



**KENYA COORDINATING
MECHANISM
TB CONSTITUENCY FEEDBACK MEETING REPORT
HELD ON
7TH AND 8TH JANUARY 2021 AT SENTRIM
ELEMENTATITA LODGE
NAKURU
COUNTYCOUNTY**

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List of Abbreviations

CCM	Country Coordinating Mechanism
GF	Global Fund
HSWC	Health Sector Working Committee
ICC	Interagency Coordinating Committee
KAP	Knowledge Attitude and Practice
KCM	Kenya Coordinating Mechanism
MDR	Multi Drug Resistant
MoH	Ministry of Health
PPEs	Personal Preventive Equipment's
PRs	Principle Recipients
QR	Quarterly Review
SR`s	Sub Recipients
TRC	Technical Review Committee
GF	Global Fund

Introduction and Background

Brief History of Global Fund and Kenya Coordinating Mechanism Partnership

The Global Fund to Fight AIDS, Tuberculosis and Malaria was founded in the year 2002. The purpose is to raise, manage and invest resources in responding to the HIV, TB and Malaria epidemics. The Global fund is a partnership between Governments, Civil Society, Private sector and the people affected by the three diseases.

The Kenya Coordinating Mechanism (KCM) in partnership with The Global Fund has been mandated to attract funds from The Global Fund for HIV, TB and Malaria programs and co-ordinate, monitor, evaluate and support the implementation of the Global Fund grants. It is responsible for ensuring that the Global Fund proposal is country owned and implementation is country driven. One of the strategic objectives of the KCM is to engage constituencies and share Global Fund information transparently, equitably and accurately.

The Global Fund assesses CCM's through 6 eligibility requirements. Constituency engagement is a key eligibility requirement for CCMs in order to engage with members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

It is in this regard that the TB Constituency Feedback Meeting was held at Elementaita Sentrim on 7th and 8th January 2021, to engage representatives from different key TB stakeholders/constituencies to provide feedback and share Global Fund information transparently, equitably and accurately which included funding request application, SRs selections among others.

The meeting was attended both physically and virtually by a wide variety of groups and representatives from different civil society organizations, TB constituencies, TB Champions across the country and government officials. Representatives of Principal Recipients, (AMREF, Kenya Red Cross and the National Treasury) were present.

Purpose and Objectives of the Constituency Feedback Workshop

The Meeting was aimed at; Engaging with Constituent members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

Specific Objectives:

- Update Constituency members on GF Funding Request Process.
- GF Grant performance review.
- Review 2019/2020/2021 Constituency Work plan and Development of 2020/2021/2022 Work plan

2019/2020 Highlights

The overview of meeting held on 11th February 2019 at Maanzoni Lodge Machakos County was given and included the following

The purpose and objectives

Presentations by Principal Recipients (Amref, Kenya Redcross, The National Treasury), KCM secretariat and OIG report

Key action points were;

- Implementation of the TB strategic initiatives, including
 - o Implementation arrangements for expansion of TB case detection and reporting in the private sector
 - o Interventions for improving and monitoring active case findings at facility and communities
 - o A challenge fund to pay for performance initiatives.
- Revision of the implementation strategy for AGYW interventions based on lessons as per pilot phase.
- Development of an oversight and implementation plan for improved timely identification and management of expiries at the central and facilities level
 - o Including measures to address identified control gaps upstream and downstream.
- Design of an appropriate framework which takes into consideration different options for implementing GF grants in a devolved setting, in line with GF guidelines.
- Development of guidelines for timely selection of SRs at the start of new implementation periods with a view to ensuring uninterrupted program continuity, with engagement of KCM.

Highlights of Sessions Covered During the Meeting

The meeting had presentations from the following groups:

- ✓ KCM Secretariat
- ✓ Amref Health Africa
- ✓ KRCS- Kenya Red Cross Society
- ✓ The National Treasury
- ✓ National TB Program

Presentation by KCM – Sam Muia

Overview of Global Fund

- Global fund is multi-partnership among them Technical partners, civil society, Academia, other donors, Private sector.
- Current KCM Strategic plan 2017-2022 ends next year. The objectives are ; maximizing impact against TB/HIV/Malaria, Building sustainable resilient systems for health (RSSH), promoting human rights and gender equality, mobilize increased resources
- 74% of global fund investment is invested in sub-Saharan Africa, currently there is reducing donor support and there is need domestic resource mobilization.
- Constituency includes – TB, HIV, Malaria,
- Current grant of KSH38B close out in June 2021. GF has over 1B USD to Kenya.

