



**KENYA COORDINATING MECHANISM
MINUTES OF THE KCM MEETING HELD VIRTUALLY ON 6TH OCTOBER 2021
BETWEEN 9.25 AM AND 4.36 PM**

Present

- | | |
|-------------------------|------------------------|
| 1. Mr. Douglas Bosire | Chairing |
| 2. Mr. Philip Nyakwana | Member/PLWD-TB |
| 3. Dr. Bernhards Oguttu | Member/KEMRI/GOV. |
| 4. Mr. Gerald Macharia | Alternate BL/ML |
| 5. Dr. Mahamud Eda | Member COG |
| 6. Dr. Acent Kituku | Member COG |
| 7. Dr. Medhin Tsehau | Member/ML/UNAIDS |
| 8. Ms. Maurine Murenga | Member/ PLWD-HIV |
| 9. Mr. Peter Njane | Member/KP Rep |
| 10. Ms. Eva Muthuri | Member/PLWD- Malaria |
| 11. Ms. Rosemary Kasiba | Member/KP Rep |
| 12. Dr. Heather Smith | Member BL/USAID |
| 13. Ms. Joyce Ouma | Member/ AYP |
| 14. Mr. Titus Munene | Member/FBO |
| 15. Mr. Lattif Shaban | Member/FBO |
| 16. Dr. Gathoni Ann | Member/GOV/COG |
| 17. Mr. John Muiruri | Alternate/PLWD-Malaria |
| 18. Mr. Samuel Muia | KCM Coordinator |

In Attendance

- | | |
|---------------------------|-----------------------------------|
| 1. Mr. John Ochero | GF Grant Portfolio Manager |
| 2. Ms. Soukeyna Sylla | GF CT |
| 3. Ms. Lisa Butler | GF CT |
| 4. Mr. Joseph Kagiri | LFA |
| 5. Mr. Regis Choto | GF CT |
| 6. Ms. Pamela Kibunja | Alternate/NGO Constituency |
| 7. Ms. Gloria Moses | Alternate/AYP |
| 8. Ms. Jacinta Mutegi | Alternate FBO/KCCB |
| 9. Mr. John Muiruri | Alternate PLWD/Malaria |
| 10. Mr. Ahmed said | Alternate/KP Constituency |
| 11. Ms. Lisa Butler | WHO |
| 12. Dr. Anastasia Nyalita | Alternate Private Formal Sector |
| 13. Ms. Patricia Mwendu | Alternate/Informal Private Sector |
| 14. Ms. Annette Msabeni | KRCS |

15. Ms. Chelimo Chesire	Chair TB TRC
16. Mr. Churchill Alumasa	Chair HIV TRCAH
17. Dr. Nazila Ganatra	Chair HSWG
18. Dr. Steven Macharia	DNTBP/CO-Chair TB TRC
19. Dr. Carol Asin	DNTBP
20. Dr. Daniella Munene	Member/ Formal Private sector
21. Dr. Valeria Makory	MOH
22. Mr. Aloys Otieno	KRCS
23. Dr. Joe Lenai	MOH
24. Dr. Erjesa Waqo	Head, National TB Program
25. Dr. Peter Kimuu	TNT
26. Ms. Emily Muga	KRCS
27. Dr. Mary Wangai	MOH
28. Ms. Caroline Ngare	NACC
29. Mr. Benson Ulo	AMREF HA
30. Ms. Josephine Mwaura	KCM Secretariat
31. Ms. Margaret Mundia	KCM Secretariat
32. Mr. Kevin Ogolla	KCM Secretariat

Apologies

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Faith Ndungu	KCM Vice Chair
3. Ms. Zilpha Samoei	Alternate FBO/CHAK
4. Mr. Stephen Muiruri	Member GOV/TNT
5. Mr. Jackson Mwangi	Member MOD/Gov.

Agenda

1. Introduction/Apologies
2. Declaration of Conflict of Interest
3. Remarks by the KCM Chair
4. Remarks by the Global Fund Country Team
5. Review and Approval of TB TRC Report on Selection of SRs to Implement Public Private Mix
6. Review and Approval of
 - HIV TRC SRs Re-evaluation Report
 - HIV TRC SRs Selection Reports
7. Updates on the Review/Accuracy of OIG Audit Findings.
 - Presentations by PRs
8. Confirmation of Minutes of the KCM Meetings held on 22 July,2021 / 1.09.2021 and Matter arising
9. Review and Approval of KCM Evolution Workplan and Budget.
 - Presentation by KCM Evolution Task Force
10. Review and Approval of Oversight Committee Report
 - Presentation by the Oversight Committee Chair

11. AOB

Min 1/1/10/2021 Introduction/Apologies

Meeting was called to order at 9.25 am. Opened with a word of prayer.

Introductions and apologies are as above.

Members nominated Mr. Douglas Bosire as the acting Chair as

Proposed by Dr. Mahamud Eda
Seconded by Latiff Shaban

Agenda was projected and adopted as above

Members were informed that they would be required to register a Conflict of Interest (COI) when deliberating on agenda 5 on the review and approval of TB TRC Report on Selection of SRs to Implement Public Private Mix and the agenda 6 on the Review and Approval of HIV TRC SRs Re-evaluation Report/ HIV TRC SRs Selection Reports

Min 2/1/10/2021 Declaration of Conflict of Interest

Member representing the Key populations-Mr. Peter Njane registered a COI on agenda 6 on review and approval of HIV TRC and SRs Selection Reports as his organization was an implementer for the Global Fund HIV Grants. The member recused himself as agenda 6 was deliberated on.

No other COI were declared.

Min 3/1/10/2021 Remarks by the KCM Chair

The Acting chair appreciated the members attendance in the day's deliberations. He acknowledged the KCM Members, the State sub recipients, the Global Fund Country Team, the Local Funding Agent, and other stakeholders who found time to join the meeting.

He emphasized that the meeting was Important as the agenda items were critical in the implementation of the GF Programming and requested members to stay and actively deliberate on the agenda items

He took note of the apologies provided and was confident that the wealth of KCM experience would be able to dispense the noble task ahead. That the HIV, TB, and Malaria diseases remain the core disease areas in Kenya and invited members to provide supportive and cordial deliberations in the meeting.

The Chair invited the chair on Non state to pass a message of appreciation to the KCM.

The Chair of non-state appreciated the psychosocial and material support accorded to the Vice Chairs family. The family greatly appreciated the support. He was indebted to the members and KCM secretariat as they were able to raise more than Ksh. 149,000 which had already been handed over to the family. He requested that members continue supporting the family in prayer and in kind.

The chair condoled with the KCM Vice Chairs family and relayed his condolences. He invited the Global Fund Country Team to make their opening remarks.

Min 4/1/10/2021 Remarks by the Global Fund Country Team

The Global Fund Portfolio Manager appreciated KCM chair, Vice Chair, all the KCM membership and other stakeholders for their support and resolute to oversight the Global Fund Grants.

He appreciated the acting chair for serving in the day`s meeting He conveyed his sincere condolences to the vice chair and her family on the loss of their mother.

He recognized the continued implementation and engagement of PRs despite the challenges that emanated from the COVID-19 pandemic. He was happy that KCM had ensured the successful grant completion.

He accented that a lot of progress had been made in the first quarter.

He further informed the meeting that the Global Fund 2020 report had showed that the Global Fund performance within its grants had regressed due to the COVID-19 situation which may reflect on Kenya`s performance as well. There was hence needed to mitigate the various Challenges early enough.

He appreciated particularly the National Treasury and Ministry of Health for their support especially on KEBS and tax clearance. The Government had ensured that the processes were streamlined to reduce delays.

The Global Fund was looking forward at getting updates from the Kemsas Reform committee as Kemsas was very critical to the Kenyan Portfolio and it was the premise of the Government to ensure Stewardship of the procurement processes. That whereas the Kemsas construction was complete, there was need for the teams to push as much as possible to ensure the warehouse was well equipped. He reiterated the Global Fund Support to the Kenya

The Chair appreciated the Global Fund Grant portfolio Managers remarks and continued support for Kenya.

Min 5/1/10/2021 Review and Approval of TB TRC Report on Selection of SRs to Implement Public Private Mix.

The Chair of TB TRC projected the list of the Organization that bided for PPM Opportunity. Members on the call were requested to declare COI regarding all the 24 organizations that had bid to implement the Public Private Mix.

No Conflict of Interest was declared.

GLOBAL FUND TUBERCULOSIS 2021 – 2024 GRANT: SELECTION OF SUB RECIPIENTS FOR IMPLEMENTATION OF PUBLIC-PRIVATE MIX INITIATIVE: - Presentation by TB TRC Chair. Ms. Chelimo Chesire

Presentation outline: Background; TRP members; SR selection: Process, recommendations and next steps; TRP requests to TB HSWC. **Background:** Amref Health Africa is the Non-State Principal Recipient (PR) for the current GF TB grant (2021 – 2024). Activities are implemented in collaboration with Civil Society Organizations engaged as Sub Recipients (SRs). Selection of SRs is done by the PR together with an independent Technical Review Panel (TRP) identified by TB HSWC and endorsed by Kenya Coordinating Mechanism (KCM). TRP reports are presented to TB HSWC and KCM for approval and endorsement. Scope: Selection of SRs to implement Public-Private Mix initiative in 19 high burden counties under the GF TB 2021 – 2024 grant. **TRP members:** 1. Dr Mike Ekisa *Organization* COG; *Role in TRP* Representative of counties. 2. Stephen Anguva; *Organization* Pamoja TB; *Role in TRP* TB Community expert. 3. Mr. Oduor Otieno; *Organization* Kenya Healthcare Federation; *Role in TRP* Health Systems Strengthening expert. 4. Dr Herman Weyenga*; *Organization* CDC; *Role in TRP* M&E expert. 5. Dr Eunice Omesa; *Organization* WHO; *Role in TRP* TB expert; 6. Jane Kitonga; *Organization* Amref Health Africa; *Role in TRP* Finance expert. 7. Phelister Abdalla*; *Organization* Key Population; *Role in TRP* Key Population representative. 8. Dr Stephen Macharia; *Organization* DNTLD-P; *Role in TRP* Program management. 9. Mr. Nyamai Wambua; *Organization* CMSEO Kenya; *Role in TRP* Program Management expert. 10. Chelimo Chesire- *Role in TRP* Program Management/ Community expert. 11. Mr. Francis Apina; *Organization* IPTC-EA/COPFAM; *Role in TRP* Program Management. Mr. Philip Nyakwana; *Organization* KCM; *Role in TRP* Oversight. **KCM guidance on SR selection:** KCM developed guidelines to be used by PRs in selection of non-state SRs in a timely manner through a competitive, transparent and well documented process. The guidelines standardize the process of SR selection for all non-state PRs. The SR selection is in two stages: a). Desk review for SRs implementing ongoing grant and those who score at least 70% are considered to implement the next grant. B). Open tender to identify SRs to work in counties that remain unallocated. In April 2021, the SI committee and TRP agreed to apply open tender process in the selection of SRs to implement the PPM initiative. This was mainly because of change in geographical scope that increased from 8 counties to all the 47 counties. Activities in 28 counties are implemented by the SRs implementing community TB activities. This selection was for 2 SRs that will implement PPM in 19 counties that are high burden for TB.

