



**KENYA COORDINATING MECHANISM
HIGHLIGHTS :KCM MEETING HELD ON 19TH JANUARY ,2022 BETWEEN 9AM AND
12.15 PM AT AFYA ANNEX ROOM 406.**

Present

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Faith Ndungu	KCM Vice Chair
3. Mr. Philip Nyakwana	Member/PLWD-TB
4. Dr. Medhin Tsehau	Member/ML/UNAIDS
5. Dr. Douglas Bosire	Alternate NACC/GOV.
6. Dr Pierre Bello	Member/BL
7. Mr. Latiff Shaban	Member FBO/SUPKEM
8. Ms. Eunice Fedha	Alternate/COG
9. Mr. Peter Njane	Member/KP Rep-NSA
10. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
11. Dr. Bernhard Ogutu	Alternate/GOK/KEMSA
12. Mr. John Kihui	Member/Private informal sector
13. Ms. Eva Muthuri	Member/PLWD-Malaria
14. Dr. Dan Koros	Member/ML/BL/Chair Appeals Com.
15. Mr. Titus Munene	Member/FBO
16. Mr. Samuel Muia	KCM Coordinator

In Attendance

1. Ms. Pamela Kibunja	Alternate/NGO Constituency
2. Ms. Jacinta Mutegi	Alternate FBO/KCCB
3. Mr. Muiruri Nyakinyi	Alternate/Malaria Constituency
4. Mr. Vincent Obwanda	Alternate/KP Constituency
5. Mr. Ahmed said	Alternate/KP Constituency
6. Ms. Consolata Opiyo	Alternate TB Constituency
7. Ms. Zilpha Samoei	Alternate FBO/CHAK
8. Ms. Patricia Mwendu	Alternate/Informal Private Sector
9. Dr. Andrew Mulwa	Director medical Services/MOH
10. Dr. Nazila Ganatra	Head strategic programs
11. Dr. Rose Wafula	Head NASCOP
12. Dr. Njeru Gitau	MOH
13. Mr. Churchill Alumasa	HIV TRC Team Lead
14. Ms. Carol Ngare	NACC/HIV TRC
15. Dr. George Githuka	Head DNMP.
16. Dr. Bernard Langat	AMREF HA
17. Dr. Donald Apat	AMREF HA
18. Mr. Benson Ulo	AMREF HA

19. Dr. Isaac Kimani	MOH
20. Mr. Patrick Igunza	AMREF HA
21. Ms. Annette Msabeni	KRCS
22. Ms. Emily Munga	KRCS
23. Mr. George Muia	KRCS
24. Dr. Peter Kimuu	TNT
25. Ms. Margaret Mundia	KCM Secretariat
26. Ms. Josephine Mwaura	KCM Secretariat
27. Mr. Kevin Ogolla	KCM Secretariat
28. Mr. Peter Omondi	KCM Secretariat

Apologies

1. Ms. Joyce Ouma	Member/ AYP
2. Ms. Glorinah Kerubo	Alternate/ AYP

Agenda Item

1. Introduction/Apologies
2. Declaration of Conflict of Interest
3. Remarks by the KCM Chair
4. Remarks by the KCM Vice Chair
5. Review and Approval of
 - HIV TRC NS SRs Selection Re-evaluation Report
6. Discuss and Approve the KCM Appeals Committee Report
7. Discuss and Approve the Oversight Committee Report /Oversight Field visit plan
 - Presentation by the Oversight Committee Chair
8. Confirmation of Minutes of the KCM Meeting held on 6.10.2021 and Matters Arising
9. Discuss and Approve the Management Committee Report
 - Presentation by the Management Committee Chair
10. Election and Endorsement of the KCM Vice Chair
11. AOB Closure

Min 1/1/2022 Introduction/Apologies

Meeting was called to order at 9.30 am. Opened with a word of prayer.

Apologies are as registered above. Agenda was projected and adopted as above as

Proposed by Mr. John Kihiu
Seconded by Ms. Rosemary Kasiba

Min 2/1/2022 Declaration of Conflict of Interest

No COI was declared.

Members were informed that they would additionally be required to declare a COI ahead of agenda 5 and 6 on “Review and Approval of HIV TRC NS SRs Selection Re-evaluation Report” and “Discuss and Approve the KCM Appeals Committee Report. “

Min 3/1/2022 Remarks by the KCM Chair

The KCM Chair was happy to join the days meeting. She welcomed all members to the meeting, being the first ordinary KCM meeting in 2022

She highlighted some of the achievements and key decisions made by the KCM last year, which included signing and rolling out implementation of the new Global Fund Grant, the selection of non-state subrecipients to implement the new grant was finalized and new subrecipients contracted. Interrogation of Global Fund grant performance by the oversight committee, development of the KCM recommendations Implementation tracker/ tracking the progress made on implementation of KCM recommendations and orientation of the new KCM on their roles and responsibilities.

The County Health leadership and County Health Management Team members were sensitized and oriented on the new Global Fund structure with a view to enhance visibility, ownership, sustainability, accountability, and improved performance of Global Fund grants in Kenya. The role of County Health Departments on the implementation of the new grant was also emphasized. The Chair took the opportunity to appreciate all the KCM members and the KCM Secretariat members for these achievements and accomplishments.

She further informed the meeting that the procurements for most of the HIV, TB and Malaria commodities was initiated in July,2021 and some of the deliveries made last month. The stock levels for most of the HIV, TB and Malaria commodities at the central stores was over three months and redistribution of key commodities is currently ongoing to ensure clients are accessing services.

She assured members that the ongoing reforms at KEMSA were being undertaken in strict compliance with due process and mechanisms have been put in place to ensure that the procurement and supply chain system for HIV, TB and Malaria commodities was not interrupted. The reform process was guided by a well-considered reform plan and business continuity plan.

Additionally, the Commodity management security committees for HIV, TB and Malaria Commodities are meeting weekly to evaluate the stock levels and advice on rationalization and distribution of commodities.

She took the opportunity to extend her appreciation to the KCM Vice Chair -Faith Ndungu, for serving and completing successfully her two terms (4years) as the KCM Vice Chair. That the KCM Vice Chair had been very supportive and together they had ensured improved performance of the KCM.

She quoted the KCM Constitution by stating that “since the KCM Chair is from the Government Constituency, the KCM Vice-Chair shall be elected from the KCM Non- State Actors members.”

Candidates for the Vice-Chair shall be proposed and seconded by KCM Non-State Actors''. That the days meeting would kick start the process of electing the new Vice Chair.

That the outgoing Vice Chair had already set a benchmark and she called upon the non-state actors to identify a suitable replacement.

