



**KENYA COORDINATING MECHANISM
HIGHLIGHTS: KCM MEETING HELD ON 6TH APRIL 2022 BETWEEN 9.37 AM AND
1.15 PM AT AFYA ANNEX**

Present

- | | |
|-----------------------------|---------------------------------|
| 1. Ms. Maurine Murenga | Member PLHIV (Chairing) |
| 2. Mr. Gerald Macharia | Member ML |
| 3. Mr. Philip Nyakwana | Member/PLWD-TB |
| 4. Mr. Douglas Bosire | Alternate NACC/GOV. |
| 5. Ms. Joyce Ouma | Member/ AYP |
| 6. Mr. Steven Muiruri | Alternate TNT |
| 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. Anastasia Nyalita | Alternate Formal Private sector |
| 12. Dr. Gathoni Ann | Member COG/County Government |
| 13. Ms. Khatra Ali | Alternate COG |
| 14. Ms. Elizabeth Magnes EU | Alternate DP/ML |
| 15. Mr. John Kihui | Member/Private informal sector |
| 16. Dr. Dan Koros | Member/DP/BL/Chair-Appeals Com. |
| 17. Mr. Samuel Muia | KCM Coordinator |

In Attendance

- | | |
|----------------------------|-----------------------------------|
| 1. Mr. John Ochero | GF Grant Portfolio Manager |
| 1. Ms. Lisa Butler | GF CT |
| 2. Ms. Mercedes Garcia | GF CCM HUB |
| 3. Ms. Soukeyna Sylla | GF CT |
| 4. Ms. Cyrielle Mazzerelli | GF CT |
| 5. Ms. Gloriam Kerubo | Alternate/ AYP |
| 6. Ms. Mebor Abuor | Alternate/COG |
| 7. Ms. Lucy Njenga | Alternate PLHIV |
| 8. Ms. Pamela Kibunja | Alternate/NGO Constituency |
| 9. Mr. Vincent Obwanda | Alternate/KP Constituency |
| 10. Mr. Ahmed said | Alternate/KP Constituency |
| 11. Ms. Zilpha Samoei | Alternate FBO/CHAK |
| 12. Ms. Patricia Mwendu | Alternate/Informal Private Sector |
| 13. Dr. Nazila Ganatra | Head strategic programs |
| 14. Dr. Grace Ikahu | MOH/ HSC& IGH |
| 15. Ms. Jane Kitonga | Amref Ha |

16. Ms. Joan Thiga	Amref Ha
17. Ms. Sophia Njuguna	Amref Ha
18. Dr. Valerie Obare	NASCOP
19. Ms. Carol Ngare	NACC/HIV TWG
20. Dr. George Githuka	Head DNMP.
21. Dr. Donald Apat	AMREF HA
22. Mr. Benson Ulo	AMREF HA
23. Ms. Gloria Akoko	AMREF HA
24. Mr. Patrick Igunza	AMREF HA
25. Ms. Emily Munga	KRCS
26. Mr. George Muia	KRCS
27. Ms. Khalda Mohammed	KRCS
28. Dr. Peter Kimuu	TNT
29. Ms. Josephine Mwaura	KCM Secretariat
30. Mr. Kevin Ogolla	KCM Secretariat
31. Mr. Peter Omondi	KCM Secretariat

Apologies

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Faith Ndungu	KCM Vice Chair
3. Ms. Jacinta Mutegi	Alternate FBO/KCCB
4. Dr. Medhin Tsehau	Member/ML/UNAIDS
5. Ms. Eva Muthuri	Member/PLWD/Malaria
6. Dr Pierre Bello	Alternate DP/BL
7. Ms. Margaret Mundia	KCM Secretariat

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. Presentation by MOH on Operationalization of Health Sector Partnership and Coordination Framework
 - Presentation by MOH-Directorate of Health Sector Coordination and Intergovernmental Affairs
6. Discuss and Approve the Management Committee Report
 - Presentation by the Management Committee Chair
 - Update on 7th GF Replenishment.
 - Kenya CCM Evolution Threshold Results and Next Step
7. Discuss and approve Oversight Committee Report
 - Presentation by the Oversight Committee Chair
 - Presentation by Oversight Field Visit Team Leaders
8. Confirmation of Minutes of the KCM Meeting held on 9th January, 2022 and Matters Arising
9. AOB

Min 1/1/4/2022 Introduction/Apologies

Meeting was called to order at 9.37 am. Opened with a word of prayer.