Updates on Funding Request Application/ Grant Making

- Application for funding was submitted on 31st August 2020, reviewed and found to be technically sound and strategically focused ,Kenya was awarded USD415, 310,170 and recommended to move to the next stage of grant making
- Signing of grant for implementation will take place in early June 2021 after meeting all the requirements.
- Grant negotiation is ongoing and will close on 5th March 2020
- 8 key documents package to be submitted by 22 January 2021 include; Application response forms, disease specific performance framework, detailed budget for each grant,

SR Selection

- SR Selection Process have been published and will be adhered to and is available at – www.globalfundkcm.or.ke
- The selection Process entails ;Notification of Country allocation; Select Principal Recipients, SR Technical Review Committee (TRC) formation; SR Selection process; Special Health Sector Working Committee to approve ; SR Engagement after KCM endorsement. There is an appeal window for SR selection. The process has two levels first is to assess the existing SRs and those who meet 70% pass mark to be given contract second level is a competitive selection process. Process has started TRC has been selected and appraisal of current SRs will be taking place between January – February

KCM Oversight Visit

- Beneficiaries accessing GF commodities
- Conducted on quarterly basis coordinated by the oversight committee to identify the status of grant implementation.

Presentation by AMREF – John Mungai

Background

The goal of the project is to accelerate reduction of TB Leprosy and Lung disease burden through provision of people-centered universally accessible, acceptable and affordable quality services in Kenya. The project implementation period is 1st January 2018 to 30th June 2021. SubRecipients are 36(28 community TB activities in 47 counties, 9 KIC-TB in 6 counties and 1PPM in 8 counties). Total Budget USD39, 945,624

Key interventions per module

TB care and Prevention–Screening contacts of bacteriologically confirmed TB patients and children under 5 years old with TB, Tracing TB treatment interrupters, Community and Facility based Active TB case finding, Public Private Mix activities

TB/HIV collaborative activities-Procurement of GeneXpert cartridges for case detection.

Multi Drug Resistant (MDR-TB) –Patient and DOT workers’ social support, support for MDR TB champions

Resilient and Sustainable System for Health (RSSH) –Procurement of EQA panels, Capacity building of CSOs, Support for 24 facilities with Laboratory Information Systems, Sputum Networking

COVID-19: Sensitization of community actors, sputum collection in the community and delivery of TB drugs in the community, KAP surveys, procurement of PPE and COVID-19 test kits

Performance on key community based TB activities

Community activities and indicators are on track as presented except 1.3.1 (c) Number of presumptive or < 5 yrs households’ members referred which is still at 37%, this was mainly affected by COVID-19, currently they have worked on strategies to scale up.

Strategic Initiatives

Kenya qualified for additional USD 6 million as catalytic investment

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

Finding missing people with TB in the communities and link them to TB diagnosis and treatment services through innovative strategies 36% of presumptive were tested –challenges discussed and way forward agreed upon during QRM Linking patients to treatment ongoing.

2. Public-Private Mix (PPM)

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

640 providers engaged out of which 498 (358 facilities and 140 chemists) are active Implemented in 10 urban sub counties in 8 counties: Nairobi, Mombasa, Garissa, Nakuru, Kilifi, Kisumu, Garissa, Kajiado and Kiambu 5% of the screened were presumptive and 72% were tested.

3. Pay for Performance (P4P)

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

COVID-19 Response Mechanism activities

Implementation period: July 2020 -June 2021

Total budget: USD 4,643,870

Risk mitigation for disease programs –USD 1,042,134

COVID-19 control and containment including health system strengthening: USD3, 602,736

Additional budget for PPE: USD 1,081,938

Medical masks for patients–USD 746,192

Particulate respirator masks for HCWs-USD 335,747

Finance update

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

Key challenges

- Delay in grant start-up due to lengthy SR selection processes
- VAT exemption delays
- Cancellation of procurement of PPE and COVID-19 test kits through WAMBO

Key lessons learned

1. Early engagement of SRs is key to timely implementation and optimal grant performance.
2. RSSH –Need for follow up meetings
3. Concept notes for special projects should be developed prior to commencement of grant implementation to ensure adequate implementation time.
4. Health education for MDR patients on the timelines of social support (cash transfer and NHIF) to avoid disappointment once the support is withdrawn on treatment completion.

PPM

Chemists and small private clinics can be instrumental in provision of TB services if provided with the right tools, information and support

Incentivization is key in promoting uptake of TB services among the private providers

Key focus for January –June 2021

- Accelerated implementation of NFMIITB activities
- Strategies to address leakages in the cascade of care discussed with SRs during QRM
- Support from other stakeholders including SI committee and WHO
- Accelerated implementation of COVID-19 RM activities
- SR selection for the next grant
- Grant making
- Grant closure

MALARIA

The implementation period is January 2018–June 2021 with a total budget of USD16, 059,470. The project has 11 grant sub recipients covering the following intervention areas; Community case management; implemented in 10 Counties of Nyanza and western regions