She informed the meeting that Kenya hosted, and chaired the East and Southern Africa Constituency of the Global Fund consultative meeting on 1st and 2nd November,2021 in Nairobi at Sarova Panafric hotel and thereafter held the Africa Constituencies Global Fund Board meeting on 3rd November,2021 and on 14th to 16th December,2021.

During that meeting the 2023 -2028 Global Fund strategy was reviewed, and the proposed Global Fund Disease splits was discussed in detail. The Africa position is that we maintain and keep the current Global disease splits of HIV 50%, TB 18% and Malaria 32%. During the 46th Global Fund board meeting held virtually on 8th to 10th November,2021 it was resolved that any available funds for country allocation up to and including US\$ 12 billion would be apportioned as follows: 50% for HIV/AIDS, 18% for tuberculosis, and 32% for malaria; and any additional available funds for country allocation above US\$ 12 billion would be apportioned as follows: 45% to HIV/AIDS programmes; 25% to tuberculosis programmes; and 30% to Malaria programmes.

Further, Global Fund-raised funds in three-year cycles known as replenishments, financing was primarily from the public sector, with 92% of total funding from donor governments. The remaining funding coming from the private sector, foundations and innovative financing initiatives.

In an unprecedented show of global solidarity, Governments and donors at the Global Fund's Sixth Replenishment Conference in 2019 pledged US\$14.02 billion for the 2020-2022 cycle , the largest amount ever raised for a multilateral health organization, and the largest amount for the Global Fund. In a show of solidarity, the Republic of Kenya Joined other Countries and pledged 6million USD and was the third African Country with the highest pledge. South Africa pledged 10 million USD and Nigeria pledged 8million USD.

That the preparations for the seventh replenishment to mobilize funds to support Global Fund programmes between 2024 and 2026 had started, Kenya would be joining other Countries and the Global Fund in the preparations in February,2022 to ensure a very successful replenishment conference in October,2022.

In conclusion she informed the meeting that the KCM Calendar of activities was shared at the start of the year and called upon all the KCM members, constituencies, Principal Recipients and subrecipients, to participate actively in KCM activities to ensure successful implementation of Global Fund grants and programmes in Kenya.

Min 4/1/2022 Remarks by the KCM Vice Chair

The KCM Vice Chair appreciated the support and collaboration she had received from members during her tenure as the KCM Vice Chair. She was happy with the handling of the transition in the docket, and she hoped to be able to mentor the incoming Vice Chair.

She noted that her time at the helm as the KCM Vice chair was a learning opportunity and as much as it was a challenging docket, she appreciated the support she received from the members and secretariat alike.

She pointed out that the year is projected to be a busy year with about 31 activities to be undertaken between now and June 2022.

She called on KCM to ensure that they keep their eye on the ball to ensure they deliver the required resources to the beneficiaries who urgently need them. She looked forward to an informative meeting and further wished all good deliberations and great rest of the day.

Min 5/1/2022 Review and Approval of

- **HIV TRC NS SRs Selection Re-evaluation Report**

Members were requested to declare COI for this agenda.

Mr. Latiff Shaban declared COI because his sponsoring organization to the KCM i.e., SUPKEM was working closely with CIPK. CIPK was one of the organizations assessed by the TRC

Following deliberation, the meeting resolved that the member will participate conditionally under this agenda and his alternate would represent the FBO Constituency during the decision making process.

Proposed by Mr. John Kihiu
Seconded by Ms. Faith Ndungu

THE REVIEW TEAM: The review team consisted of the HIV TRC members and KRCS staff: Churchill Alumasa- Organization/Constituency- Discordant Couples- Chairperson. Rose Kaberia- Organization/Constituency- HIV Communities-Vice-Chairperson. Emily Muga- Organization/Constituency-KRCS. Aloys Lavern Otieno- Organization/Constituency- AYP. Margaret Mwangi- Organization/Constituency-PLHIV. Brian Macharia- Organization/Constituency-KP. Anne Nyambok- Organization/Constituency-CSO Alternate. Peter Muriuki- Organization/Constituency-FBO. Caroline Ngare- Organization/Constituency-NACC. Joyce Ouma- Organization/Constituency-KCM Oversight. Sophia Njuguna-Organization/Constituency-KRCS. Frankline Ochieng-Organization/Constituency-KRCS. Jacinta Karanja-Organization/Constituency-KRCS.

Variable 1:Target achievement, CIPK: # 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 # 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. *# 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. *# of adults and children living with HIV in the program that are virally suppressed, PERFORMANCE RATING 40% REMARKS;* The VL tracker tool was not available to the TRC at the time *# of community meetings on HIV awareness and services as well as SGBV for men by men PERFORMANCE RATING;50%- 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. *# of people reached with SGBV prevention/awareness messages- PERFORMANCE RATING- 50%. 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 PERFORMANCE RATING- 38.5%. Variable 1: Target achievement, HIVA:** 1. *# of peers/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- 45%. 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- 100%; 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- 94.5%. 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- 85.7%. VARIABLE 2: 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 3: DATA QUALITY & INTEGRITY: CIPK-** Score 50%: The TRC used the PR RDQA to score for Data Quality and Integrity. Of the Variables scored CIPK scored 50%. **HIVA-** Score 100%. The TRC verified all of the 8 RDQA indicators and found that the Organizations Data Quality and Integrity was at 100%. **VARIABLE 4: ACCOUNTABILITY: CIPK-** Under Accountability the Organization had questionable costs for 10 months bringing their average score to 17%. **HIVA -** Under Accountability the Organization had questionable cost in One month bringing their average score to 92%. **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 88%; The SR Absorption Rate is a measure of the Budget vs Actual Expenditure. The Organization scored 88%. **HIVA 2020-** Score 77%; The SR Absorption Rate is a measure of the Budget vs Actual Expenditure. The Organization scored 88%. **VARIABLE 6 : ACCURACY:** Variable 6 ; Accuracy; **CIPK-** Under accuracy of the Organization's Financial Reports, CIPK scored 42%; **HIVA-** Under accuracy of the Organization's Financial Reports, HIVA scored 75%. **VARIABLE 7: 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. **OVERALL SCORES;** Target Achievement- *CIPK-* 38.5%; *HIVA-* 85.7%. 2. Data Quality & Integrity- *CIPK-* 50%; *HIVA-* 100%; 3. Proportion of Timely Program Narrative Reports- *CIPK-* 92%; *HIVA-* 67%. 4. Accountability- *CIPK-* 17%; *HIVA-* 92%. 5. Absorption Rate- *CIPK-* 88%; *HIVA-* 77%. 6. Accuracy- *CIPK-* 42%; *HIVA-* 75%. 7. Proportion of Timely Financial Reports - *CIPK-* 92%; *HIVA-* 75%; **AVERAGE - CIPK-** 60%; *HIVA-* 82%. **GRADES - KCM Guidelines** 80-100% (Grade 4); 60-79% (Grade 3); 40 – 59% (Grade 2); 1 – 39% (Grade 1). *CIPK-* Grade 3 *HIVA-* Grade 4. **RECOMMENDATION:** Upon extensive review of the HIVA and CIPK, the Technical Review Committee finds that **HIVA** scored 82% and attained Grade 4 as per the KCM Guidelines. Having scored above the minimum cut-off of 70%, HIVA is recommended for Continuation under the Kenya Global Fund NFM3. **CIPK**, which scored 60% which is Grade 3 under the KCM Guidelines, failed to meet the minimum KCM cut-off at 70%, and as such is not recommended to 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***

Discussion

The chair appreciated the HIV TRC Chair and his team for his diligence in ensuring that the best SRs proceeded to implementation of the NFM3 grant. She welcomed members to deliberate on the report based on the recommendations made.