Apologies are as registered above

Members appointed Ms. Maurine Murenga to Chair the meeting

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

Agenda was projected and adopted as above as

Proposed by Mr. Steven Muiruri
Seconded by Ms. Rosemary Kasiba

The meeting was informed that

- Dr. Diallo, Abdourahmane had officially taken office on the 1st of April ,2022 as the WHO Representative to Kenya and he was taking over from Dr. Nabyonga at the KCM.

Members approved the changes.

Min 2/1/4/2022 Declaration of Conflict of Interest

The meeting was informed that the Principal Recipients were represented in the days meeting to provide any clarification required on Oversight Report/ Grant Performance

No COI was declared.

Min 3/1/4/2022 Remarks by the KCM Chair

The acting chair welcomed the members and appreciated both the KCM members and all in attendance for joining the meeting. She noted that the agenda was packed and requested members to keep the conversations concrete but comprehensive enough to inform decision making. She appreciated the Committees and secretariat for the work done in ensuring the agenda and documents were shared in good time.

Further, she acknowledged the support received by the Global Fund over the years and expressed enthusiasm that the country would be able to acquire/raise additional resources to respond to the TB, Malaria and HIV epidemics. She acknowledged and appreciated the role His Excellency the President of Kenya played in the international front around Malaria activities and most recently the Co-hosting of the 7th Replenishment meeting.

She assured the meeting that the KCM would continue to effectively and efficiently oversight grant implementation and performance.

Min 4/1/4/2022 Remarks by the Global Fund Country Team

The Global Fund Portfolio Manager appreciated the KCM's invitation to the days meeting. He informed the meeting that the Global Fund team was joined by the Global Fund CCM HUB focal person For Kenya – Ms. Mercedes Garcia who was available to provide clarification regarding KCM Evolution project.

He congratulated the Kenya Coordinating Mechanism for the successful roll out of NFM3 grants Grant. He noted that challenges had been experienced earlier during implementation especially around HIV commodities, however considerable achievements have been made around the commodity stock statuses and the expectation was that in subsequent quarters, there would be a rapid increment and stabilization of commodity stocks in the country. He hoped that the KCM would continue with the serious Oversight function it had been undertaking.

Regarding the 7th replenishment, he appreciated the President for co-hosting the replenishment meeting alongside with 5 other African presidents and noted that he did not take the support for granted. He acknowledged that African support to the replenishment process remained key.

He appreciated the Support received from Governments, civil Society, Faith Based organizations and other constituencies which was key in the efficient implementation of the Global Funds grants in Kenya.

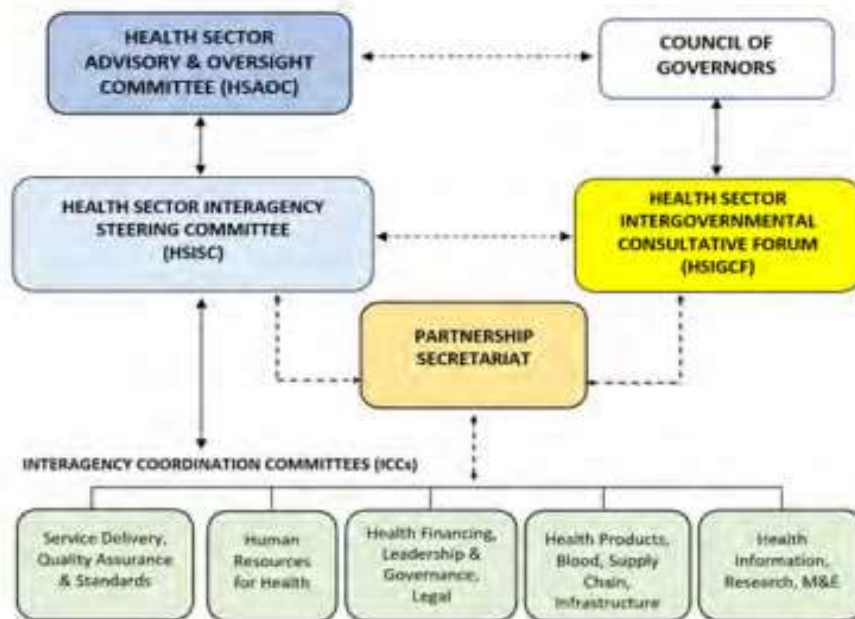
Min 4/1/1/2022 Presentation by MOH on Operationalization of Health Sector Partnership and Coordination Framework