SR SELECTION FOR IMPLEMENTATION OF PPM IN 19 COUNTIES: 1. Advertisement for SRs- *Date* 9th July 2021. 2. Tender opening- *Date* 22nd July, 2021. 3. Technical evaluation of applications- *Date* 3rd – 6th August 2021. 4. Organizational capacity assessment and report writing- *Date* 23rd – 27th August 2021. 5. Presentation of TRP recommendations to TB HSWC- *Date* 8th September 2021. **PPM Implementation clusters:** *Cluster 1:* 1. Bomet. 2 Homa Bay. 3. Kakamega 4. Kericho. 5. Kisii. 6. Kisumu. 7. Migori. 8. Nakuru. 9. Siaya. 10. Uasin Gishu. #. *Cluster 2.* 1 Kiambu. 2. Kilifi. 3. Kitui. 4. Machakos. 5. Makeni. 6. Meru. 7. Mombasa. 8. Muranga. 9. Nairobi. **II. Methodology:** 1. **Preliminary evaluation based on mandatory requirements.** Verification nine mandatory requirements provided by each applicant. 2. Technical evaluation of proposals- Each application scored by 3 independent reviewers using a standard evaluation tool- Final score was an

average of the 3 scores if there was no variation of more than 10 marks among scorers- Application with variation in scores more than 10 marks was scored by a 4th reviewer as a tie breaker- Final score was an average of the 3 scores with no variation of more than 10 marks. 3. Capacity assessment for successful applicants- TRP members orientated on the assessment tool - 4 groups of TRP members visited the organizations in different regions- Each member awarded independent scores. The average of the scores was awarded as the final mark. **III. Preliminary review: 1. Mandatory requirement;** Copy of valid organization's registration certificate (for organizations that require annual renewal, evidence of up-to-date renewal should be provided). 2. *Mandatory requirement;* Copy of the organization's constitution/articles of association (duly signed by authorized signatories). 3. *Mandatory requirement;* Current valid tax compliance certificate or exemption certificate where applicable. 4. *Mandatory requirement;* Provide certified bank statements for 3 months - March, April and May 2021 (signed and stamped by the bank on each and every page) pages printed back-to-back will be treated as two separate pages. 5. *Mandatory requirement;* Copy of the last audit report or financial report (2019) that must be signed by the auditor and the organization's Directors. 6. *Mandatory requirement;* Organizational governance and management structure (organogram). 7. *Mandatory requirement;* Two latest board meeting minutes as per the organization's constitution/Articles of association (these should not be earlier than 2020 and should be duly signed by authorized signatories). 8. *Mandatory requirement;* Finance policy/procurement manual (if separate documents, provide both). 9. *Mandatory requirement* Curriculum Vitae (CVs) for key project staff (Programs, M&E and Finance). **IV. Technical evaluation and capacity assessment; Technical evaluation of proposals-** 1. Understanding the problem. 2. Project description. 3. Experience implementing health and/or PPM interventions. 4. Monitoring and Evaluation. 5. Proposed implementation strategies. 6. Administration and Management. 7. Budget and work plan. 60% pass mark. Accounted for 70% of the final score. **Organization Capacity assessment;** 1. Governance. 2. Strategic Planning. 3. Financial management. 4. Human Resources management. 5. Monitoring and Evaluation. 6. Project planning and implementation. 7. Local presence. 8. Implementation arrangements 60% pass mark. Accounted for 30% of the final score. **V. Criteria for final recommendation;** Applicants had to obtain a minimum score of 60% in both technical and organizational capacity assessment to be considered. 1. Total score was a weighted average of the technical evaluation and capacity assessment (70% from technical evaluation and 30% from the capacity assessment) .2. All applicants that qualified for organization capacity assessment attained a combined score of 60% and were ranked per cluster. 3. The top SR for each cluster was recommended. The team also compiled key strengths, weaknesses and risks for all the organizations that qualified for OCA, which were also considered when making the final recommendations; **VI. Summary of results;** 24 applications received. 10 passed preliminary review for mandatory requirements. 14 did not pass preliminary review for mandatory requirements. 10 passed technical evaluation (attained 60% in both technical review & capacity assessment. 2 organizations recommended (one per cluster). **VII. Final scores and recommendations:** 1. *Applicants Code*. 4- National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK). *Cluster- 1; Total Final Score* 73.4%. 2. *Applicants Code*; 19. Social Welfare Outreach Program Kenya (SWOP Kenya)- *Cluster 1; Total Final Score-* 71.9%. 3. *Applicants Code* 22; Stop TB Partnership Kenya- *Cluster 1; Total Final Score-* 69.1%. 4. *Applicants Code* 16. Kenya Medical Association *Cluster 1 Total Final Score-* 66.7%. 5. *Applicants Code*. 2- PharmAccess Foundation; *Cluster 1; Total Final Score-* 66.1%. 6. *Applicants Code*; 7- Konnect Youth Consortium; *Cluster 1; Total Final Score-* 64.5%. 7. *Applicants Code* 18; Respiratory Society of Kenya (ReSoK); *Cluster 2; Total Final Score-* 91.6%. 8. *Applicants Code*; 24 PS Kenya; *Cluster 2; Total Final Score-* 90.0%; 9. 3 *Applicants Code*;

North Star Alliance East Africa. Cluster 2- Total Final Score- 68.7%.10. Applicants Code 15-HENNET Cluster 2. Total Final Score- 65.9%. **VIII. Recommended organizations by Cluster: National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) Cluster 1** Homa Bay, Kakamega, Kericho, Kisii, Kisumu, Migori, Nakuru, Siaya, Uasin Gishu. **Respiratory Society of Kenya (ReSoK) Cluster 2;** Kilifi, Kitui, Machakos, Makueni, Meru, Mombasa, Muranga, Nairobi. **IX. Next steps for PPM SR selection process; 1.** TB HSWG approval- *Date;* 8th September 2021.2. KCM approval- *Date;* 6th October 2021. 3. Feedback to SRs- *Date;* 8th October 2021.4. Appeals/Acceptance- *Date;* 22nd October 2021. 5. commencement of contractual processes *Date;* From 25th October 2021. **Recommendations on the SR selection guidelines;** One process should be completed before another one begins in the scenario where the PR has more than one call for proposals/SR selection processes. There is need for review of the SRs selection guidelines to capture lessons learnt through the process. It is important for the Organizational Capacity Assessment tool to be reviewed for key interventions like PPM. TRP members to be involved in the review process of SRs selection guidelines as they have practical experience of the tool. Allocate 50% weight for both technical review and organizational capacity assessment. KCM to ensure that the SRs selection tools are pretested before releasing for use. PR should be in a position to also inform the TRP in case there is need for adaptation. KCM to allow for flexibility to bring in more members to the TRP to ensure diversity across the three diseases and key interventions like PPM. However, the guidelines on membership for committees should apply. The SRs selection tools should include clear scoring on use of policy documents that have not been updated for more than 5 years despite application of good practice. **Key recommendations to PR;** Update of policy documents; PR to ensure that SRs engaged have key policy documents updated and key gaps during capacity assessments are handled. Contracting of SRs. National Empowerment of People living and affected with Aids (NEPHAK). The organization to work with the PR to ensure competent staff with relevant health expertise are engaged to implement the grant. The SR to consider co-opting board members with solid healthcare background and experience to improve oversight. SR to strengthen engagement strategies and leveraging on their members for implementation of projects. **Key recommendations to PR;** Contracting Respiratory Society of Kenya (ReSoK). SR to establish an M&E department and hire designated staff to operationalize its functions for effective project implementation. The organization to work with the PR to ensure competent staff (including PPM coordinator/advisor) are engaged to implement the grant. SR to consider co-opting key expertise such as finance in the board to provide management oversight in non-healthcare related board functions. **Summary of TB HSWG requests to KCM;** Approve the NEPHAK and RESOK to implement PPM in the 2021 – 2024 grant in Cluster 1 and Cluster 2 respectively, with the recommended conditions for contracting. Approve the recommendations of the TRP on improvements to the SR selection guidelines

Discussion

The chair appreciated the presentation by the TB TRC Chair and her team for the great work and derivativities received.

The meeting was informed that KCM had received a formal notification from PS Kenya of an intention to appeal based on the recommendation made during the TB HSWG meeting on 8th September,2021

Chair TB TRC informed the meeting that that PS Kenya attended the TB HSWG Meeting on 8th September,2021 and declared a COI. She further noted that the appeals process was supposed to be initiated after adoption of the TB TRC Report by the KCM.

Head TB Program Confirmed that he chaired the September 8th ,2021TB HSWG meeting and COI was declared. All the members with COI were asked to leave the virtual meeting. He corresponded that the appeal was premature and lacked integrity,

Member representing the Key populations questioned how the breach of confidentiality came about and noted that the breach and greatest liability lay with the TB TRP Committee. That the prospective SR organization would have not received the information had it not been divulged by the committee and there was need to establish the root cause of the problem.

Member representing the PLWD/TB Constituency informed the meeting that he was oversighting the process That at some point the committee had to bring the process on hold due to deviatory tactics employed by the same organization. He concurred with the previous speaker that there is need to take action on such actions.

The chair appreciated the member sentiments and added the greatest lessons learnt herein was that there was need for members to maintain the clauses of confidentiality and respect the COI Policy.

The chair TB TRC informed the meeting that all her members were familiar with the confidentiality clause and had even signed a non-disclosure and COI Forms. The Committee also had a KCM member who provided oversight.

The KCM Coordinator informed the meeting that this was the first time the KCM was faced with such a request which was unprocedural. Bidders are supposed to appeal after the KCM has made the final decision and a letter of the Outcome issued to the bidders by PRs. The notice to appeal by PS Kenya was hence unprocedural because the request to appeal was made before the selection process had been finalized and constituted a COI.

The Grant portfolio manager noted that KCM COI Policy applied to organizations affiliated to the KCM/Global Fund structures and wondered whether it applied to organizations operating outside the KCM

Ms. Soukeyna Sylla representing the Global Fund Country Team wondered whether the bidders had prior knowledge on the procedure to lodge appeals and whether the information was dispensed prior to initiation of the bidding process as this would help to substantiate the unprocedural nature of matters.

Member representing the Key populations sought clarification on whether the presentation was done at the TB HSWG prior to the SR lodging of the intent to appeal.

Chair TB TRC confirmed that the presentation was done at the TB HSWG Meeting on 8th September,2021

Benson Ulo-Amref HA informed the meeting that a pre bid conference was held and all the bidders were sensitized on the SR selection processes

The KCM Coordinator further affirmed that the SR Selection guidelines was disseminated to the constituencies and uploaded on the KCM Website. That the SRs are privy to the requirements and instructions therein. He informed the meeting that the COI Policy is binding to the KCM and partnership structures as outlines in KCM Constitution. This virtue ensures that KCM is able to protect the integrity of its organs/structures.