Member representing the Key population was alarmed by the extreme scores that CIPK Organization received on accountability, and data quality and integrity. As a KCM member he sought to understand whether the organization had audit queries, whether they had impediments on reporting or generally what challenges plagued this organization.

The chair as a rejoinder and follow up to the above question she requested the TRC Chair to comment on accuracy as the variables stated by the previous speaker low

The Chair TRC clarified that whereas he had earlier shared an elaborate 24 complete report that would help answer the above questions. Monthly reporting and verification were measured against the fact they were able to submit complete reports by the 5th of every month. For data quality and integrity, the TRC was concerned about the DQA Reports hence the scores since there were variances for each of the 2 semesters. For accountability and accuracy, the organization had questionable costs in their basic costs. Specifically, they had carried out single sourcing of suppliers without comparative bid analysis. For accuracy there was a clear disconnect between the activity and participants example they undertook a training for MOH staff but registered the trainees as CHEWS. In addition, the organization sent unaccounted amount of money to staff.

Member representing the Informal Private sector was concerned by the TRC report in reference to the health of Kenyans. He was particularly alarmed that the organization was not held accountable early enough and ended up mis appropriating the funds.

Member representing the FBO contributed that on review of all the parameters under review, there was room for improvement and being the only FBO Facility implementing the Global Fund grant, he requested for capacity building of the organization. That Questionable costs should have been addressed regularly over grant implementation to prevent recurrent mistakes. He also sought to understand whether there was justification provided for the single sourcing. He appealed to the KCM for leniency for CIPK as they were the only FBO SR and explore the probability to build their capacity over time.

The chair requested members to agree on the principle of not interrogating the irregularities sighted and further asked the KCM to be above board in the quality decisions made.

The KCM Vice Chair highlighted that capacity building was the function of the PR. She hence sought clarification from the PR on whether CIPK was capacity built and what was the role of the PR in issue identification and resolution finding. She wondered whether the SR was adamant to change.

The Chair noting members comments noted that there was need to review the role of the PR in capacity building the SR. She however requested the meeting to separate the issues at hand; she agreed that the PR performance should be assessed based on the performance of their sub recipients hence bearing some of the responsibility. On the other hand, where the sub recipient has failed to adhere to the standards and regulations such as the case of CIPK, then the KCM needs to make informed decisions and uphold the fidelity of some of the processes.

Chair HIV TRC noted that the TRC was dealing with data, and it does not lie. The data would not be adjusted to suit one organization. He moved that he would abide by any guidance provided by the KCM.

Chair appreciated the HIV TRC Chairs remarks. She noted that the process was robust in evaluating and monitoring the Global fund processes. She informed members that the Global Fund stood to the highest level of integrity and requested the KCM to accept the recommendations made by the TRC committee and adopt the report by the HIV TRC.

The HIV TRC NS SRs Selection Re-evaluation Report was adopted as

Proposed by: Dr. Bernhards Ogutu

Seconded by Dr. Dan Koros.

She further urged the KCM to in future assess the PRs and rate them on their ability to build capacity of SRs so as to ensure they bear some responsibility for failures and mismatches in capacity building.

Min 6/1/1/2022 Discuss and Approve the KCM Appeals Committee Report

Members were requested to declare a COI against the organizations/Prospective SRs under review.

Member representing the Key population-SWOP Kenya declared a conflict of interest

Following deliberation, the meeting resolved that the member representing SWOP Kenya could participate conditionally under this agenda and her alternate would represent the Constituency during the decision-making process.

NFM 3 – Round 3 Appeals. Outline of presentation: Committee membership. Committee TORs. Background information. Methodology. Summary of appeals. Appeals Committee Observations. Recommendations to KCM. **Appeals Committee Members:** Dr. Dan Koros- Appeals Committee Chair. Ms. Eunice Fedha Appeals Committee Member. Mr. Jackson Mwangi Appeals Committee Member. Mr. John Kihui Appeals Committee Member. Mr. Titus Munene Appeals Committee Member. **Background information:** KCM received a total of 7 appeals following the conclusion of the following two expression of interests (EOI): Global Fund TB Public – Private Mix Initiative – EOI No. AMREF/09/07/2021/011. GF HIV Grant – EOI No. KRCS/GF/EOI/0106/2021. KCM immediately forwarded all the received appeals to the Appeals Committee on 8th of November 2021 for processing. AC shared all the appeals with the Technical Review Panels and PRs for their detailed written responses. AC has considered all submissions from all sides, reviewed all the applicable supporting documents and have generated this report. **TERMS OF REFERENCE:** Review and assess the Sub-Recipient’s appeal/letters of concern submitted to KCM. Review and understand the reason for the decision made by the Technical Review Committee (TRC) on the appellant. Assess if final decision by the Technical Review Committee (TRC) was procedural, fair and just. Recommend to KCM whether to uphold/vary the decision of the Technical Review Committee (TRC). Make any other recommendations for continual improvement of SR Selection. **METHODOLOGY:** *Desk review:* KCM SR selection guidelines. TRC reports – HIV and TB . EOIs for TB and HIV. Notification letters to the applicants. Appeal letters. Written responses from TRC. Counter responses from appellants. KCM minutes. **PROCESS AND TIMELINES:** 9th November 2021- *Process*-INITIAL APPEALS COMMITTEE MEETING. 10th - 15th November 2021- *Process*- APPEALS/DOCUMENT REVIEW. 19th November 2021- *Process*-RECEIVE WRITTEN SUBMISSIONS. 6th – 8th December 2021. *Process*- DELIBERATIONS & REPORT WRITING. 8th December 2021- *Process*- PRESENTATION TO KCM. **List of Appeals:** Eshinamwenyuli Youth- **TB Appeal-** Failure to have Bank statements dully signed and stamped on all pages as a mandatory requirement of preliminary review. 2. Kisumu Medical & Educational Trust (KMET). **TB Appeal-** Did not attach a valid copy of organizations registration Certificate (Deed of Trust). Board minutes Provided were not signed. 3. OGRA Foundation- **TB Appeal-** March bank statement was missing. 4. PS Kenya- **TB Appeal-**No grounds of appeal provided. 1. Kenya Y Plus- **HIV Appeals-** Alleges that a total of 6 organizations should have been allowed to OCA. 2. Reformed Church of East Africa. **HIV Appeals-** No grounds of appeal provided – not an appeal. 3. SWOP KENYA- **HIV Appeals-** Insufficient time allocated for OCA, leakage of information, lack of a financial analyst during OCA and failure to assess all information provided during OCA. **TB Appeals:** Eshinamwenyuli Youth. *Grounds of appeal-* Bank statements not dully signed and stamped on all pages. *TRC response-* Incomplete submission of mandatory documents. **AC Recommendations-** *Dismiss the appeal and uphold the decision of the TRC.* 2. Kisumu Medical & Educational Trust (KMET). *Grounds of appeal-* Lack of organizations registration Certificate. Board minutes not signed. *TRC response-* Incomplete submission of mandatory documents. **AC Recommendations-** *Dismiss the appeal and uphold the decision of the TRC.* 3. OGRA Foundation- *Grounds of appeal-* **Missing March bank statement.** *TRC response-* Incomplete submission of mandatory documents; **AC Recommendations-** *Dismiss the appeal and uphold the decision of the TRC.* 4. PS Kenya- *Grounds of appeal* - No grounds of appeal provided; *TRC response.* The organization was scored 90.0% and was ranked 2nd out of the 4 successful organizations. **AC Recommendations-** *-No appeal by PS Kenya for AC ‘s consideration.* **HIV Appeals:** 5. Kenya Y