- **Presentation by MOH-Directorate of Health Sector Coordination and Intergovernmental Affairs**

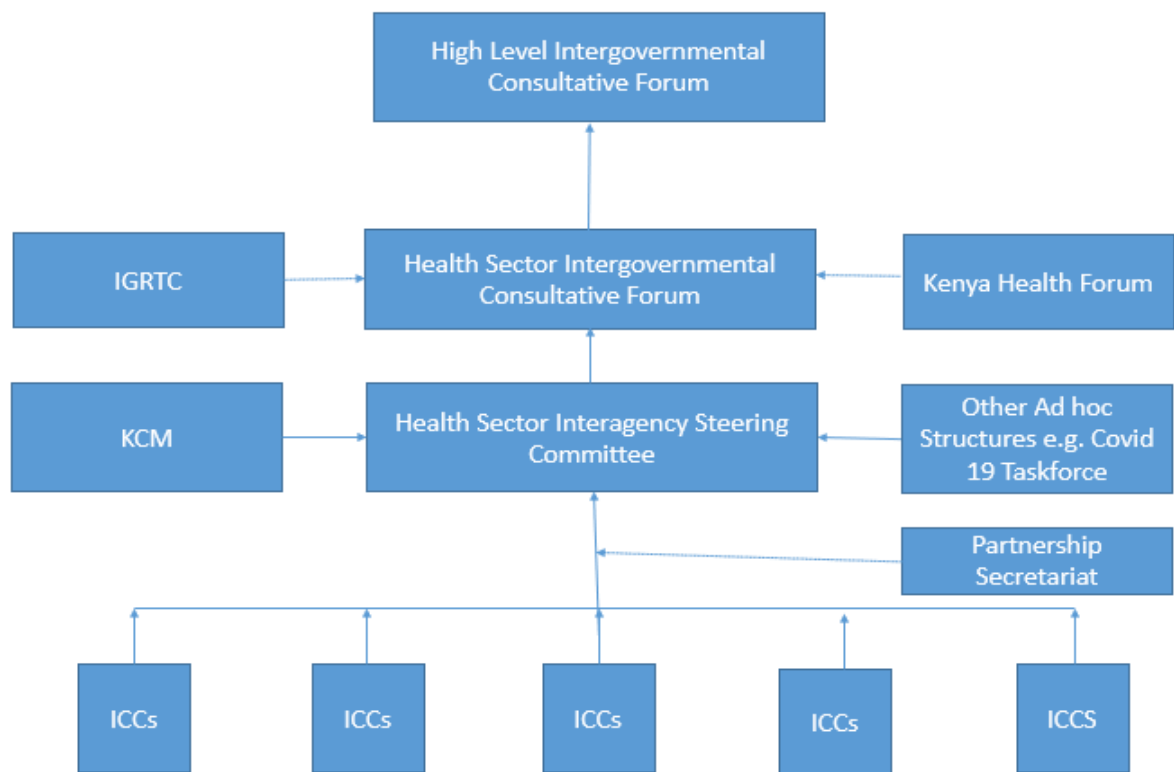
Outline: Background, Signing & Launch, Constitution, and operationalization of committees of the framework, Workshop on the Partnership Framework, Kenya Health Sector Convention.