Way forward

The meeting noted with concern that the intent by PS Kenya was meant to interfere with the selection process before it was concluded and the request by PS Kenya was unprocedural. Members unanimously agreed that PS Kenya should be cautioned against such practices.

The SR Section guidelines should be reviewed to ensure that organizations that interfere with selection process are disqualified in future.

The Chair resolved that PS

TB HSWG Request to KCM.

Chair TRP highlighted that the asks were that “KCM approves the NEPHAK and RESOK to implement PPM in the 2021-2024 grant in cluster 1 and cluster2 respectively, with the recommended conditions for contracting and approve the recommendations of the TRP on improvements to the selection guidelines for contacting”

The meeting deliberated and noted that the term approval was too strong and was changed to “adapting the Recommendations of the TRP on improvements to the SR selection guidelines

The TB TRC Report was adopted with the above amendments as

Proposed by Dr. Mohamud Eda
Seconded by Dr. Gerald Macharia

Min 6/1/10/2021 Review and Approval of HIV TRC SRs Re-evaluation Report Presentation by the HIV TRC Chair Mr. Churchill Alumasa

Members were requested to declare COI to the 2 SR organizations under re-evaluation -CIPK and HIVA.

NO COI was declared.

THE REVIEW TEAM: The review team consisted of the HIV TRC members and KRCS staff. Churchill Alumasa. Organization/Constituency- Discordant Couples. *Designation-* Chairperson. Rose Kaberia- Organisation/Constituency- HIV/communities/oversight; *Designation-* Vice-Chairperson.

Emily Muga; Organisation/Constituency- KRCS. *Designation-* Member. Aloys Lavern Otieno- Organisation/Constituency; AYP – *Designation-* Member. Margaret Mwangi- Organisation/Constituency- PLHIV; *Designation-* Member. Brian Macharia; Organisation/Constituency- KP; *Designation-* Member. Anne Nyambok; Organisation/Constituency- CSO alternate; *Designation-* Member. Peter Muriuki- Organisation/Constituency- FBO; *Designation-* Member. Caroline Ngare; Organisation/Constituency- NACC; *Designation-* Member. Sophia Njuguna- Organisation/Constituency- KRCS; *Designation-* Program Support. Daisy Kibon; Organization/Constituency- KRCS; *Designation-* Finance Support. Bilha Muriithi- Organization/Constituency; KRCS- *Designation-* Admin Support. **Variable 1: Target achievement, CIPK: 1.** # of adults and children living with HIV who receive care and support services outside facilities; *Performance rating-* 46%; *Remarks-* 968 of 2100 was the cohort maintained by the CIPK in this 2020, bringing their overall achievement of this variable at 46% and not at 50% as indicated by the PR. 2. # Of Community Health Volunteers trained to provide adherence counselling, defaulter tracing or treatment literacy; *Performance rating;* 0%; *Remarks-* the reports provided by the SR did not demonstrate that all 50 CHVs had attended 10 days of training. 3. # of adults and children living with HIV in the program that are retained in care and treatment; *Performance rating-* 45%; *Remarks-* TRC felt that this indicator is very similar to the first indicator and therefore questionable. the TRC determined that CIPK return to care registry was inconsistent on various months. 4. # of adults and children living with HIV in the program that are virally suppressed, *Performance rating;* 0%; *Remarks-* The VL tracker tool was not available to the TRC at the time. 5. # of community meetings on HIV awareness and services as well as SGBV for men-by-men *Performance rating-* 25%; *Remarks-* CIPK over-achieved their targets for quarter 4. They did not achieve any of their targets in the first 3 quarters. No challenges reported to the PR. 6. # Of people reached with SGBV prevention/awareness messages; *Performance rating-* 25%; *Remarks-* CIPK over-achieved their targets for quarter 4. They did not achieve any of their targets in the first 3 quarters. No challenges reported to the PR. AVERAGE SCORE- *Performance rating-* 24%. **Variable 1: Target achievement, HIVA: 1.** # of peer/CHVs engaged to provide adherence counselling, defaulter tracing or treatment literacy *Performance rating.* 47% *Remarks* HIVA did not report any achievement in their semester report for July - December 2020. 2. # of adults and children living with HIV who receive care and support services outside the facilities. *Performance rating;* 46%- *Remarks;* TRC noted with concern that the HIVA QPMM for Q1 2020, indicated 400 whereas the SR indicated a revised target of 900 on their quarterly report. 3. # of children and adults living with HIV that are retained in care and treatment. *Performance rating;* 88%; *Remarks;* TRC felt that this indicator is very similar to the first indicator and therefore questionable. the TRC determined that CIPK return to care registry was inconsistent on various months. 4. # of adults and children living with HIV in the program that are virally suppressed, *Performance rating-* 0%; *Remarks* the VL tracker tool was not available to the TRC at the time. 5. # of community meetings on HIV awareness and services as well as SGBV for men by men. *Performance rating;* 75%. *Remarks-* CIPK over-achieved their targets for quarter 4. They did not achieve any of their targets in the first 3 quarters. No challenges reported to the PR. 6. # Of people reached with SGBV prevention/awareness messages; *Performance rating-* 72%. *Remarks-* CIPK over-achieved their targets for quarter 4. They did not achieve any of their targets in the first 3 quarters. No challenges reported to the PR. 7. # Of know your rights campaigns conducted on HIV and TB on human rights and law through networks for persons living with HIV and KP selected counties. *Performance rating;* 100%; *Remarks-* The TRC verified that HIVA achieved 135 of 135 in Q4. VARIABLE SCORE; *Performance rating-* 61%. **Variable 2: Data Quality & Integrity: CIPK-Score 0%;** The primary documents for verification purposes were not

available at the time of review. The TRC also noted that the RDQA report provided by the PR included verification of one semester performance and not two. **HIVA**; Score 38%. the TRC verified 3 of 8 RDQA indicators, this is because the source documents were not available at the time of verification. **variable 3: Proportion of Timely Program Reports: CIPK: Score 92%;** *The TRC reviewed* screenshots of emails provided by the PR, an indication of the date and time in which CIPK submitted their narrative reports for January to December 2020 to the PR. **HIVA**; Score 67%; The TRC reviewed screenshots of emails provided by the PR. These screenshots were an indication of the date and time in which HIVA submitted their narrative reports for January to December 2020 to the PR. **Variable 4: Proportion of Timely Financial Reports: CIPK Score 92%.** The TRC reviewed screenshots of emails provided by the PR. These screenshots were an indication of the date and time in which CIPK submitted their financial reports for January to December 2020 to the PR. **HIVA**; Score 75%- The TRC reviewed screenshots of emails provided by the PR. These screenshots were an indication of the date and time in which HIVA submitted their financial reports for January to December 2020 to the PR. **Variable 5: Absorption Rate: CIPK 2020; Score 50%;** SR absorption rate (budget vs actual expenditure); HIVA 2020; Score 50%; SR absorption rate (budget vs actual expenditure). **Variable 6 & 7: Accuracy and Accountability;** Variable 6; Accuracy; HIVA – 25%.

CIPK – 17%. Variable 7; Accountability; HIVA – 50%; CIPK – 25%. **OVERALL SCORES;** 1. Target Achievement; *CIPK-* 25%; *HIVA-* 61%. 2. Data Quality & Integrity; *CIPK-* 0%; *HIVA-* 38%. 3. Proportion of Timely Program Narrative Reports; *CIPK-* 92%; *HIVA-* 67%. 4. Proportion of Timely Financial Reports; *CIPK-* 92%; *HIVA-* 75%. 5. Absorption Rate- *CIPK-* 50%; *HIVA-* 50%. 6. Accuracy; *CIPK-* 17%; *HIVA-* 25%. 7. Accountability; *CIPK-* 25%; *HIVA-* 50%. **AVERAGE -** *CIPK-* 44%; *HIVA-* 52%. **GRADES -** KCM Guidelines; 80-100% (Grade 4); 60-79% (Grade 3); 40 – 59% (Grade 2); 1 – 39% (Grade 1)- *CIPK-* Grade 2; *HIVA-* Grade 2. **RECOMMENDATION:** Upon extensive review of the HIVA and CIPK, the Technical Review Committee finds that both appellants have failed meet the minimum KCM cut-off as such may not proceed with the implementation of the Kenya Global Fund NFM3. **TRC ASK TO THE KCM:** The TRC Asks that the KCM Upholds and Adopts the findings of this Review of the Appellants as it was free, fair, transparent, rigorous, thorough, and without any bias.

Discussions

Chair appreciated the HIV TRC Chairs presentation and the work that had ensued to realize the elaborate report. He invited members to deliberate on the report.

Member representing the COG noted that the overall scores for the two organizations were very low especially on target achievement, accuracy, budget allocation, Data Quality, integrity and Target Achievements and sought to understand what the prevailing circumstances were, whether the funds were disbursed in time and available for the SR use, what the valuable on accountability was measured and whether the HIV TRC tried to look at the SRs capability to capture their data.

Member representing the PLWD TB highlighted that enhanced data quality in any programming was key, and that data was everything. He hence enquired on what role the PR played in strengthening SR performance through the technical assessment and support. He wondered how these issues were solved during grant implementation and how project management of the SRs was conducted yet such issues were not brought to the attention of KCM.

The KCM Coordinator requested the HIV TRC to provide further information/clarification regarding the extreme values in the report especially under data quality

The Chair HIV TRC clarified that the first variable deals on the targets which are agreed on by the PRs and SR. On data quality and integrity, variables the PR shared the DQRA Report. The primary source documents were not available at the time of hence the TRC could not verify the reports hence a score of zero. That the TRC purpose was to verify and review all data in its correct format. The TRC was hence able to review 3 of the 8 RDQA Indicators. The variable on accountability majored on whether the organization had questionable costs or not example one organization had the project coordinator take a salary advance and the organization would re- banked the same amount the following week and other issues around the lack of competitive bidding. On Absorption, the committee looked at budgets vs expenditure and establish that the money was expedited by the PR as required and was more than enough/ surplus funds. He assured the meeting that the report was expressive and provides the above clarifications.

Member representing the COG highlighted that a score of zero was on the extreme and sought clarification on whether the data was not presented or not reported. It was not clear whether these were not available. He wondered why the PR would continue to disburse the funds without supporting data and whether supervision was undertaken as required. These challenges should have been identified early enough in the implementation quarters.

Chair HIV TRC clarified that some of the records were not available as the PR had already archived some of the records during the assessment. That the TRPs role was to review and verify data presented to the TRC. He noted that no documents to measure some of the variables were provided. The HIV TRC was hence not able to verify the same.

Member representing the Key Populations noted that it was clear that the HIV TRC was limited based on documentation provided. He noted that the process was hence limiting and that it was sad that the report may have not provided tangible information to conclude the process.

