistance to the KCM to ensure that the SR Selections guidelines are developed.</li> <li>KCM Management Committee held a meeting on 4<sup>th</sup> April, 2019, developed TORs and established Technical Review Committee to recommend the most suitable Consultant for the assignment.</li> <li>Technical Review Committee finalized selection process.</li> <li>TRC Report endorsed by the KCM.</li> <li>Consultant engaged and development of SR Selection guidelines initiated.</li> </ul>
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