Background: - The Kenya Partnership & Coordination Framework 2018-2030 is a framework to strengthen partnership and coordination of the health sector to support implementation of the Kenya health agenda as outlined in the health Policy 2014-2030 and the Kenya Health Sector Strategic Plan 2018-2023. Provides an enabling environment to achieve harmony and synergy amongst all stakeholders in health using the principles of Sector Wide Approaches (SWAp) and development effectiveness. The partnership is anchored on consensus around aid effectiveness and cooperation. Was built upon the success of the implementation of the SWAp principles of joint planning, joint monitoring, and joint coordination during the implementation of NHSSP II (2005-2012). **Signing and Launch:** The Kenya Partnership & Coordination Framework 2018-2030 was developed through a consultative process and signed in 2019 by the Ministry of Health, the Council of Governors, and the Development Partners in Health Kenya. The Framework was launched in October 2020 during the 15th Health Sector Intergovernmental Consultative Forum in Mombasa. The launch was graced by H.E. the President and the Chair CoG. Key enabler in accelerating efforts towards the achievement of Kenya's Big Four development agenda on Universal Health Coverage and health related Sustainable Development Goals. **Operationalization of the P&C Framework** Full operationalization of the P & C Framework was delayed due to challenges related to the COVID 19 pandemic. Framework constitutes of the following structures: Interagency

Coordinating Committees – 5. Health Interagency Steering Committee (HSISC). Health Sector Advisory and Oversight Committee (HSAOC). All the committees have been constituted; work ongoing to strengthen their functioning. The Committees are supported by a Partnership Secretariat chaired by the Ag DG for Health. **Health Sector Partnership & Coordination Structures**



Operationalization of the P&C Framework (2); The Ministry of Health prioritized efforts to accelerate the implementation of the Health Sector Partnership and Coordination Framework in 2021 and convened a consultative workshop of key health sector actors to develop a roadmap to implement the Partnership and Coordination Framework. Workshop was held in Naivasha from December 8-10, 2022. Health Sector Partners who participated in the workshop included: MoH, CoG, County Departments of Health, DPHK, HENNET, KFBHS Consortium, KHF. **Priority Actions to strengthen the P&C Structures:** Clarify and establish linkages with Intergovernmental structures (IGF) and enhance county participation. Conduct of meetings and tracking performance of different constituencies during meetings.2. Linkages with MTEF budgeting cycles and timeliness of sector reviews.3. Coordination of resource mapping at both national and county levels and enhance participation of all partners.4. Implementation of county level P & C structures (County Health Stakeholder Forums).5. **Linkages and adopt best practices and lessons learnt from other sector partnership structures – GF KCM.** Linkages between the P&C Framework & GF KCM: Proposals; Note: PS Health chairs KCM and HSISC. Sensitize GF KCM members on new P & C structures. Co-opt GF KCM in P & C Structures. **HSISC - Partnership Secretariat.** Consider co-opting of Chair/co-Chair of Partnership Secretariat in KCM (? As ex-official member). Linkages and harmonization of structures reporting to KCM with P & C structures (structure and naming of ICCs/TWGs in specific disease programs). **Future: Health Sector Partnership & Coordination Structures & Linkages**



Kenya Health Sector Convention: - The Kenya Health Sector Convention has been designed to continue stakeholder engagement in the health sector, as a follow-up of the December workshop and expectation of the framework. The Convention will provide an opportunity to reflect on the journey of implementation of devolved health services and global commitments: best practices and promising practices; Managing the transition process. *Dates:* 17th to 20th May 2022. *Theme:* ***‘A Decade of Devolved Health Service Delivery: Reflections for Acceleration of UHC’***. To culminate in a Summit that will be graced by H.E the President and the Chair of the Council of Governors. First State of the Nation Health Address to be delivered. **Kenya Health Sector Convention: Key Asks from KCM:** Save the dates: 17th to 20th May 2022. Resource mobilization. Active participation: Opportunities to join various planning committees. Identification of best practices. Enhance visibility of the event.

Discussion

The acting chair appreciated the presentation from the MOH-Directorate of Health Sector Coordination and Intergovernmental Affairs and invited the members for further deliberation.