Ms. Emily Munga representing KRCS informed the meeting that the role of the PR was to provide technical assistance to the SRs through financing, coaching, OJTs, conduct semi assessment every 3 months, quality assessment every 6 months before reporting to the Global Fund amongst other areas of support. She assured the meeting that the role of the PR was very clear and KRCS had taken up the mandate and ensured the SR was supported as required. She noted that HIVA and CIPK were new SRs and had started implementation of the grant later than other SRs. This meant that in 2019 the SRS had not done much hence the KCM request to review and grade then on their year 2020 performance. She further clarified that the PR had not archived any documents and had endeavored to provide all the documents as requested by the HIV TRC. The departure for the quality assessment was that RDQA was a function of the PR. The TRP could not get any source documents from the SRs as this was purely done at the PR level and there was no way to authenticate the process. The PR undertakes the quality assessment hence the Data generated was PR centered. That the PR remains committed to support the process.

The Chair guided that based on the discussion the reevaluation report needed to be validated jointly by PR and TRC and presented again to the HIV ICC and thereafter to KCM.

- **HIV TRC SRs Selection Reports.**

The members were requested to declare a COI on all the 78 Organizations that had applied as bidders.

The member who had declared conflict of interest earlier recused himself from the meeting **A presentation by Mr. Churchill Lumasia: -**

MEMBERSHIP OF THE HIV TRC Churchill Alumasa; *organisation/constituency-* Discordant Couples; *DESIGNATION-* Chair. Rose Kaberia; *organisation/constituency-* CSOs; *DESIGNATION-* Co-Chair. Caroline Ngare; *organisation/constituency-* NACC; *DESIGNATION-* Member. Emily Muga; *organisation/constituency-* KRCS; *DESIGNATION-* Member. Aloys Lavern Otieno; *organisation/constituency-* AYP; *DESIGNATION-* Member. Mary Mugambi; *organisation/constituency-* NASCOP; *DESIGNATION-* Member. Margaret Mwangi; *organization/constituency-* PLHIV; *DESIGNATION-* Member. Brian Macharia; *organization/constituency-* KP; *DESIGNATION-* Member. Peter Muriuki; *organisation/constituency-* FBO; *DESIGNATION-* Member. Joyce Ouma; *ORGANISATION/CONSTITUENCY-* KCM / Oversight; *DESIGNATION-* Member; Anne Nyambok; *ORGANISATION/CONSTITUENCY-* HIV ICC; *DESIGNATION-* Member. Sophia Njuguna; *ORGANISATION/CONSTITUENCY-* KRCS; *DESIGNATION-* Program Support. **SR SELECTION PROCESS:** There are two pathways in the selection of Sub Recipients. A review of existing SR's and those who scored over 70% were retained. A Tender was advertised to fill the vacancies of 10 New Sub Recipients. There were 3 stages in the Selection of New SRs. Mandatory Documents. Technical Evaluation. Organizational Capacity Assessment. This Report to the HIV ICC is going to present the Results of this Processes and seek to recommend the top Organizations for the Award of the HIV Grant in each category. **TENDER OPENING:** KRCS held a virtual tender opening meeting via zoom was on 8th July 2021. The bidder representatives and TRC members attended using the meeting link shared. The following tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for the prevention program with adolescent and young people aged 10-24 years in Kilifi County. A total of 17 tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for community HIV prevention, treatment, care and support interventions in Nairobi, Uasin Gishu, Kericho, Isiolo and Meru. A total of 52 tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for prevention interventions targeting key population in Turkana, Kajiado, Isiolo, Meru, Marsabit and Wajir-A total of 12 tenders were opened. **COMPLIANCE WITH THE MANDATORY REQUIREMENTS;** 1. *Expression of Interest-KRCS/GF/EOI/0106/2021. Category-CSOs. Total Application- 50. Passed- 31. Failed 19.* 2. *Expression of Interest-KRCS/GF/EOI/0206/2021- Category- KP Led Organization. Total Application- 12. Passed- 6. Failed. -6.* 3. *Expression of Interest-KRCS/GF/EOI/0306/2021. Category- AYP Led Organization. Total Application-16. Passed 13. Failed 3. Total. Total Application- 78. Passed- 50. Failed 28.* **OUTCOMES OF THE TECHNICAL EVALUATION:** SRs applications had a total of 31 organizations who made it to the technical evaluation. 11 applicants were from Meru/Isiolo counties, 8 were from Kericho County, 8 from Nairobi County and 4 from Uasin Gishu County. KP applications total of 6 organizations proceeding to the technical evaluations.

2 organizations were from Meru/Isiolo Counties, 3 from Kajiado County and 1 from Marsabit/Wajir County. AYPs applicants had 13 organizations who made it the technical evaluation all of which were from Kilifi county.

OUTCOMES OF TECHNICAL EVALUATION FOR SRS APPLICANTS - MERU/ISOLO COUNTY: *SCORE IN %- 92.7.* 2. National Organization of Peer Educators (NOPE). *SCORE IN %- 91.1.* 3. SWOP-Kenya. *SCORE IN %- 86.6%;* 4. Help Reach Africa-HERA; *SCORE IN %- 83.3.* 5. African Inland Church Ministries; *SCORE IN %- 83.1.* 6. National Council of Churches of Kenya (NCCCK)- *SCORE IN %-80.67.* 7. NEPHAK/NETMA+ *SCORE IN %-70.63.* 8. ACK Diocese of Mt. Kenya West; *SCORE IN %-66.57.* 9. The Urban Research and Development Centre for Africa; *SCORE IN %-64.27;* 10. Nawiri Child Development. *SCORE IN %-57.83.* 11. ST. John Paul Matercare Hospital; *SCORE IN %-54.67.*

OUTCOMES OF TECHNICAL EVALUATION FOR SRS APPLICANTS -KERICHO COUNTY: 1. Anglican Development South Rift- *SCORE IN %- 94.07.* 2. HIV Free Generation; *SCORE IN %- 92.97;* 3. National Organization of Peer Educators (NOPE); *SCORE IN %- 89.57.* 4. Catholic Medical Mission Board (CMMB)- *SCORE IN %- 85.23.* 5. SWOP Kenya; *SCORE IN %- 84;* 6. NEPHAK/NETMA+; *SCORE IN %- 76.2.* 7. Konnect Youth Consortium; *SCORE IN %- 71.* 8. Samoei Community Development Program; *SCORE IN %- 60.03.*

OUTCOMES OF TECHNICAL EVALUATION FOR SRS APPLICANTS –UASIN GISHU COUNTY: 1. North Star Alliance; *SCORE IN %-90.37.* 2. RCEA (Reformed Church of East Africa -Quest of Life. *SCORE IN %- 85.45.* 3. Community Support Program- *SCORE IN %.* 2.80. 4. National Council of Churches of Kenya. *SCORE IN %- 74.83.*

OUTCOMES OF TECHNICAL EVALUATION FOR SRS APPLICANTS –NAIROBI COUNTY; 1. HENNET- *SCORE IN %- 91.13.* 2. World Vision Kenya; *SCORE IN %-90.67.* 3. SWOP-KENYA; *SCORE IN %- 87.* 4. HERA (Help Reach Africa); *SCORE IN %- 86.33.* 5. Community Support Program; *SCORE IN %- 81.7.* 6. National Council of Churches of Kenya. *SCORE IN %- 78.3.* 7. HIV Free Generation. *SCORE IN %- 77.67.* 8. SANNE Landin Children’s Centre *SCORE IN %- 68.67.*

OUTCOMES OF TECHNICAL EVALUATION FOR KPS APPLICANTS -MERU/ISOLO COUNTY: 1. Empowering Marginalized Communities (EMAC); *SCORE IN %;* 92.23. 2. Mambo leo Peer Empowerment (MPEG). *SCORE IN %- 66.73%.*

OUTCOMES OF TECHNICAL EVALUATION FOR KPS APPLICANTS -KAJIADO COUNTY: 1. Health Options for Young Men on HIV and STIs (HOYMAS) *SCORE IN %- 86.13.* 2. KANCO; *SCORE IN %- 83.3.* 3. Organization for Hearing and Impaired Persons (OHAIP); *SCORE IN %- 75.9.*

OUTCOMES OF TECHNICAL EVALUATION FOR KP APPLICANTS -WAJIR/MARSABIT COUNTY:

OUTCOMES OF TECHNICAL EVALUATION FOR KP APPLICANTS -WAJIR/MARSABIT COUNTY: 1 Bar Hostess Empowerment and Support (BHESP); *SCORE IN %- 89.33.*

OUTCOMES OF TECHNICAL EVALUATION FOR AYPs APPLICANT –KILIFI COUNTY: 1. Mzazi Foundation; *SCORE IN %- 91.43.* 2. Jjinue Vismart (JIVIS)- *SCORE IN %- 85.30.* 3. Stretchers Youth Organization- *SCORE IN %- 82.33.* 4. Organization of Young People Living with HIV Kenya (Y+ KENYA)- *SCORE IN %- 80.60.* 5. Women and Development Against Distress in Africa (WADADA); *SCORE IN %- 80.43.* 6. Dream Achievers Youth Organization; *SCORE IN %- 78.4.*

OUTCOMES OF TECHNICAL EVALUATION FOR AYPs APPLICANT –KILIFI COUNTY: Moving the Goal Posts- *SCORE IN %- 78.* 8. KANCO; *SCORE IN % 77.* 9. Kenya Adolescents and Youth/HIV Network (KAYHIHR). *SCORE IN %- 74.73.* 10. Kenya Muslims Youth Development. *SCORE IN %- 69.93.* 11. Kipini Integrated community enterprise. *SCORE IN %- 57.90.* 12. Safe Community youth initiative. *SCORE IN %- 57.37.* 13. Kesho Kenya- *SCORE IN %-55.07.*

FINAL RESULTS FOR NEW SRs: FINAL RESULTS FOR THE NEW SRs AMONG; CIVIL SOCIETY ORGANIZATIONS; KEY POPULATION ORGANIZATIONS; ADOLESCENT AND YOUNG

PEOPLE ORGANIZATIONS; THIS ARE THE RESULTS OF THE TOP THREE ORGANIZATIONS WHO PROGRESSED TO THE ORGANIZATIONAL CAPACITY ASSESSMENT. **FINAL NEW SR SELECTION – CSOs; KERICHO COUNTY**

1.HIV FREE GENERATION; TOTAL SCORE; 88.26. 2. NOPE- TOTAL SCORE; 85.79. 3. ADSR; 83.36. **MERU/ISIOLO COUNTIES**; 1. HOPE WORLDWIDE KENYA; TOTAL SCORE;85.30 .2. SWOP KENYA; TOTAL SCORE 82.62. 3. NOPE; TOTAL SCORE 82.17. **UASIN GISHU COUNTY**; NORTHSTAR ALLIANCE; TOTAL SCORE; 83.54. 2. REFORMED CHURCH; TOTAL SCORE; 76.67. 3. CSP ;57.96; 11.65 TOTAL SCORE 69.61. **NAIROBI COUNTY**; WORLD VISION; TOTAL SCORE- 89.54. 2. SWOP KENYA- TOTAL SCORE- 81.47. 3. HENNET; TOTAL SCORE- 80.67. **FINAL NEW SR SELECTION – KPs; WAJIR / MARSABIT COUNTIES**;