Promotion of malaria prevention interventions through school pupils in 14 lake endemic and coast endemic Counties; Health Facility Support Supervision and Data Quality Audit in 47 counties

Malaria Key Activities

- ☐ Provision of incentives to CHVs
- ☐ CHU Supportive Supervision
- ☐ Pilot of integrated Malaria,TB andHIV interventions in Emuhaya SubCounty
- ☐ Supportive Supervision of health facilities
- ☐ Routine Data Quality Audit to health facilities
- ☐ Printing of CHV reporting tools

COVID-19 Response

- ✓ PPEs (surgical masks, hand sanitizers, gloves) procured and distributed to CHVs, CHAs, PR and SR staff
- ✓ CHVs facilitation allowance for patient referral and airtime for CHU coordination to CHAs commenced Oct. 2020
- ✓ Procurement of PPEs for LLINs mass net distribution: tender evaluation done, LFA review completed, awaiting GF feedback. WAMBO procurement processes initiated but cancelled.

Key challenges

- Delay in CHV stipend payment by the 5 counties that had taken up payment.
- Court ruling on task shifting of lab testing.
- Malaria Commodity (mRDT) stock-outs
- Cancellation procurement of PPEs for mass LLIN distribution through WAMBO; UNICEF were unable to undertake pre-importation inspection as required by KEBS
- COVID-19 Restrictions

Implementation plan for the remaining grant period

Prioritized activities for the period Jan Jun 2021 e.g.

- Community Case Management of malaria
- CHU supportive supervision
- Health facility supportive supervision
- COVID 19 response activities
- Grant close out asset verification, summative reports, handover
- 2021 - 2024 grant making

Kenya Redcross Lilian Kong'ani

Key Highlights

Overview

The overview included program coverage, number of sub-recipients which were 73 including AYP, KP, PLHIV Networks and organizations across 37 counties. It also highlighted that SRs have trained and engaged 5,327 CHVs, 1,282 PEs, 141 OWs, 450 Mentor Mothers, 188 AYP peer educators, 310 Paralegals (150 KPs and 160 PLHIVs) and 337 Community Adolescent Treatment Supporters and that all cohorts of beneficiaries are being tracked, challenges identified and mitigation measures put in place

Target Achievements update;

This was presented and indicated that implementations are on track with the least performing indicator being # of AYP living with HIV who receive care and support services outside facilities at 73 %, most of the indicators were at 100% and above

COVID Implementation update

They gave an update on the Reallocation of savings of Ksh 29M which was implemented by SRs and all community led interventions/activities were completed under the reprogramming grant in Sept 2020 in 21 counties by SRs and Non GF Implementing organization. Over 50% of the funds were for procurement of PPEs, which is ongoing and will conclude by end of January 2021

Acceleration Plans and Way Forward

The SRs already have their targets and work plans until June 2021

Revised the implementation strategies and budgets. Shared with SRs new implementation guidelines taking care of COVID-19 protocols

Reallocation request of savings has been prepared and submitted for consideration by KCM/Global fund.

All activities except KP and AYP outreaches and clinical services are planned to end of April 2021

May 2021 – review and finalise all pending activities and/or payments for activities

SR Grant Close Out planned for May 2021

Financial Summary

- ✓ Cumulative Program expenditure US\$ 47.7m
- ✓ Program cumulative budget US\$ 60.2m
- ✓ Overall Cumulative Program absorption 79%
- ✓ Overall Program Expenditure Vs Disbursements from GF is at 94%

- ✓ Cumulative SR budget as at Sep-2020 is USD 33.8M disbursed to SRs as at Sep-2020 USD27.2 M representing 80% disbursement rate

Challenges

Uncertainty around COVID-19 disrupted implementation; Slow uptake for the New normal changes

Donor guidance on VAT a challenge to SRs and PR

Health as a devolved function with counties having multiple directorates in Health department

The National Treasury

Key Highlights

Support under TB Grant

- ☐ Procurement and distribution of First and Second Line medicines for TB, TB lab commodities and nutritional supplements.
- ☐ Capacity building for health care workers (CXR, DRTB, Childhood TB etc)
- ☐ Development and review of service delivery policies, guidelines and SOPs
- ☐ Technical support visits
- ☐ Monitoring and evaluation
- ☐ Printing and distribution of data collection tools
- ☐ Data Quality Assurance activities including EQA to TB laboratory services

Other support

- Sample transportation of specimen to GeneXpert sites.
- Social support for MDR TB patients – NHIF cover & cash support, Food supplements
- Clinical review meetings at service delivery level

Challenges

- ☐ Delay in procurements processes

National TB Program

Key Highlights

Community priorities

1. Care and prevention- Case detection and diagnosis – Case Finding
2. Care and prevention- Community TB care delivery
3. Care and prevention- Key population –Prisons