The Global Fund Portfolio Manager appreciated the presentation made. He however noted that key partners were missed out in the initial consultative forum held at Naivasha e.g., beneficiaries, person living with disease and CSOs. That Kenya had a robust and efficient ICCs for TB, Malaria and HIV in the existing health system and hence wondered whether the proposed structures would

dilute the prompt decision making processes. He further sought clarification on whether the current ICCs would be dissolved in the proposed structure.

The acting chair appreciated the presentation made but sought clarification on what criteria would be applied on co-opting the KCM members. She also noted that the ICCs were required to report to the KCM and have been important arms of the KCM Structure, she hence wondered how the HIV, TB and malaria ICCs would link to the KCM in the new structure.

The Alternate member representing the TNT wondered whether there was a budget to operationalize the Framework

Dr. Grace Ikahu/ MOH-Directorate of Health Sector Coordination and Intergovernmental Affairs clarified that the directorate identified the KCM and its ICCs as a best practice and hence no KCM organ would be diluted or dissolved in the new structure. the aim is to ensure that the conversations trickle down to the other partnership structures and going forward a wide stakeholder approach will be embraced. The Organogram was however a work in progress. That upon completion, KCM would be comprehensively defined and visibly linked. in reference to funding. She noted that different stakeholders would support different processes concurrently. That the Ministry of Health was currently undertaking a Road map for implementation of the framework.

The chair appreciated the responses made and noted that it was important that the KCM is represented and included in the Health Sector Partnership and Coordination framework

Alternate member representing the FBO sought clarification on the representation of the KCM in the Coordination framework?

The KCM Coordinator clarified that the presentation by the Directorate of Health Sector Coordination and Intergovernmental Affairs was also made during the Management Committee meeting held on 30th March,2022, the Management Committee 'ASK' was for the MOH/Directorate to provide clarification on the KCM link to the health sector Coordination Structures. The presentation made to the KCM had created visibility on the fact that the KCM would link at a higher level- i.e., Health Sector Interagency Steering Committee a level higher than the technical working groups and ICCs. As part of the evolution project processes, KCM is required to align with the required health structures.

Staff representing NACC sought clarification on whether the proposed structure would be presented to the ICCs for information and comments?

Dr. Grace Ikahu/ MOH-Directorate of Health Sector Coordination and Intergovernmental Affairs clarified that partnership secretariat would organize to make a presentation at the ICC level and appreciated the interest garnered. Regarding representation of the KCM in the steering committee, Since the steering Committee is Chaired by Principal Secretary Ministry of Health/ KCM Chair, the proposal is to have the KCM Chair and Vice Chair represent the KCM at the steering committee.

Chair appreciated the discussion and further noted that there was need for continued discussions in the ICCs and KCM backyards to find the best fit for KCM.

Min 6/1/2022 Discuss and Approve the Management Committee Report

• Presentation by the Management Committee Chair

Presentation Outline: Kenya CCM Evolution Threshold Results and Next Step.2. Update on KCM Workplan & Budget, CCM-C19 Workplan.3. Update on 7th GF Replenishment.4. KCM performance for the period July 2021 to March,2022.5. KCM Calendar of activities March - June 2022.6. Update on operationalization of Health Sector Partnership and Coordination Framework.7.