1. BAR HOSTESS (BHESP); TOTAL SCORE- 86.14. **MERU / ISIOLO COUNTIES**; 1. EMAC -TOTAL SCORE; 83.63. 2. MPEG; TOTAL- SCORE- 65.10. **KAJIADO COUNTY**; 1. HOYMAS -TOTAL SCORE; 85.63. 2. KANCO TOTAL SCORE -80.79; 3. OAHIP-TOTAL SCORE- 68.10. **FINAL NEW SR SELECTION – AYPs**;

MZAZI FOUNDATION; TOTAL SCORE- 77.44. 2. JIVIS- TOTAL SCORE- 75.45; 3. STRECHERS; TOTAL SCORE- 70.86. **KEY FINDINGS**;

Applicants will need to improve and strengthen their Constitutions and Organization Policies, Systems and Structures. Applicants will need to streamline their checks and balances and power distribution levels at the Organization. Applicants will need to identify and engage competent employees with a good understanding of HIV programming including how to engage with the County leadership. Applicants will need to improve their financial integrity and accountability mechanisms through Policy changes. Applicants need to ensure that their Boards of Management are functional, have relevant sub committees and have competent personnel for the various positions. **LESSONS LEARNT**;

Community Organizations which should be the backbone of the HIV Response lack the capacity to write award winning proposals. They cannot compete on a level playing field with international NGOs with local branches which apply for the same grant and have personnel whose job description is Proposal Writing. 2. There has to be a mechanism to manage the expectations of the community from their members of the TRC who do not give grants but rather follow the KCM Guidelines in the Awarding of bids.3. County Governments should be engaged long before hand and their expectations managed so that they do not end up being an impediment in the awarding to the tender to the Organization that has won fairly. 4. The TRC needs to be granted enough time, not rushed by timelines, so that they can do a comprehensive job and reward deserving Organizations the Grant. There should be no compromise in relation to the quality of work which needs to be put into the exercise. 5. Adequate resources should not be an impediment to the conducting of a successful existing SR review and New SR Selection review exercise. Adequate resources should be earmarked prior to the commencement of the exercises and previous exercises used as bench marks to allocate Resources and Timelines. **CHALLENGES**:

High expectations from the Communities which most members of the TRC represent. Managing these expectations was a huge challenge to members of the TRC because the community felt they deserved the Grants and aggressively lobbied for them. Members of the TRC had to ensure the community understood they had signed Non-disclosure Agreements and therefore had to manage any Conflict of Interest. 2.The Expression of Interest did not factor in the special interests of the PLHIV community. The AYP and KP had affirmative action applications that ensured only AYP and KP led Organizations progressed to the second stage of the process. In the case of PLHIV, some organizations that do not have the PLHIV as their core business ended up winning the bids. 3.The County Government proved very difficult to work with at the time, delaying the OCA in many instances. The County Government personnel seemed to have preferred organizations they wanted to work with yet the award was not

dependent on OCA alone. 4. There was only one TRC member making it difficult for the assessment of both Finance and Programs within the same timeframe during the Organizational Capacity Assessments. 5. The TRC has no budget and is dependent on the PR for all their Budgetary needs during the exercise. Challenges arise especially around late payment (up to a month) of reimbursements and the renegeing of rates that were previously agreed. This leads to low morale as members cannot use their personal funds for voluntary work. In future the TRC should have a budget so that they can work independently, draw their own timelines and make logistical arrangements. This could stem unnecessary delays. 6. There has to be a clear distinction between the TRC and the PR during the Review of existing SR's and subsequent selection of new SRs. This should be spelt out by a Terms of Reference that is drawn by KCM and not by the PR. To avoid conflict the support and facilitation to TRC members should be clearly spelt out and agreed upon. **RECOMMENDATIONS:** There is a need for the PLHIV groups to be capacity built and critically taken through the proposal brief when the Call for Proposals is made so that they can put in competitive bids. Unfortunately, many community groups who had good proposals that may have won the bid lost stage 1 – the Mandatory documents stage. 2. In future calls, it is imperative that the MIPA checklist to ensure compliance to the Meaningful Involvement of the PLHIV from Policy to implementation is administered to applying Organizations at the Mandatory document stage. This can be borrowed from the KP groups where a letter from the KP Consortium and MoH KP Programs are mandatory. 3. In future, the review of existing SRs should be both qualitative and quantitative. The current KCM Guidelines are purely quantitative and so some underserving Organizations which focused on targets rather than quality of service to the PLHIV community may have been retained at the expense of Organizations that focus on service delivery to the PLHIV Community. 4. The incoming TRC should be orientated for at least 3 days by the outgoing chair and vice to ensure continuity. Also, at least 2 members of the outgoing committee should be retained to ensure institutional memory. The Global Fund TB, HIV and Malaria Non-State Grant was initiated mainly to uplift and benefit infected and affected communities. In this regard, it is these communities of infected and affected, who stay late into the night and use personal resources to ensure community programs are funded during proposal writing. It is a travesty that the Grants are then given to international NGOs and their local branches who are neither infected or affected. It is time the PLHIV Grant is made affirmative to the PLHIV as the AYP and KP Grants are. The TRC must ensure that the KCM Guidelines are adhered to, during all stages and expected outcomes arrived within the given timelines. Also, during the Organizational Capacity Assessment there should be 2 TRC members – 1 for Programs the other for Finance. This should not be dependent on the financial capacity of the PR. There have to be clear Guidelines in cases where there is a conflict of interest between members of the TRC and applying Organizations. Mostly, these conflicts occur when the TRC is selecting new SRs and is after the review of existing SRs. Mechanisms should be put in place to ensure individuals and Organizations are not unnecessarily accused and penalized over unsubstantiated accusations. 5. The TRC strongly recommends that the KCM Guidelines are reviewed before the next exercise of SR Selection. In Future the cut off mark at the Technical Evaluation Stage should be 70%. This shall ensure more Community Organizations make it to OCA. 6. The TRC strongly recommends that in the interest of the PLHIV Community who fought hard for this Grant be given some form of affirmative action so they can better serve the PLHIV fraternity in their diversity. The PLHIV wear the shoe and so know where it hurts and how they can best serve their peers. 7. The TRC strongly recommends that in cases where local Community Organizations have come second to International Organizations with local branches, the KCM should award the Community Organizations the Grant. 8. This recommendation shall ensure that the PLHIV community Organizations who fought for this Grant, to whom HIV is

their core business are capacitated and financed to better serve their constituent communities as they are best placed to do so. **KCM GUIDELINES ON THE NEXT STEPS;** 6.7 Presentation of Shortlisted Organizations. The TRC shall prepare an evaluation report containing a summary of the evaluation and comparison of scores for different proposals and shall make recommendations to the respective HSWC and later to KCM. The respective HSWC upon receipt of the evaluation report shall recommend the top organization to KCM per cluster for the award. KCM shall upon receipt of the report from the HSWC nominate SRs. The nominations will be guided by the technical analysis and recommendations provided by the TRC and the need to ensure fairness, transparency, and a lack of conflict of interest. Nominations will be made by consensus. If consensus cannot be reached, KCM will decide its award choices based on a simple majority vote. **ASK TO THE KCM;** As per the KCM Guidelines for this Process, the HIV TRC would like to Ask the KCM to Nominate the Top Organization per cluster, for the award of the New Sub Recipient as per the categories that were Tendered. However, the TRC strongly recommends that in cases where local Community Organizations have come second to International Organizations with local branches, the KCM should award the Community Organizations the Grant. This shall ensure that the PLHIV community Organizations who fought for this Grant, to whom HIV is their core business are capacitated and financed to better serve their constituent communities as they are best placed to do so. **RECOMMENDED ORGANIZATIONS;** Kericho- *CATEGORY*-Civil Society Organization; *ORGANIZATION*- HIV Free Generation. 2. Meru / Isiolo; *CATEGORY*- Civil Society Organization; *ORGANIZATION*- Hope Worldwide Kenya; 3. Uasin Gishu- *CATEGORY*- Civil Society Organization; *ORGANIZATION*- North Star Alliance. 4. Nairobi- *CATEGORY*- Civil Society Organization; *ORGANIZATION* World Vision Kenya. 5. Kajiado- *CATEGORY*- Key Population Organization; *ORGANIZATION*- HOYMAS. 6. Meru / Isiolo; *CATEGORY*- Key Population Organization- *ORGANIZATION*- EMAC. 7. Wajir / Marsabit; *CATEGORY*- Key Population Organization; *ORGANIZATION*- BHESP. 8. Kilifi- *CATEGORY*- AYP organization; *ORGANIZATION*- Mzazi Foundation. 9. Kilifi- *ORGANIZATION*; JIVIS. 10. Turkana- *CATEGORY*-Key Population Organization; *ORGANIZATION*- NON-RESPONSIVE

Discussions

The chair appreciated the presentation by the HIV TRC Chair.

The KCM Coordinator informed the meeting that the KCM had received a request form Blast on 21.09.2024 4.03pm as follows

“ BLAST was requesting to be given all criteria used by selecting AYP networks, BLAST was requesting to take this matter outside KCM but Kenya courts including Court of appeal, this came from our last appeal we did and we were not satisfied with your response. This will help BLAST place the outcome in public domain for the 47,000 young people under BLAST to look at it and be able to understand the steps and transparency on this matter. We believe we have enough evidence for two projects which was in kilifi and Turkana counties. Thanks, and looking forward to hear from you. HIV Youth national prevention ambassador.

Response 21.09 2024 7.14pm

Request acknowledged with a message that the KCM will deliberate on the request during the next meeting and revert back.

Follow up 1st October,2021

BLAST members are still waiting for your response before we move on with appeal, we are also asking to write our concerns to inspector general global fund with all document from Kilifi and Turkana countries and how Kenya red Cross received this current grant with all documents for KRC. We would also ask your permission to take this matter to public, as we all know Kenya have 1.3 million people living with HIV. We have a big problem with adolescent and young people where we did a documentary video from Kilifi and Turkana that should be given to inspector general global fund, therefore we are asking for your permission to take this step and also involved public on this matter.

Discussion

KCM received an appeal from Blast on 13th May, 2021. Blast appeared before the KCM Appeals committee on 10th June, 2021. On Tue, 22 Jun 2021, 19:23 The KCM has finalized the Appeals Review process and formally communicated the feedback to Blast. ``Blast confirmed incidences of misappropriation of funds due to weak internal controls. This led to lengthy periods of suspension and hence no achievement of targets. All documents reviewed did not support BLAST assertions of having passed the 70% mark in the assessed parameters ``

on Jun 22 at 8:56 PM Blast Responded - ``KCM team, thank you for your email and the feedback, we take it with good faith and we believe to work on our internal capacity. Thanks. CEO - BLAST

HIV TRC chair highlighted that BLAST was implementing AYP activities in Kilifi county. They however had accountability issues and for 6 months in the earlier months did not report and implement yet monies had been disbursed to them. They lodged an appeal and KCM upheld the TRC Recommendation to discontinue them. In the new NFM3 grant BLAST applied to implement AYP activities in Kilifi County however did not make beyond the first phase on pre-qualification /mandatory requirements

Emily Munga representing KRCS Further confirmed that The PR conducted a 3-hour Pre bid meeting and allowed for a 2-week window for any questions and answer sessions through the KRCS Website. She confirmed that enough information was provided to the prospective SRs. She also noted that BLAST was present at the HIV ICC Meeting and participated until the end and she did not remember a point at which the Organization recused themselves from the meeting.