Plus- Grounds of appeal; Alleges that a total of 6 organizations should have been allowed to OCA-TRC response. Didn't qualify for OCA after having been ranked 4th in the second stage. NSSG recommends that only top 3 proceed to OCA- **AC Recommendations. Dismiss the appeal and uphold the decision of the TRC.** 6. Reformed Church of East Africa. Grounds of appeal- No grounds of appeal provided. Only requesting to be given the final report; TRC response; Report provided as requested- **AC Recommendations- N/A.** 7. SWOP KENYA- Grounds of appeal. Insufficient time allocated for OCA, leakage of confidential information, lack of a financial analyst during OCA and failure to assess all information provided during OCA. **Summary Of Appeal Details – SWOP: Grounds of appeal-** OCA started late from 12 noon and MOH representatives arrived 1 hour to the end of the exercise. *TRC response-* Admits that the exercise started late and that the members of the county team arrived only 1 hour before the conclusion of the exercise. *AC Recommendations-* OCA was to take a full day as per the TRC email to the applicants. TRC admits that they were late and could have rushed the exercise. *Grounds of appeal-* Leakage of confidential information via email. *TRC response-* TRC indicated that the said email did not originate from the TRC chair. *AC Recommendations-* The AC established that a member of the TRC secretariat sent results via email to SWOP Kenya even before the exercise was completed. *Grounds of appeal-* Different results presented in different occasions. *TRC response-* Results were modified after correction of the denominator used. *AC Recommendations-* Only final results approved by the KCM were to be used. *Grounds of appeal-* Incorrect findings. *TRC response-* Admits that there was no adequate time to review all the documents because they arrived late. *AC Recommendations-* TRC admits that due to time constraints, not all documents were reviewed. *Grounds of appeal-* Absent Financial analyst from the TRC during OCA. *TRC response-* Used the financial analyst from the PR. *AC Recommendations-* TRC admitted that there was lack of a financial analyst from the TRC. **Recommendations on SWOP Kenya:** Given the above concerns that have been admitted by the TRC, the appeals committee recommends the following: That the TRC conducts a fresh On-site Capacity Assessment for SWOP Kenya as per the set guidelines. The TRC should engage all the required expertise as described in the NSSR selection guidelines. The TRC secretariat be reconstituted to exclude the officer from the PR who leaked information to the appellant before the conclusion of the procurement exercise. The PR to institute corrective/disciplinary measures against the said officer. **General Observations:** Majority (5/7) of appeals are related to non-compliance with mandatory requirements. The committee has noted several incidences of non-adherence to the SR Selection Guidelines. There is evidence of increased breaches of confidentiality and COI at the ICCs. **Appeals Committee Recommendations:** The AC recommends that KCM provides timelines for the development of guidelines for receiving, processing and determination of appeals. The AC recommends that; The KCM considers that all applicants that do not meet the mandatory requirements at the point of application SHALL NOT be eligible for appeal. PRs to consider continuous capacity building for the prospective applicants. Need for KCM to urgently review the role of ICCs in SR selection process with an aim of minimizing conflict of interest, leakage of procurement sensitive information and breach of confidentiality. Future TRCs should comply with the KCM Non state Selection guidelines specifying the expertise and TRC Composition. TRC to always adhere to principle of fairness, and equity in all evaluations. **KCM ask: 1. Endorse the Appeals Committee report .2. Adopts its recommendations**

Discussion

The chair appreciated the work done by the Appeals Committee Chair and his team. She asked members to review the recommendations and deliberate on the specific recommendations She hence opened the floor for deliberations.

Against the Appeals Committee recommendation that the KCM provides timelines for the development of guidelines for receiving, processing and determination of appeals.

1. Members unanimously agreed that this was an important area to follow up, to ensure future appeals are well defined.
2. Further the meeting proposed that the Appeals Committee spear heads the writing of the appeals committee guidelines as they were well versed and well informed on matters pertaining the appeals committee.

This recommendation was adopted as **Proposed by Mr. Titus Munene**

Seconded by Mr. Douglas Bosire

Against the recommendation that- The KCM considers that all applicants that do not meet the mandatory requirements at the point of application SHALL NOT be eligible for appeal. The meeting agreed that: -

1. It was the basic right for any appellants to lodge an appeal. However, KCM would institute internal mechanisms on what would be reviewed by the KCM and Appeals Committee.
2. To further strengthen the position, KCM would then be required to respond to these appeal letters within a short frame of time.
3. Appeals Committee Guidelines should further define the process of mandatory document Verification to ensure fairness by all applicants is maintained.
4. SRs should be capacity built on call for proposals and to ensure that basis of the appeals are clear.

Against the recommendation- PRs to consider continuous capacity building for the prospective applicants. The meeting agreed that: -

1. This recommendation should be part of the guidelines and should be a basic requirement of the procurement process.
2. Pre-bidder conferences and information calls are important and PRs and other stakeholders are required to be strengthened to ensure the quality of proposals is improved.