Introduction: Management Committee Recommendations to the KCM. Management Committee held a meeting on 30th March 2022 and deliberated on: - Presentation by MOH on Operationalization of Health Sector Partnership and Coordination Framework.1. Kenya CCM Evolution Threshold Results and Next Step.2. Update on KCM Workplan & Budget, CCM-C19 Workplan.3. Update on 7th GF Replenishment.4. KCM performance for the period July 2021 to March,2022.5. KCM Calendar of activities March - June 2022. **KCM Evolution Results:** KCM evolution work plan and budget finalized, priority areas and interventions for improvements in core KCM responsibilities identified and approved by GF /CCH HUB. Evolution interventions included in the CCM's annual work plan and Budget. Next slide find prioritized list of core areas of CCM responsibilities validated by the Global Fund. **Priority Areas and Objectives: 4. Oversight:** Maintain the momentum in oversight by equipping the oversight officer and oversight committee with a new dashboard approach (migrating from old SAP to new Microsoft Excel version, connected to national DHIS2 system).2. **Engagement:** Constituency engagement (feedback processes and planning) needs to be better resourced and monitored, helping the KCM to become the source of data on all actors and investments in the epidemics campaign. This will involve rethinking, strengthening the constituency process, and the community collection of data.1 **Positioning;** Securing more purposeful commitments in terms of the strategic positioning of the KCM in a longer term national/county structure, with the specific intent to improve the efficiency of investments. - (i) Understanding the devolution process, its impact on containing the epidemics and Kenya's ownership of the process. (ii) Revisit the legal identity of the KCM. (iii) integrate the information systems.3 **Operations;** Make minor adjustments to operations to maintain the high standards of performance. (i) Review the governance manual to ensure that Membership of the KCM is increased the tenure to 3 years, renewable once. (ii) Ensure attendance rules are complied with, membership definition is clear, and establish a process to manage the on-going member succession. (iii) Design an Appeals process and a PR/SR Selection Guide. 1. Positioning; **Intervention-** Map existing health governance bodies and platforms (Locally sourced consultant). **Modality-** Local Consultant. **Source of funds-**Additional resources. **Amount to be disbursed (USD)-** 4,800. 2. Positioning- **Intervention-**Develop positioning options and a Positioning strategy plan (Locally sourced consultant). **Modality-** Local Consultant. **Source of funds-**Additional resources **Amount to be disbursed (USD)** 5,200. 3. Positioning; **Intervention-**Allocate international accompaniment to Regularly review the implementation of the positioning plan. **Modality-** International Consultant. **Source of funds-**International accompaniment. **Amount to be disbursed (USD)** 0. 4. Engagement; **Intervention-** Train civil society representatives pre- and post-CCM meetings. **Modality-** Local Consultant. **Source of funds-**Additional resources. **Amount to be disbursed (USD)-** 4,800. 5 Engagement- **Intervention-** Train on Community Based Monitoring (CBM) data tools and analysis. **Modality-** Civil Society Regional Platform **Source of funds-**International Accompaniment-**Amount to be disbursed (USD)-**0. 6. Engagement; **Intervention-**Review CCM composition. **Modality-**International Consultant. **Source of funds-**International accompaniment; **Amount to be disbursed (USD)-** 0. 7. Operations **Intervention-** Review

framework documents and align them with the evolved model principles Modality-International Consultant *Source of funds*-International accompaniment. *Amount to be disbursed (USD)*-0. 8. Operations *Intervention*- Conduct CCM orientation **Modality**- Guidance Note / Online Orientation. *Source of funds*-Without additional resources-CCM Funding Agreement- *Amount to be disbursed (USD)*- 0. 9. Oversight *intervention*- Hire local consultant to develop Dashboard, including C19RM indicators; **Modality**-Guidance Note / Online Orientation* *Source of funds*-Without additional resources-CCM Funding Agreement; *Amount to be disbursed (USD)*- 0. *Amount to be disbursed (USD)*-**14,800. KCM Ethics Officer Position:** Ethics Office of the Global Fund has offered to support KCM Ethics Officer position. This opportunity is available after getting KCM confirmation on this position. Ethics Officer to support Strategic functioning of the KCM by promoting ethical conduct and decision-making in all KCM activities, enforcement of the Code of Ethical Conduct /focusing on conflict-of-interest management and ethical decision-making process and behaviors / to support the Global Fund’s ethical values. TORs shared online with members for review. Management Committee reviewed and noted that the TORs are comprehensive. *Request to members to confirm the position to enable the GF CCM HUB to process the support. KCM Workplan & Budget/ KCM Calendar of Activities March - June 2022:* Detailed report on the Progress made on implementation of 2021/2022 workplan shared online / presented to the MC. Implementation of activities is on track 60% of activities accomplished. KCM workplan and budget 2021/2022–implementation- ongoing. **There are potential areas of savings.** reprogramming may be sought along the way. Management and Budget Committee to review status before end of April 2022. 40% activities remaining/planned as per the Calendar of activities shared. Members/Constituencies requested to Diaries and participate accordingly. Concerns raised regarding logistics for Constituency feedback meeting as per the 2021/2022 approved budget-Secretariat to follow up on the responses and share feedback on 6th April,2022. **Update on 7th GF Replenishment:** The Global Fund raises funds in three-year cycles known as replenishments. Primarily raised from the public sector, with 92% of total funding from [donor governments](#), the [private sector](#), [foundations](#) and [innovative financing initiatives](#). During the 7th GF Replenishment, GF aims to raise USD 18Billion for the 2024 to 2026 cycle to fight HIV, TB and malaria and build stronger systems for health, which reinforces pandemic preparedness. Kenya joined other countries on 23rd and 24th February,2022 during the 7th GF Replenishment preparatory meeting. HE. The President lead the Kenyan Delegation. The preparatory Meeting laid the groundwork for the Global Fund’s 7th Replenishment and demonstrated how 20 years of Global Fund partnership and global solidarity have saved lives. Need to organize for a high-level event /showcase GF achievements / support the 7th GF replenishment. Campaign hashtag: #FightForWhatCounts.The Global Fund handle: @GlobalFund. **Management Committee Recommendations:** KCM to kick start the process of implementing KCM Evolution Project priority areas. (Management Committee and KCM Evolution Task Force to meet and kick start the process). Confirmation of KCM Ethics Officer position to enable the Global Fund to process this support. CLM TOR Scope. need to include review/alignment within Country processes around CSS and CLM including data collection tools and data base. Need to organize for a high-level event /showcase GF achievements / support the 7th GF replenishment/ prepare One pager info graphic /Campaign hashtag: #FightForWhatCounts.The Global Fund handle: @GlobalFund. Management and Budget Committee to review the savings/implementation status of 2021/2022 budget before end of April 2022 and advice on the reprogramming request. Members/Constituencies requested to Diaries and participate accordingly. The roadmap for Operationalization of Health Sector Partnership and