The chair sought to understand whether BLAST was represented in the HIV HSWG Meeting that discussed the SR selection process. Whether a COI was declared by the organization. She welcomed the HIV HSWG secretariat to make comments on the same

NACC Representative clarified that BLAST participated to the very end. That a call for declaration of interest was made from the chair of the ICC during the meeting.

The coordinator noted that if a call for declaration of Conflict was made and BLAST was represented in the HIV HSWG meeting that discussed the SR Selection process and no declaration was made by the representative COI then that presented a COI.

Ms. Soukeyna Sylla representing the Global Fund Country Team requested the KCM to confirm whether a written and documented confirmation on the call for declaration of COI was made. That this was imperative it was captured in the minutes of that meeting.

Member representing the COG stated that the prospective SR was employing a threatening tone by indicating that it will take the matter to the court of appeal, Inspector General of Global fund and the public domain. He requested that the legal minds in the KCM then takes up the matter and KCM should make a firm decision. Facts never lie and would speak for themselves.

Member representing the PLWD/TB Constituency concurred with the previous member sentiments by stating that there was need to package the issues and all documentation and allow the process to come to a successful close despite the interference. The issues employed by the organization that are threatening and intimidating are within their right and should however not be taken lightly. He added that this Letter should not in any way stop the process. The organization should be cautioned for disrespecting the KCM Structures and interfering with an ongoing SR Selection process.

The Chair noted that the HIV HSWG minutes should be checked for the call for COI. He however affirmed that having participated in that meeting, he is confident that the call was made for COI declaration and the participants provided ample time to declare COI. He agreed that the process should not stop in view of the letter received. That threats and intimidations would not work on the KCM processes. That it was clear that mandatory documents should have been provided. The chair moved that the secretariat then goes ahead and respond and caution blast against interfering with an ongoing SR selection process.

Alternate member representing the Key Populations agreed with the Chairs sentiments and added that all processes should be amicably concluded. He however requested for a reconsideration from the only bidder who bid for the Turkana slot and did not make it as no further bids were received for Turkana County.

Ms. Eva Muthuuri was nominated to hold brief for the Chair as proposed by Mr. Phillip Nyakwana and seconded by Dr. Bernhards Ogutu. She handed over immediately the Acting Chair joined the call.

Member representing the PLWD/TB Constituency highlighted that as per the ask, Turkana and Wajir counties were non-responsive and the KCM needed clarity on how many organizations applied.

Member representing the COG commended the HIV TRC for the good recommendations. That the Role of the county governments in the whole spectrum of HIV care was vested in the mandate of the counties. With funds investment the County Governments would be able to invest in the counties

extensively. The visibility of the Global funds was different with different reporting mechanisms by the PRs. He felt that the county governments need to have some visibility of Global Fund implementation in the counties. That the Fight of HIV needs to be synergistically coordinated with one clear vision. He supported the affirmative action for the PLHIV Communities.

Member representing the Malaria Constituency noted that the KCM should utilize to the extent possible the local CBOs and that KCM need to be deliberate and cautiously build capacities of the CBOs. Hence a blended approach on the affirmative action and capacity building are well intertwined.

Chair Oversight Committee highlighted that it was imperative that CBOS are capacity built to ensure they are well placed to compete in the changing market dynamics. The KCM could also further renegotiate for a Global fund allocation specifically for capacity building Local CBOs.

Chair HIV TRC appreciated the member sentiments and clarified that for Wajir, 3 organizations had applied, 2 of these did not make it hence the remaining organization won fair and square. The AYP networks failed to meet the criteria despite the relaxed measures instituted in their favor. For Turkana only one organization bided and unfortunately it did not make past the mandatory requirements.

Ms. Emily Munga highlighted that the KCM Guidelines allows for affirmative action. That these guidelines are ICC and KCM approved, and it is on the basis of the KCM Approval that the tender was advertised.

The Chair further reinforced the HIV TRC chairs comments and noted that the dynamics of the open tender and rules of procurement dictate that even if one bidder shows interest in one area of grant implementation, then the bidder is reevaluated against a certain scale. If they are successful, then the bid is awarded. If unsuccessful then a readvertisement of the same is carried out.

Chair agreed with the recommendations made by the HIV TRC moved the meeting to adopt the HIV TRC Recommendations. He however requested that the HIV TRC makes the amendments to allow KCM to adopt the first part of the KCM ask on approving the work done by the TRC and approve the organizations for Global Fund implementation. The second and third recommendations on inclusivity of the CBOs would be treated as recommendations. KCM adopted the HIV TRC Report with the amendments as above as

As proposed by Ms. Eva Muthuuri

Seconded by Ms. Pamela Kibunja

Chair appreciated the work done by the HIV TRC and the selfless efforts employed by the team to ensure the Global fund received the best placed SRs during implementation. He wished the HIV TRC all the best as they continued to serve the people of Kenya. The chair in addition appreciated the Global Fund Country Team for their continued support to country in the fight against TB, HIV and MALARIA. With those remarks the Global fund country Team dropped off the call.

Min 7/1/10/2021 Updates on review of the OIG Audit Preliminary Findings by the PRs

TNT: 2021 AUDIT OF GLOBAL FUND GRANTS TO THE REPUBLIC OF KENYA

A presentation by Dr. Peter Kimuu: -

The meeting was informed that OIG audit process on going. That the in-country OIG team concluded process in August and all the stakeholders were debriefed by all auditee. The TNT was able to provide documentation on all aspects of the grant ranging from the programmatic, procurement, supply chain and management aspects of the grant. The TNT team was also accorded the opportunity to provide further clarifications and additional documentations/responses and they hoped that those additional documents would be considered in the OIG Report.

The OIG retreated to prepare the report and it is expected that the report will be completed and shared by the end of the Month of October. Currently waiting for the report to be shared and he felt confident that members would have an opportunity to interact with the resolutions/reports.

KRCS: KRCS: 2021 AUDIT OF GLOBAL FUND GRANTS TO THE REPUBLIC OF KENYA UPDATES ON THE REVIEW/ACCURACY OF OIG AUDIT FINDINGS.

A presentation by Ms. Emily Muga: -

Introduction: Debrief meeting with the KRCS was done on 26th August 2021. Specifically, the audit assessed: (i) the procurement and supply chain management systems. (ii) Global Fund COVID response. (iii) The financial assurance framework/mechanism. This is the PR updates on the Review/Accuracy of OIG Audit Findings to KCM. **OBJECTIVE #1: Procurement and Supply Chain Management Systems: Good practices observed;** Institution of LFA pre-award reviews; competitiveness of prices; due diligence on new suppliers; and transparency of bid evaluation. Availability of Procurement guidelines: Elaborate procurement manual that has been operationalized. **Findings:** Inadequate procurement planning for commodity purchases. Limited internal tracking for procurement process timelines for process improvement. Absence of KPIs for supplier performance. Delays in sharing specifications by both NASCOP and KEBs. **Review/Accuracy of OIG Audit Findings:** The observations are noted, Corrective actions are already instituted, Procurement plans are in place, Supplier pre-qualification already initiated. **OBJECTIVE #2: Global Fund COVID 19 Response: Good practices observed: These are national level outcomes observed. Findings:** Inconsistencies/anomalies in HIV data. – Different calculation between UNAIDS and Programs. There was a significant decline in the first 90 performance in the second quarter of 2020 due to COVID-19. Gaps between KPs number reached for testing versus number of tested. High % of repetitive testing (50-60%). **Review/Accuracy of OIG Audit Findings;** The first two observations are national level outcomes outside the PR control. The gaps between KP reached and tested – voluntarily testing so not all KP beneficiaries agree to HTS. This is based on the national KP programming guidelines. **OBJECTIVE #3: Financial Assurance Framework/Mechanism during the Pandemic: Good practices observed;** The Finance Function is well resourced with competent individuals. Use of Navision ERP system; High grant absorption (83% @ Dec 20; 95% @ June 21*). **Findings;** Absorption of 22% for C19RM investments as at 30 June 21. The KRCS Navision system has not been mapped to activity/budget line level. The BVA is done through reports from the system. **Review/Accuracy of OIG Audit Findings;** The observations are noted, Corrective actions are already instituted, Funds approved for continuation of the C19 grant in NFM3

AMREF: TNT: 2021 AUDIT OF GLOBAL FUND GRANTS TO THE REPUBLIC OF KENYA.

Presentation by Mr. Benson ulo

Amref Health Africa in Kenya; Context: Amref Health Africa in Kenya appreciates the opportunity given by the OIG to review the findings and provide additional information that explain the context of some of the key findings before finalization of the report. The responses follow discussions during debrief meeting held with OIG at Amref offices in Nairobi on 26th August 2021.

Issue raised: Amref Health Africa Response- A: Issues related to TB Grant. i. Funds for sample referral not utilized; The resources for this activity were allocated to both The National Treasury (PR 1) and Amref Health Africa (PR 2). PR 2 utilized all its allocation to support the activity in seven hard to reach counties. The portion under PR 1 was not spent due to lengthy government procurement procedures particularly in engaging courier company to transport samples from lower-level facilities to the county. Discussions to have the funds reallocated to PR 2 were late and could not be undertaken. **Note:** *It is important to note that this issue was discussed during New Funding Model three (NFM3) grant making. It was decided that all funds for integrated sample transportation be allocated to PR 2 and cost saving strategies be put in place to cover beyond the seven counties targeted in NFM2.*

ii. Global Fund TB grant rating of B1; There is one indicator that has led PR2 in the TB grant to score B1 and not A2 or higher is performance on PPM indicator (*Number of notified TB patients who were from private sector*) that has scored below 60%. The following are the issues around this: The indicator on PPM is a national level indicator whereas the scope of work for PR 2 in NFM2 was subnational and limited to only 1 urban town per county in 8 counties. The providers supported were limited to previously unengaged standalone private clinics and chemists that had never done any TB work before. All the TB patients identified would not have been identified without this initiative. Most of the individuals identified with TB symptoms in the targeted health facilities were referred for TB diagnosis and even treatment at public health facilities. majority of those notified were therefore incorrectly classified as contribution from public sector. **Note:** *Under NFM 3 the scope of PPM is in all 47 counties and both the performance on the indicator and overall rating will be objectively assessed in this grant. The country has prioritized the private sector as the opportunity for finding the missing cases and allocation of funds is USD 5,626,978.22 (11%) of NFM 3 funding.* **iii. Delay in startup of strategic initiatives;** PR 2 supported three strategic initiatives – Kenya Innovation challenge TB Fund (KIC-TB), PPM initiative and pay for performance (P4P). There was limited time to think these through during NFM2 grant making. Resources were therefore allocated with the understanding that upon signing the grant Kenya would work with Global Fund Kenya Country Team to develop comprehensive concept notes to guide their implementation. The concept notes were finalized in June 2018. The selection of Sub Recipients (SR) to implement KIC_TB and PPM ended in December 2018 and March 2019 respectively. Once the respective SRs were selected, there was a process of co-creation jointly with the Strategic Initiatives advisory committee (National TB program, National Treasury, TB experts and Amref Health Africa) and the SRs. This was necessary because most of the proposed innovations were ideas that required comprehensive conceptualization before implementation as proof of concept. Six of the eleven KIC-TB innovations were dependent on development of digital systems that also took long time to develop before could be initiated. Majority of the organizations implementing the innovations had never implemented TB and/or Global Fund projects before and faced capacity challenges in the beginning. The PR2 together with the Strategic