Against the recommendation on Need for KCM to urgently review the role of ICCs in SR selection process with an aim of minimizing conflict of interest, leakage of procurement sensitive information and breach of confidentiality. The meeting agreed that: -

1. Repercussions clauses for breaches in confidentiality in procurement procedures should be clearly spelt out. This will ensure fairness, transparency and accountability.
2. To strengthen and safeguard the integrity of all the KCM procurement processes, The meeting unanimously agreed that the ICCs would not be included in reviewing/discussing the KCM procurement matters/processes particularly SR, and PR Selection.

This recommendation was adopted as

Proposed by Dr. Bernhards Ogutu

Seconded by Ms. Maurine Murenga

Against the recommendation for Future TRCs to comply with the KCM Non state Selection guidelines specifying the expertise and TRC Composition.

Members unanimously agreed that: -

1. As a good governance measure, the technical review committees should consist of members with the right competencies, expertise, values, integrity
2. The KCM in constituting the TRCs, should ensure the teams comply with the required knowledge and expertise as set out in the guidelines.
3. That this then becomes part of the TORs to be adopted by the KCM.
4. The driving force should be the expertise despite the costs involved and not the numbers.

The appeals committee report was adopted over all as

Proposed by Ms. Faith Mwende

Seconded by Ms. Patricia Mwende

Min 7/1/1/2022 Discuss and Approve the Oversight Committee Report /Oversight Field visit plan

- **Presentation by the Oversight Committee Chair**

Oversight Committee Report-Q1: Content: - Background information; Grant performance as of September 2021/Quarter 1; COVID-19 Funding landscape/Implementation; Challenges achieved & Key Recommendations; Commodity Stock Status as @ November 2021. **Introduction:** The Oversight Committee held its maiden meeting on 23rd November to review grant implementation following conclusion of the first quarter 2021/2024. The OC 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 June-September grant period. Oversight Committee constituted a smaller (ad hoc) committee to review and provide recommendations monthly. It has held 8 meetings since inception and have reviewed Procurement, Financial, Programmatic and Management aspects of the grant and positively impacted grant performance. The Committee continues to review and deliberate on. Updates on progress made on Implementation of KCM Recommendations. Provided guidance on application of the Covid 19 grant. Ensured commodity sufficiency by solving procurement bottlenecks. Identify main grant challenges & subsequent mitigation factors ETC. The next slides will highlight June-September HIV, TB and Malaria grant performance as well as the COVID 19 Grant.

GRANT PERFORMANCE AS AT 30 TH SEPTEMBER 2021- (PERIOD 1)									
Principal Recipient	National Treasury (US DOLLARS)						KRCS	AMREF HA	
Grant	HIV	HIV Co-Funding (KSH)	GoK TB	TB GoK Co-Funding (KSH)	MALARIA	Malaria GoK Co-Funding	HIV	TB	MALARIA
Rating	NFM rating due	3 not	NFM 3 rating not due		NFM rating due	3 not	A1	B1	B1
Grant Budget (USD)	USD 187,685,444	2,062,408,545	42,675,832	352,000,000	63,817,905.00	416,000,000	76,678,956.00	53,503,114.00	
Cumulative Budget as @ September 2021	341,624	2,062,408,545	1,454,431	352,000,000	4,208,135		\$4,200,888	8,230,482	\$852,075
Cumulative Expenditure	186,318.02	0	315,666.81	0	81,383.79		\$3,483,159	1,263,585	\$345,436
Commitments	109,121.99	Commitments Obligations (KShs)	0	26,136,281.00	1,147,072.32	310,738,423	0	178,030	\$70,694
Obligations	2,634.04		0		1,147,072.32	310,738,423			
Absorption (Commitments + Expenditure)	45%	0%	22%	0%	29%	0%	83%	18%	48.8%

Global Fund C19RM implementation status as of 30th September, 2021 for KRCS, AMREF HA and TNT was also highlighted. All activities were on track.

Achievements/number of Items/commodities procured/activities accomplished/beneficiaries /Counties: TV adverts, radio talk shows and radio presenter mention- to create awareness on Covid-19, TB and TB screening. 33 laboratory staff supporting Covid-19 sample processing at KEMRI have been supported since Oct 2020 to date. A total of 76,600 Covid-19 test kits were procured and delivered. Sensitization of community actors across 26 counties on COVID19, TB, HIV and HRG with an aim of reducing stigma. A total of 21,320 (packets of 50 pieces) surgical masks, 20, 257 particulate masks, 732,000 reusable masks, were procured. **Remarks /Pending activities/procurements/expected date of completion:** BSL111 activities are pending specifications approval. Completion of KAP survey data analysis, report writing, and dissemination scheduled to be complete by January 2022. Distribution of PPEs to be completed by end of Dec 2021. The other C19-RM activities under NFM3 will begin in January 2022. **SUBSEQUENT COMMODITY STOCK STATUS- TO BE SHARED SEPARATELY. RED FLAGS/AREAS OF CONCERN:** - **Programmatic:** Low absorption rates in the NFM3 Grant Q1. Court ruling on HIV testing by non-medical laboratory personnel/task sharing. **Financial:** long turn turnaround time (TAT) for processing tax exemptions. **Management;** Delays in rolling out and implementation of the RSSH Grant. One of the PRs has not been able to provide PR Dashboards and CCM Feed files for the last 3 Quarters. Need for further realignment of the Data Master file- KCM is currently addressing this matter. Delays in Flagging out grant bottlenecks. **Procurement;** Inadequate stocks- Laboratory Commodities, Nutritional Supplements. Delays in procurement and distribution of commodities. Late initiation of procurement requests by some of the programs to KEMSA. **Recommendations:** Oversight Committee to continue to use the KCM Oversight Committee Implementation tracker to track all recommendations. PRs to share bottlenecks immediately they occur/ at the critical time. Need to fast track reconfiguration/ Further realignment of the new dashboard. PRs and KEMSA to fast-track procurement activities under their mandate. PRs to fast-track grant implementation so that beneficiaries access the required support. MOH to fast-track resolution of the HIV testing by non-medical laboratory personnel/task sharing. Undertake Oversight Field visits. To review grant implementation for the Covid 19 grant as well as main grants.