Gaps

- ✓ TB case detection rate of 55% (2018) is below the desired rate of 90%.
- ✓ Sub-optimal linkages between community systems and health facilities, with CHWs contributing only 10% of notified cases
- ✓ Case notification rate of TB among prisoners is high at 1,142 cases per 100,000 population

Key Interventions

- Implement innovative and patient-centered communication methods to improve care seeking in the community (TB awareness and risk perception in the community, screen and refer for diagnosis)
- Community Based Systematic Screening of Key Populations (targeted TB outreaches in areas of focalized transmission like urban slums, matatu industry, congregate settings (schools, workplaces, prisons), all household contacts (and workplaces contacts) of people with TB
- Strengthen and expand quality improvement to find missing people with TB in all health facilities (public and private).
- Use of a broader/more sensitive TB screening approach that combines broader symptom screening criterion and additional use of chest radiograph for triage.
- Build political support for TB prevention, awareness, screening, treatment & care at all levels
- Implement IPC at community through mapping out the priority households
- Training and mentorship of CHVs on current information on TB prevention
- Embracing digital technologies to enhance M&E and reporting systems at community
- Enhance TB infection control measures in prison
- Systematic screening for TB and continuum of care in prison.

Priority populations

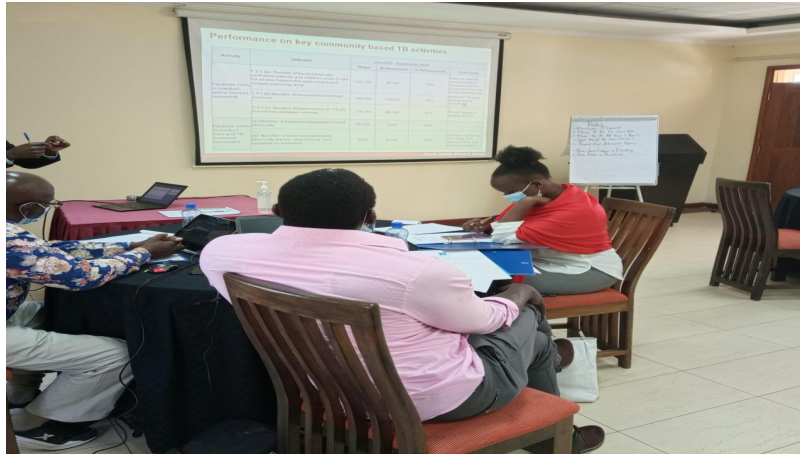
TB patients, general population, Prisoners, prison warden and their families/contacts, household,

Constituency Work Plan 2021/2022 and way forward

Priority	Activities	Responsible Person	Timeline
Meaningful Engagement in GF, NTP, USAID, PEPFAR and other key stake holders' processes	<ul style="list-style-type: none"> ● Grant making ● Oversight ● Advocacy for nutrition support ● Quarterly review meeting ● Strengthen engagement with NTP – Quarterly 	<ul style="list-style-type: none"> ● KCM Constituency Representatives (Member and Alternate) ● TB representatives at different levels including Network of TB Champions 	Continuous

	meetings with community representatives		
Domestic Resource Mobilization	<ul style="list-style-type: none"> Engage Parliamentary Health and finance Committees, Nutrition Caucus Engage the COGs, MCAs and Health committee, CECs Documentation of GF achievement and successes, best practices 	KANCO and Stop TB Partnership Kenya (Rahab & Evelyn)	During budget making periods
Active Case Finding (ACF)	<ul style="list-style-type: none"> 20% Decline in case finding – Strategies to increase case finding. Increase case finding in children under 5 	Amref GF Team (John Mungai)	Continuous
Community led monitoring and documentation	<ul style="list-style-type: none"> Strengthening the community monitoring and documentation – Include indicators for community contributions Harmonization of tools 	Amref Team and Community Representatives (Stephen Anguva, Francis Apina & Lucy Ghati, Nyakwana Philip)	Quarterly
Coordination & Networking	Quarterly meeting for Communities – At regional level (Physical Meetings) – Regions – Coast Region Central Regions Rift Valley – South and North Nyanza Region Western Region Eastern Region North Eastern Region	KCM Representative , Amref and Stop TB Partnership, (Philip Nyawana, John Mungai and Evelyn Kibuchi)	Quarterly
Selection of Sub Recipients	<ul style="list-style-type: none"> Support and prepare TB activity organization Selection of Sub Recipients. Ensure community interests are represented in the process Ensure redress mechanism is in place and adhered to. Share SR selection guideline and requirements. 	KCM Representatives, Amref, TB Champions representative -Stephen Anguva	Ongoing





TB Constituency Feedback meeting

List of Participants

SETRIM ELEMENTAITA

6TH- 9TH JANUARY 2021

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