Initiatives Advisory Committee provided intensified technical assistance from January 2020 after agreement with the Global Fund on allocation of resources for field visits for onsite monitoring and mentorship for the strategic initiatives. This led to progressive increases in number of people reached with services along the entire TB care cascade from screening to number diagnosed with TB and initiated on treatment for PPM and KIC-TB. Pay for performance led to identification of more TB patients especially in Nairobi Siaya and Homa bay counties. However, it was discontinued for the following reasons: At any reporting period, performance was compared between the period under review and same period the previous year. The effects of COVID-19 in 2020 led to poor performance in TB case finding due containment measures put in place by the government. There was a significant reduction in workload in the health facilities during this period. As such, the results were not objectively comparable to 2019 and 2021 January to June. The decision to discontinue the intervention was reached in consultation with the Global Fund. Funds were reallocated to expand case finding in the private sector that was considered to be better yielding with GF approval. ***It should be noted that under NFM3, the four innovations to be implemented under KIC TB have been identified among the 11 under NFM2 and respective SRs engaged to start implementation from July 2021. This will allow for adequate time for implementation and demonstration of results.***

Issue related to Malaria grant. i. CHV Court Case; The PR2 engaged the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) and Pharmacy and Poisons Board (PPB) through the Malaria Case Management Committee of Experts on a road map to solve regulatory issues around community testing. As part of action points on the engagement, the PR2 in collaboration with the DNMP, KMLTTB, PPB and other stakeholders revised the guidelines on community case management of malaria (CCMm) and an mRDT implementation framework to guide and regulate the implementation of CCMm. Additionally, in anticipation of the reduction in testing rates by CHVs, the PR2 working with the CHMT sensitized the CHVs to continue identifying suspected cases of malaria and to make prompt referrals for management at link health facilities. This was facilitated through procurement of PPEs and provision of monthly stipend for case referrals, and to mitigate the impact of Covid-19 on malaria service delivery.

C: Issues related to Finance; i. Objective 3: Absorption of 27 % for C19 RM investments as at 30 June 21 *, TB 29 % & Malaria 17 % Finance: The PR realized significant savings due to reduced unit costs as per attached table (45% savings for malaria and 35% for TB). The PR will reinvest the money on C19 related interventions.

Issue related to Procurement and supply chain management. Procurement – Sample analysis undertaken after financial evaluation. Amref acknowledge the finding and respond as follows: Under C19RM funding there were changes in procurement modalities to improve on checks and ensure procurement of better-quality products given the variety that was in the market. The agreement between Amref and Global Fund to have all samples that passed technical evaluation analyzed for quality at KEBS before award was not anticipated. This came about after the tender evaluation committee had finalized evaluation of the bids. Amref learnt from this and all subsequent tenders expressly stated that all bidders who met the mandatory requirements must provide samples for analysis at KEBS as part of technical evaluation. Only bidders whose samples met the KEBS standards were evaluated financially.

ii. Delay in procurement of COVID-19 Commodities; Amref Health Africa acknowledges the delay in procurement of COVID-19 PPE. This was mainly due to the following: The Global Fund introduced a requirement on pre-award approval which was not anticipated in Amref's procurement policies and guidelines. This called for more time for the Local Fund Agent (LFA) to review the work done by members of tender evaluation committee and consensus building with Amref before GF guidance and approval. The PR has learnt a lot from this process and made relevant revisions on the procurement manual attached. Under C19RM the

country was required to procure commodities largely through the GF pooled procurement mechanism (Wambo) and limited local procurements. The Wambo procurement was initiated in September 2020. However, the service provider could not meet the country requirements for importation that included certificate of conformity and pre- shipment inspection. The agreement to procure the items locally was agreed upon with the Global Fund on 1st December 2020 and tender preparation started immediately. The tender was advertised in mid-January 2021 following approval of specifications and the first delivery of the items was in May 2021. Due to COVID-19 pandemic, there was a disruption on the global supply of the commodities which was made worse by lockdown. As such, suppliers required longer lead time of deliveries. The process of sample analysis by Kenya Bureau of Standards (KEBS) was also lengthy. This is because KEBS is the only national standards body that certify products in Kenya and was stretched to capacity. The Kenya coordinating mechanism (KCM) has reached out to KEBS to support in fast tracking sample analysis for the GF procurements. ***It should be noted that the PR has learned from these processes and procurements approved under fast track C19RM 2021 funding in June 2021 are already at GF approval stage.*** **iii Supplier appraisals:** Amref's supplier's appraisal focuses on delivery time and no other supplier performance such as OTIF and OTD. Amref is updating its supplier appraisals to comprehensively capture all these parameters.

The chair appreciated the members in attendance and all the cordial meeting discussions held in the days meeting. As the chair he was happy to have been able to coordinate on the matters. Members in attendance were requested to drop off the call as KCM deliberated on the inhouse matters.

Min 8/1/10/2021 Confirmation of Minutes of the KCM Meetings held on 22 July,2021 / 1.09.2021 and Matter arising

Members were taken through the minutes of meeting held on the 22nd of July 2021 / Matters Arising. The minutes were adopted as a true reflection of the days meeting discussions as

Proposed by Ms. Pamela Kibunja
Seconded by Mr. Philip Nyakwana

Members were taken through the minutes of meeting held on 1st September 2021/ Matters Arising. The minutes were adopted as a true reflection of the days meeting discussions as

Proposed by Eva Muthuri
Seconded by Patricia Mwendu

Matters Arising

Complete the Non-State SR Selection process across the three grants. ***Progress made KRCS-*** over 90% of all continuing SRs have been contracted. HIV TRC to present SR Selection report for remaining SRs to the KCM for approval on 6th October,2021. **AMREF HA;** Most of the SRs have

been contracted. TB TRC to present SR Selection report for the remaining SRs to the KCM for approval on 6th October,2021 **Status**-On Going. 2. PRs to share Covid-19 status update on a quarterly basis. **Progress made** PRs shared Covid-19 status update during the KCM Oversight Committee meeting on 12th August 2021 and 4th October 2021. Standing agenda item. Oversight committee to present report during the KCM meeting on 6th October,2021. **Status** Done. 3. Plan for joint county entry meetings with the aim of ensuring grant visibility and oversight. **Progress made:** Planning meeting for orientation of Counties and CHMTS on the new GF grant held virtually on 9th September,2021. Sensitization meeting for County Health Leadership to be held virtually on 13th October,2021. Letters of invitations to go out by COB on 6th October,2021. Resource mobilization for CHMT Regional Workshops initiated. **Status** On- Going. 4. Approval of KCM Work plan and budget. **Progress made:** KCM workplan and budget approved and submitted the Global Fund on 24th July,2021. The Global Fund reviewed the budget and workplan and shared feedback on 16th August,2021. Feedback shared with KCM members. Budget Committee held a meeting on 20th August,2021 and discussed the Feedback. Joint Management and Budget Committee meeting held on 24th August,2021 and revised the budget based on feedback form the Global Fund. Revised budget and workplan shared with members for review. Management and Budget committee to present revised budget to the KCM on 1st September,2021. Revised KCM Workplan and Budget discussed and recommended for submission. Discussion during the KCM Meeting on 1st September,2021 with an appeal to GF proposing a change in modality of implementation/appeal raised regarding pool transport, accommodation among other concerns. Budget submitted to the Global Fund on 6th October,2021 alongside appeal /Concerns by the KCM and request for meeting between GF/CCM Hub and Management/ Budget Committee. On 22nd September,2021 GF /CCM Hub confirmed, and meeting held Budget and Management committee members attended/raised concerns. 4th October,2021, Detailed Feedback received from the GF and shared with Budget Committee/ Management Committee members. Feedback to be presented during the KCM meeting on 6th October,2021. **Status** Done. 6. Update on Status of HIV Commodities. **Progress made:** Distribution for PEPFAR/USAID COP 20 quantities currently ongoing TLD included. Approval granted last month for procurement of HIV Commodities /ARVs included through Global Fund NFM 3 Grant (Ksh 7Billion). PEPFAR/USAID COP 2021/2022 commitment for KSH 7.5 billion made. GOK Budget of ksh 1.5billion approved last month to support procurement of ARVs. 7. The non-state actors provide nomination on to the appeals committee. **Progress made:** Mr. John Kihui was nominated to the appeals committee. **Status**-Done. 8. Review of the appeals received regarding SR Selection process. **Progress made:** The appeals committee reviewed all the 6 appeals received from Amref TB Grant. Appeal committee presented report to the KCM on 1st September,2021 and approved. Outcome formally communicated to the appellants. **Status**-Done. 9. PRs to review OIG Preliminary findings for accuracy to enable the Global Fund to finalize the draft Audit report. **Progress made** PRs to share report/ update during the KCM meeting on 6th October,2021. **Status**-Ongoing. 10. KCM Evolution Task Force to prepare a detailed workplan and budget for the implementation of CCM Kenya Evolution Findings. **Progress made:** Task force held two meetings and prepared detailed workplan and budget for review and approval during the KCM meeting on 6th October,202. **Status**-Done

Min 9/1/10/2021 Review and Approval of KCM Evolution Workplan and Budget.