Oversight Field Visit Planning Report: - Out Line: Oversight Field Visit Objectives/tools/Programs, Oversight field Visit Dates, Oversight Field Visit Sites/Justifications, Oversight Field Teams/Values, Way Forward. **Oversight Field Visit Objectives:** Establish the progress on grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices. 2. Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain systems. 3. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects. 4. Engage with stakeholders/ beneficiaries and share information and document/ experiences regarding GF Programming in Kenya. **Tools & Programs:** The Oversight field visit checklists for SRs, CHMTS, MOH, Assessment Review of COVID 19 Support were developed by the Oversight Committee Adoc Committee, shared with KCM & Oversight Committee. Inputs and recommendations received have been brought on board. Programs for the proposed 8 Oversight Field Visits are ready and shared. Introductory Letters to the proposed counties are also ready and will be escalated for signage immediately after this meeting. **Oversight field Visit Dates:** -1. Oversight Field Visit 1 & 2; *DATES* 7th to 11th February, 2022; *TEAM 1*-Kisii; *TEAM 2*-Nandi. 2. Covid 19 Specific Oversight Field Visit 3 & 4; *DATES* 21st to 24th March 2022. *TEAM 1*- Nakuru; *TEAM 2*-Narok. 3. Covid 19 Specific Oversight Field Visit 5 & 6; *DATES* 19th -21st April 2022; Counties near Nairobi: *TEAM 1*-Kiambu; *TEAM 2*-Embu. 4. Oversight Field Visit 7&8;

DATES 23rd to 27th May 2022. *TEAM 1-Taveta. TEAM 2-Isiolo. Values- Proposed Oversight Field Visit Teams:* All KCM members who had never undertaken any field visit were given priority between the February to June 2022 Oversight Field Visits. This means all KCM Members would have participated at the end of this Oversight Field Visit. Proposal is that any vacancies that arise from member inability to participate in the OFV would be cascaded to members who had undertaken field visits earlier. KCM Oversight Committee Members and HIV/TB/Malaria TWG Members were considered. Dependent on the savings, there will be additional opportunities for KCM Participation.

Proposed Oversight field Visit Teams: FEB TO JUNE 2022: TEAM ONE-KISII. Ms. Susan Mochache, CBS- *Designation-KCM Chair.*2. Mr. Latif Shaban-*Designation-Member/FBO/SUPKEM.* 3. Dr. Bernhards Ogutu-*Designation-Chair OC.* 4. Ms. Rose Kaberia-*Designation-Member OC/ HIV ICC.*5. Ms. Margaret Ndubi- *Designation-Co-opted OC Member.*
TEAM ONE- NANDI.1. Dr. Ruth Laibon Masha *Designation- Member KCM-NACC.* 2. Dr. Pierre Yves Bello- *Designation-Member BL/ML.* 3. Dr. Mohamoud Edda- *Designation- Member COG.* 4. Mr. Philip Nyakwana- *Designation-Member OC/TB Constituency.* 5. Dr. Victor Sumbi. *Designation-Member OC/Malaria ICC.* **21ST TO 24TH MARCH 2022 (4 Days): TEAM TWO-NAKURU:** 1. Mr. Gerald. Macharia; *Designation-Member BL/ML.* 2. Ms. Faith Mwendu- *Designation-KCM Vice Chair.* 3. Ms. Rose Mary Kasiba- *Designation-Member OC/Key Pop.* 4. Ms. Hellen Gatakaa-*Designation-Alternate OC/Malaria ICC.* **TEAM TWO- NAROK:** 1. Dr. Juliet Nabyonga-*Designation- Member BL/ML/WHO.*2. Mr. Steven Muiruri- *Designation- Alternate/GOV./TNT.* 3. Mr. Vincent Obwanda- *Designation- Alternate Key Pop.* 4. Ms. Evelyne kibuchi- *Designation-Alternate TB ICC.* **19TH -21ST APRIL 2022 (3 Days): TEAM THREE- KIAMBU.** 1. Dr. Washington Omwomo.-*Designation- Alternate BL/ML.* 2. Ms. Khatra Ali- *Designation- Alternate COG.* 3. Mr. John Muiruri-*Designation- Alternate PLWD/Malaria.* 4. Dr. Eunice Omesa-*Designation Member OC/TB ICC.* **TEAM THREE- EMBU**1. Dr. Medhin Tsehau- *Designation-Member ML/BL.* 2. Dr. Anastacia Nyalita- *Designation-Alternate Formal Private S.* 3. Ms. Eunice Fedha- *Designation- Alternate COG.* 4. Mr. John Kihui- *Designation- Member OC/Informal Private Sec.* **23RD TO 27TH MAY 2022: TEAM FOUR-TAVETA:** Mr. Titus Munene- *Designation-Member/ FBO.* 2. Dr. Anne Gathoni- *Designation- Member COG.* 3. Dr. Trizar Alwar- *Designation-OC Alternate HIV ICC.* 4. Dr. Dan Koros- *Designation-OC Member ML/BL.* **TEAM FOUR- ISILOLO.** 1. Dr. Douglas Bosire- *Designation; Alternate GOV./NACC.* 2. Dr. Daniella Munene-*Designation- Member Formal Private Sector.* 3. Ms. Joyce Ouma- *Designation-Member AYP.* 4. Dr. Ancient Kituku-*Designation- Member OC/COG.* **Proposed Oversight field Visit Teams:** Other teams involved in the Oversight Field Visits will be drawn from PEPFAR, National Treasury –TB Grant, NASCOP, NLTP, NMCP, NACC, KEMSA, DPPHS, DHSCIA, HSS, Amref Health Africa, KRC, CHMT. **ASK: KCM adopts the Oversight Field Visit Planning Report/Recommendations**

Discussion

The chair appreciated the Oversight Committee Quarter 1 presentation as well as the Oversight Field Visit Planning Report. She opened the floor to deliberate on the matters at hand

The member representing PLHIV appreciated the work done by the Oversight Committee. She however requested that at least one PLHIV Non state representatives/constituency members is also included as part of the Oversight team since the country was grappling some challenges especially with the ARV, condoms.

The KCM Coordinator confirmed that there were opportunities for inclusion of more members. That the teams would be adjusted accordingly to include the PLHIV Community which would hence be factored in.

Member representing the TB constituency pointed out that there was need to track Implementation of C19RM grants and verify the support to beneficiaries Example in the distribution of testing Kits, it was important that KCM members are able to verify and close the bridge between what is indicated in the reports and what translated to activities in the ground.

Chair agreed it was very important to track consumption. Example from the laboratory front, the capability to test has been limited to specific laboratories both on the public and private fronts. Government health services receiving this support directly from Government such as KEMRI, KNT, MOH Laboratories, MTRH etc provided COVID-19 testing without charging. It is hence important especially that the Global Fund procured commodities are accounted for.

Member representing the TB constituency appreciated the chairs remarks.

The KCM Coordinator clarified that the Principal Recipients have been presenting reports to the Oversight Committee on a quarterly basis and the same had been presented in the days meeting up to including the quantities to the beneficiaries. Further the role of the upcoming Oversight Field Visit was to verify the information provided by the PRs.

Alternate member representing the Informal private Sector appreciated the KCM Chair for her intervention and support on the mass screening of the over 200 Informal private sector members who were travelling to Tanzania in December. The KCM Coordinator and in charge of Lab in Kenya coordinated together to ensure that the delegation tested for COVID 19 on time.

AMREF HA, making reference to the oversight committee presentation proposed that the KCM takes up the mantle and follow up with MOH on policy frame work for testing by non-lab officers

The chair assured the meeting that the issues would be resolved, she requested the Director of Preventive and promotive services to follow up to ensure that the policy was finalized and the issues around testing resolved

Member representing the ML/BL Partners appreciated the member comments and agreed with the earlier presenter regarding HIV and malaria testing and added that this issue needed to be dealt with once and for all. She felt happy with the guidance provided by the Chair KCM and asked all concerned entities to follow through with the directive provided to improve the testing services.

Member representing the PLHIV Constituency noted that the C19 RM funding was an emergency funding that requires strengthened safeguards to ensure the services are accessed by all Kenyans in a timely manner. Further she noted that on the ARV stocks, Kenya was well covered on the first line meds. However, the PLHIV Community on second line was buying abacavir which was an expensive drug which has threatened increased drug resistance as well as increased deaths. Further condoms were not available. On the pediatric ARVs, the drugs are available especially the kaletra, she looked forward to the increase and optimization of the pediatric DGT due to its drug stability and fewer side effects. She was happy that the HIV testing reagents and some consumables were now available and encouraged testing for the whole population.

The chair requested that the program leads speak on the issue of HIV commodity security. She further noted that the ministry was working very hard to ensure the testing for HIV including that of children is undertaken. This however depended on the different pipelines, dynamics and other actors involved example the USAID. She further noted that the teams were working exhaustively to ensure there were adequate buffer stocks on the ARV commodities.

Head of NASCOP noted that they had a multistakeholder commodity security meeting in December 2021 to discuss the HIV commodity security. This meeting deduced that there was a slight delay in the delivery of the Nevirapine syrup and deliveries were estimated for January 2022. The MOH was working with the USAID to ensure this support is brought into the country as this area was USAID funded. For the condoms, the stock outs at the central levels were communicated and the programs initiated all procurements by GF and Counter fund financing It was agreed that the NASCOP would work closely with KEMSA to ensure condoms procurement is fast tracked.

On the Abacavir (ABC), she informed the meeting that some deliveries were made in December 2021 and distribution was ongoing. On viral load and EID Reagents were to be procured through USAID and the Commodity security committee was following up active discussion with USAID

The chair Oversight Committee noted that there was need to resolve all the issues to ensure the country had safe commodity levels.

The chair moved the KCM to adopt and Approve the Oversight Committee Report /Oversight Field visit plan as

Proposed by Dr. Medhin Tsehau

Seconded by Dr Pierre Bello

The chair appreciated the stakeholder involvement in the days meeting. She requested that members in attendance and non KCM members drop off the call to allow for KCM members deliberate on the rest of the matters.

Min 8/1/2022 Confirmation of Minutes of the KCM Meeting held on 6.10.2021 and Matters Arising

Members were taken through the Minutes of the KCM meeting held virtually on 6th October 2021. The minutes were adopted as a true record of the days proceeding as

Proposed by Ms. Patricia Mwendu

Seconded by Ms. Rosemary Kasiba

Matters Arising

12. Review and Approval of TB TRC Report on Selection of SRs to Implement Public Private Mix

Update TRC Completed the technical evaluation and on-site capacity assessment. Findings & recommendations presented in the 6th October Meeting. KCM adopted the TB TRC Report, opening a

14-day appeals window opening a 14-day appeals window. KCM received 4 appeals under the PPM/GF/AMREF Grant. KCM acknowledged receipt of the appeals. Appeals committee deliberated and determined the appeals and will be providing feedback in the days meeting. **Status** Done. Review and Approval of HIV TRC SRs Re-evaluation **Report: Update** KCM recommended a re-evaluation and joint validation of 2 SR organizations -CIPK and HIVA by the HIV TRC and PR. (6th October Meeting.) Reevaluation undertaken. The HIV TRC Chair will be presenting the report in the days meeting. **HIV TRC SRs Selection Reports. Update** TRC Completed the technical evaluation and in site capacity assessment. Findings & recommendations presented in the 6th October Meeting. KCM adopted the HIV TRC Report, Opening a 14-day appeals window. KCM acknowledged receipt of 2 appeals under the HIV/KRCS Grant. Further KCM received 1 request letter to share additional assessment documents. Appeals committee deliberated and determined the appeals and will be providing feedback in the days meeting. **Status** On going. Updates on the Review/Accuracy of OIG Audit Findings. **Update** GF OIG completed the data collection phase. PRs reviewing draft report and share feedback with GF on accuracy of findings, tone, context and balance the draft report OIG to share the draft report. **Status** On-Going. 3. Review and Approval of KCM Evolution Workplan and Budget. **Update** The KCM adopted the KCM Evolution Workplan and Budget. Review by the Global Fund /CCM Hub currently ongoing for the final approval. **Status** On-Going

Min 8/1/2022 Discuss and Approve the Management Committee Report

- **Presentation by the Management Committee Chair**

Presentation Outline: Introduction. KCM Renewal of Membership. KCM Performance July to November,2021. KCM Calendar of Activities Jan 2022 to June 2022. Update on Approval of KCM Evolution plan and KCM Workplan and budget 2021/2022. Management Committee Recommendations/ Ask. **Introduction:** Management Committee meeting held on 30th, November,2021 and discussed / reviewed; KCM performance for the period July to December,2021.1. KCM Calendar of activities Jan- June 2022.2. Update on Approval/Implementation of KCM Evolution Action Plan. 3. Update/ approval of KCM Workplan and Budget 2021/2022.4. KCM Renewal of Membership.5. Grant Performance Status.6. Update on the Request to GF for Community-Led Monitoring TA for C19RM in Kenya. **KCM Performance July to Nov 2021:** Between July and November,2021 thirty (30) virtual meetings have been held; Key decisions made. GF NFM 3 grants signed, and implementation rolled out. Selection of NS SRs finalized and SRs Contracted. 98% of the Appeals reviewed and appellants satisfied with the outcome /Report for the remaining appeals 2% to be discussed and approved during the KCM meeting on 8th December,2021. PRs Grant performance Reports interrogated/Oversight Monthly grant tracking tool developed/ KCM/Oversight Recommendations Implementation tracker. KCM Evolution plan and budget developed-Awaiting approval from the Global Fund. KCM workplan and budget 2021/2022 finalized-Approved by the Global Fund on 26th Nov 2021. County Health leadership and CHMT members sensitized and oriented on the new Global Fund. Role of County Health departments in NFM 3 discussed. Investigations on Issues raised regarding ethics ongoing -Final report to be presented to the KCM. New KCM Members oriented. **KCM Calendar of Activities January to June 2022:** 28 physical /in person meetings scheduled to be held between Jan and June 2021.- Members/Constituencies requested to Diaries and participate accordingly. Review of Key governance documents/ guidelines to be reviewed and developed during the same period –Members, experts and resource persons will be called upon to support. *Find attached the KCM Calendar of Activities.* **KCM Renewal of membership:** - faith Based Organization- Due date 16th March 2022. Formal Private Sector- Due Date 28th February 2023. Key population- 25th July 2022. Malaria- Due Date- 16th March 2022. Informal Private sector- Due Date- Due. Non-Governmental Organizations- Due Date- 27th