- **Presentation by KCM Evolution Task Force**

Key action areas were placed in 8 thematic areas which include the Oversight - Microsoft Excel Dashboard – TOR development and design/implementation of tool (including community monitoring tools) and coaching & training of users. Designing/setting up new dashboards and tools to triangulated strategic information from multiple sources and multiple programs (PEPFAR for example) being used to inform key KCM decisions. Rolling out/training users on the new dashboards. **Activities** Upgrade current PR Dashboards/CCM summary in line with the new grant. Review and update the current oversight plan / workplan /budget. Oversight Committee sharing feedback and recommendations with the KCM for approval 2. Oversight - KCM Recommendations Implementation Tracker. **Activities** Oversight Committee meeting to review KCM recommendations implementation tracker. KCM Meeting to review and adopt KCM recommendations on the Implementation tracker 3. Constituency engagement - Re-format and resource constituency engagement process, constituency training, CBM and coordinate CCM Elections. **Activities** Redesigning the constituency engagement process/packages and Budgets. Constituency orientation/information sharing package. Timeliness in conducting the orientation sessions/ sharing information. Constituency training including KCM meeting preparation (members and documentation), Improving feedback to constituencies, mitigating of institutional memory loss and the cost of induction. Frequency of Meetings /Support to implement Constituency Workplans. Sensitize CCM members and their constituents on term limits annually and membership handover protocol. Update constituency election guidelines 4. Positioning - Strategic Plan Review and Implementation Tracking. ‘Beyond the Global Fund’ positioning options and strategy. **Activities** Develop a Monitoring, Evaluation, Accountability and Learning Plan & Tool to monitor and measure the performance of KCM /Quarterly review of the implementation of KCM Strategic plan. Mid-term review of KCM Strategic plan. Development of KCM Beyond the Global Fund Strategy /Resource mobilization plan. Build KCM capacity to mainstream cross-cutting issues/ hold joint Harmonization/Alignment meetings and workshops. Representation of KCM in Health sector partnerships and coordination structures. Draft a cabinet memo/legal notice to make KCM a legal entity 5. Positioning - Map health investments in Kenya and set-up health investment mechanism at national & county level to ensure optimal linkages. **Activities** KCM to Hold joint meetings with MOH Health Financing/Policy/health sector coordination/RSSH Departments/DPHK/Counties /NSAs with a view to finalise the ongoing resource mapping exercise/tool. 6. Operations – Change governance manual to (i) reflected 3-year term for members, renewable once, (ii) member definition. Conduct more frequent KCM Induction and Orientation. **Activities** Design a system /upgrade current dashboards and include a real time window to monitor KCM/KCM Secretariat performance 7. Operations - Appeals structures – TOR and Guidelines, Review of SR selection guidelines, develop PR selection guidelines. Budget attached /shared earlier via email.

Discussion

The chair appreciated the KCM Evolution task force members and Global fund consultant for the great work that had gone into streamlining and better defining the KCM processes. He invited the evolution taskforce members to make final comments of the evolution taskforce process.

The member representing PLWD/malaria constituency appreciated the presentation and work done by the Evolution taskforce team and looked forward to its implementation.

Member representing the PLWD/TB Constituency appreciated the Evolution committee members and the Global Fund consultant for their resilience which ensured that the process came to a successful close. He noted that several meetings were held and expressed optimism that once these findings and resolutions were implemented, then these would inform the constitution of better KCM structures.

Following consensus, the chair moved the meeting to adopt the evolution taskforce report as

Proposed by Dr. Mohamud Eda

Seconded by Ms. Pamela Kibunja

the KCM coordinator highlighted that the KCM secretariat would be able to submit the finished Evolution plan and budget to the Global fund for review.

2021/2022 KCM Work plan and budget

Revised KCM Workplan and Budget discussed and recommended for submission during the KCM Meeting on 1st September,2021 with an appeal to GF regarding pool transport, accommodation among other concerns. Budget submitted to the Global Fund on 6th October,2021 alongside appeal by the KCM and request for meeting between GF/CCM Hub and Management/ Budget Committee. On 22nd September,2021 GF /CCM Hub confirmed and meeting held Budget and Management committee members attended. /Raised concerns 4th October,2021, Detailed Feedback from the GF Received as follows

Support for airtime and data bundles for virtual meetings

Data bundles are provided to KCM members to join virtual meetings of the KCM therefore it is consistent with the approach of the KCM budget management.

The KCM Secretariat facilitates the delivery of these using a telecom service provider.

We endorse the Secretariat's proposal to increase the allowance to US\$55 / month / CCM member in response to the Budget Committee's recommendation, however, these funds should not be provided in any form other than data bundles centrally managed and distributed by the KCM Secretariat. This is also consistent with the Global Fund's Guidelines for Grant budgeting that serve all Global Fund stakeholders.

Constituency Engagement Feedback Meetings

In terms of balancing flexibility for KCM members' needs and the requirement of the KCM Secretariat to manage budget operations on behalf of the KCM, we endorse the mechanism whereby transport and dinner allowances are reimbursed directly.

Within the limits agreed in the costed workplan (pooled transport may be considered as an alternative option to ensure cost-effectiveness), while the accommodation costs are centrally booked. This allows the KCM to negotiate group rates to ensure value for money and convenience for participants (staying in the same hotel where meeting is). Kindly note that in accordance with GF budgeting guidelines, we cannot permit accommodation costs to be paid directly to individual KCM members.

Transport refund to stakeholders (ex. CHVs, beneficiaries) during oversight visits

The refund for Community Health Volunteers / beneficiaries attending site visits was increased from US\$4 in the previous approved budget to US\$9 in the proposed budget with no justification. A request to increase this amount should be accompanied by proper documentation / justification for review by the GF. For purposes of the current year's costed workplan, the refund of US\$ 4 is therefore the approved amount

Member unanimously adopted the work plan and budget with the above recommendations and amendments.

Min 10/1/10/2021 Review and Approval of Oversight Committee Report

Content: Background information; Grant performance as of June 2021; COVID-19 Funding landscape/Implementation; Challenges achievement & Key Recommendations; Adoption of the CCM Implementation tracker. **Introduction:** The Oversight Committee has been able to hold 14 Quarterly Oversight Committee meetings in the life of the 2018/2021 Global Fund grant. The committee was able to review all the State, non-state PRs and Regional Grant dashboards, feed files, corresponding HSWG Recommendations for the entire grant period. The committee continues to review and deliberate on Updates on progress made on Implementation of KCM Recommendations and appreciate monthly updates on the implementation of Global Fund COVID-19 Grants as well as resolve remarkable bottlenecks and Challenges. In the wake of the COVID-19 Pandemic, Kenya has been allocated USD 139,197,662 from the Global fund to mitigate the effects of COVID-19 on the three diseases and upscale Covid-19 interventions in the country. In view of the need to monitor grant activities @ grant closure and COVID-19 funding accessed, OC Constituted a smaller team of 6 members to review real time grant progress as shared by the PRs, KEMSA and other stakeholders. Review period was monthly. The main aim was to increase visibility on high budget movers periodically in order to ensure maximum absorption, bottlenecks are identified and resolved as necessary. The Oversight Committee tool is able to track: -The financial grant land scape; Challenges experienced in the grant as at that month; Mitigation measures employed and areas of KCM Support; Most importantly the high priority pending areas. *The information was further relayed to the greater Oversight committee and feeded back to the PRs for action.* The guidance by the Oversight Committee and other multisectoral agencies prevented accrued savings at the end of the grant to the extent possible. Grant performance as at 30th June 2021- (period 14) and Kenya C19 Rm funding landscape where highlighted.

OC role in support of the IGAD Grant; Kenya has received support from the regional IGAD Grant since 2016 through the KRCS. The grant runs for a cycle of 3 Years. The current cycle running from April 2019- March 2022 with a total allocation of 804,000 USD for Kenya. Grant Supports TB activities among the refugees and cross boarder populations between Kenya/Somalia and Kenya/South Sudan. IGAD was pre-identified for a continuation phase with a strategic focus on the ongoing TB Grant. Commencement dates April 2022 to March 2025. Kenya's allocation being 456,000USDs. (Endorsed by KCM Members and submitted to the GF yesterday). KCM has been on the fore front of ensuring effective big picture grant oversight not only on the mainstream grants but also the regional grants. IGAD Representatives as well as the KRCS have made presentations of their grant dashboards at the TB HSWG, OC. This is in line with a KCM recommendation that visibility of the IGAD Grant was mandatory. **Notable IGAD successes through the KCM:** This year,

Intersectoral collaboration has resulted in an increase in TB Notification through Procurement of the Gene expert machines and 2 LED Florescent microscope. KCM and other partners have supported the IGAD activities through Oversight field visits (OFV), IGAD & KCM Oversight Committee meetings, round table discussions etc.: - A 2018 OFV, the only referral hospital in Dadaab- IFO Hospital received a Gene Expert Machine. KCM support, solved a long-standing power outage challenge as IFO Hospital was able to access a Generator as well as decentralization of the last mile Drug distribution by KEMSA. *And many more successes which are major wins to the beneficiaries.*

OC Achievements: Established bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance. Established progress made on implementation of COVID-19 Support /Mitigation of COVID 19 effects. All PRs have the 2021/2024 grant roll out plans and the Oversight committee reviewed them in the last meeting. Timely on boarding of best performing SRs in the new grant. Carry out the Oversight Field visits to Busia, Migori, Garissa, Nairobi and Kwale Counties as well as The PRs, SRs, Kems. Effective Regional Grant Oversight and support. **Configuration of Current dashboards as we seek support to set up new dashboards;** The SAP software is no longer working because of the discontinuation of the Flash player. Frontline Aids and GIZ Backup have developed a new Dashboard suite. These Dashboards are in MS Excel and therefore do not require the SAP Software. New files shared, one for the PR Dashboard and one for the CCM Summary. To generate the new dashboard PRs and KCM Secretariat to replace the old feed file with this new version. Export the master data into this new file and the Dashboard will appear when you open the feed file. Need to configure current dashboards and CCM Summary to monitor grant performance July 2021 to June 2024 as KCM seeks support to set up new dashboards. Currently the Secretariat is in consultation with the GIZ and Front-line Aids on the reconfiguration process and Consultant GF Evolution taskforce consultant to draw up a strategic paper/ Business case for new dashboards. **CCM IMPLEMENTATION TRACKER 2021/2022;** In line with the Evolution taskforce recommendation to harness the follow up of the CCM Recommendations the OC was able to produce a tracker that would be able to keep abreast on all asks/ recommendations and decisions by the CCM. **Oversight Committee Recommendations:** Fast track the process of seeking Technical/ Financial assistance to configure/ set up new dashboards. KCM to carry out a COVID-19 centered KCM Oversight Field visit. Review the Oversight Manual as it was last updated in 2015. **OC ASK TO KCM:** Adoption of Oversight Committee report; Adoption of the CCM Recommendations Implementation Tracker.

Discussion

The chair appreciated the work that had been done by the oversight Committee. He however wondered how often the report would be accessible to the KCM Members.

Chair Oversight Committee clarified that an oversight committee report is provided to the KCM on a quarterly basis.

The chair noted that the meeting agreed with the recommendations provided by the Oversight Committee. Members unanimously adopted the Oversight Committee report.

Min 11/1/10/2021 AOB

Meeting was informed that KCM received an alert /communication regarding a scheme by PR and SR to defraud Global Fund of Funds

The meeting resolved that the matter required great levels of confidentiality and was handed over to the Ethics committee. The committee would be required to report to the KCM in the next meeting.

Meeting was informed that ESCA was submitting a Funding request Application and it was a Global Fund requirement that all member countries endorsed the Funding Application. That Endorsement would start at the TB ICC and due to the nature of urgency members will be required to review and endorse on the online platform.

Meeting resolved those Subsequent KCM meetings should remain within the defined timelines. That the secretariat reduced the agenda items as much as possible and no meetings should go beyond 2PM.

The chair appreciated the member attendance, involvement, and resilience throughout the meeting.

Being no other business, the meeting closed at 4.36PM with a word of prayer.

Sign:

Date:

Mr. Samuel Muia

KCM Coordinator

Sign.....

Date:

Mr. Douglas Bosire

Acting Chair