September 2021- Due. HIV/AIDs Constituency- Due Date- 27th September 2021- Due. TB Constituency – Due Date- 9th October 2021. Adolescent and young persons- Due Date- 7th December 2022. **All constituencies due requested to renew membership before March 2022. Update on Approval/Implementation of KCM Evolution Action Plan/KCM Workplan and Budget 2021/2022:** - Key considerations in the KCM Evolution Plan include oversight of investments to ensure impact, Meaningful constituency engagement and information sharing to shape and oversee investments, Effective positioning within national structures and existing/emerging platforms to increase efficiency of health investments and Efficient CCM Secretariat operations. Awaiting final approval of the KCM Evolution plan by the Global Fund. KCM/Oversight Implementation tracker developed. Business case to set up new dashboard developed and submitted to GF. KCM workplan and budget 2021/2022 approved on 26th November,2021 –implementation of activities ongoing. **Management Committee Recommendations/ Ask to the KCM:** Constituencies due to renew membership before March 2022. Members/Constituencies requested to Diaries and participate accordingly in KCM activities. Constituencies to nominate members to CSS TWG before 10th December,2021.

Discussion

Chair appreciated the presentation and opened the meeting to conclusively discuss the matters as highlighted.

Member representing the HIV Constituency appreciated the presentation and was in support of the need to comply especially on KCM Membership terms of office. She however noted that the KCM was in the middle of the CCM Evolution process and members were working with the secretariat and consultant to strengthen its the internal mechanisms. She felt that a change of membership now would work against the process as the new members would need to be oriented again on the CCM Evolution and implementation of recommendations.

Member representing the TB Constituency agreed with the previous speaker by stating that CCM Evolution contains recommendations that would need to be followed through. The non-state actors were recommending an extension of the terms of office. He noted that the non-state actors would be able to communicate the position officially to Global Fund and KCM by end of the week. The non-state actors had hence recommended that they would want to operate in the spirit of the evolution process and would hence request for an extension of term of office.

The Chair KCM requested members to think collectively and work in the best interest of the KCM rather than for their individual constituencies. She Informed the meeting that the ESA/WCA Africa Global Fund board members agreed that African interests/voices were common and for Africa to be heard, then they must nominate highly competent individuals and would make compromises for each other. At the CCM Level then there is need for Members to come together and think as a team. She acknowledged that within the region the CCM Kenya was the most mature and there was need to take a united front

She asked that the members to Look at the experiences, and ability to articulate the constituency needs. The KCM hence has no choice but see each other as one. The Chair asked members to consider building on the gains of the KCM. She hence moved the discussion to the floor of the house and asked whether the members would advocate for the renewal of membership /nomination of new members now or extend the term of office for at least one year to allow/ commence the implementation of CCM Kenya evolution recommendations.

Member representing the Malaria constituency appreciated and lauded the appeal for members to think as one, serving as one CCM, One Kenya and One Africa. Her call was reflective on the non-state discussion held the previous week where they all agreed to speak as one and negotiate positions that ensure every one's voice is heard.

Member representing the Key population agreed with her colleagues and recommended the extension of the term of office for members based on the ongoing evolution process.

Alternate Member representing the Informal Private Sector appreciated the discussion and concurred on what had been under discussion by her colleagues. She further noted that, in order to safeguard the loss of the institutional memory then the KCM should protect the transitioning.

Member representing the HIV Constituency lauded the comments by the KCM Chair and agreed that it was important to sort issues and matters at the KCM floor before moving the same discussions to the international front. That from the days meeting the call that should be a guiding factor this year was that of collective responsibility and thinking as one. She was in support of the evolution process recommendation.

Member representing the TB Constituency appreciated the comments and guidance by the chair. That she was able to unpack discussion issues and ensure members build consensus and make constructive decisions. That the spirit of collective responsibility should be propel the KCM to greater heights and work for Kenya.

The chair appreciated the member comments and moved the meeting to allow for the extension of the term of office for one year.

Proposed by Ms. Patricia Mwende

Seconded by Ms. Maurine Murenga

The chair appreciated the membership for prosecuting this agenda with outmost diligence and requested that as KCM grows, they continue to work together and in the best interest of the CCM, Beneficiaries and the people of Kenya. She was proud to be associated with the KCM and appreciated the members for making it an engaging and robust CCM to be emulated.

Member representing the TB Constituency requested the chair to consider hosting a bonding session for the KCM

The KCM Chair asked the KCM Coordinator to plan for a retreat for all members.

The Chair hence requested her Vice chair to Chair the remaining sessions to enable her attend another meeting

Min 10/1/2022 Election and Endorsement of the KCM Vice Chair

Chair non state requested that the discussion to nominate the new KCM Vice Chair is moved forward to the next meeting to allow for further deliberation.

The KCM Coordinator highlighted that as per the KCM Constitution the item was included in the agenda to kick start the process. He informed the meeting that as per the KCM Constitution, the KCM

Vice-Chair would be elected from among non-government KCM Non-State Actors. Candidates for the Vice-Chair position would be proposed and seconded by KCM Non-State Actors. The Vice-Chair would be elected by a simple majority vote of the KCM Non-State Actors. At least two-thirds of the KCM members must be present in the KCM meeting that endorses a Vice-Chair. The term of office for the Vice-Chair shall be two years from the date of election. The Vice-Chair shall serve for a maximum of two consecutive terms. The Vice-Chair would have the following responsibilities: Convene KCM meetings in the absence of the Chair. Chair the KCM meetings in the absence of the Chair. Perform tasks delegated by the Chair. That the procedures for electing a Vice-Chair shall be followed.

Oversight Committee Chair wondered what the time frame for execution of the election of the new Vice Chair was as care was needed to be taken to ensure the CCM was compliant in terms of the timelines.

Chair non state/ Member representing the PLWD/TB Constituency confirmed that the KCM Secretariat made a formal communication to the Chair of Non-State Actors regarding the same, however he sought additional time for the non-state actors to consult and report back their position to the KCM during the next meeting.

The Chair allowed the Chair of Non-state actors to report back during the next meeting

Min 11/1/2022 AOB

The KCM Coordinator asked members to adopt the KCM calendar of activities shared at the start of the year.

The meeting unanimously adopted the calendar

Closure

Being no other business, meeting closed at 2.38PM.