Coordination Framework need to indicate areas of linkages with the KCM –MOH to make a presentation to the KCM on 6th April,2022. PRs to prepare and present implementation plans to guide implementation of OIG Audit recommendations-PRs to make a presentation during the next KCM meeting.

Discussion

The chair appreciated the Management committee report presentation and welcomed members to make comments, contributions and ask questions.

Member representing the TB Constituency highlighted that the management committee report covered many areas.

Member representing the DP/BL pointed out that the management committee recommendations to the KCM were substantive items requiring members deliberation. He requested that the 8 recommendations be highlighted again. He also sought clarification on how the proposed CLM activity differed from the initiative funded by AMREF HA. He sought clarification on whether there were action points required specifically for USAID in regard to the preparations for the Global Fund 7th Replenishment.

The Alternate member representing DP/ML sought clarification on whether the audit reports mentioned in the report were the same reports sighted in the media a couple of weeks prior and whether there were follow-up actions/ corrective actions.

Acting chair pointed out that constituency members had raised concerns regarding the pooled transport arrangements for the constituency feedback meetings. Constituency members invited to attend the meetings are from different regions. Pooled transport was not a feasible option.

Member representing Key populations requested that the 8 recommendations be highlighted, unpacked, and adopted in the days meeting.

The KCM Coordinator clarified that certain decisions would need to be carried out in the days meeting, but others would need the KCM Evolution task force to meet and process and the report to the KCM. The KCM remained the supreme organ that makes the final decisions as highlighted in the management committee report. The KCM Evolution task force meeting was proposed to be held on 25th of May 2022.

That the CLM was prioritized during the KCM Evolution project needs assessment and the need to capacity build /orient and engage with constituencies. The TORs and tool kit for the technical assistance for the Constituency engagement were shared and the recommendation by the management committee was to align and contextualize the TORs/Tools.

Recommendation Number 1- “KCM to kick start the process of implementing KCM Evolution Project priority areas. (Management Committee and KCM Evolution Task Force to meet and kick start the process)-” adopted as

Propose: Mr. Peter Njane
Seconded Ms. Mebor Abuor

Recommendation Number 2 “Confirmation of KCM Ethics Officer position to enable the Global Fund process this support.” Adopted as

Proposed by Mr. John Kihui

Seconded by Ms. Rosemary Kasiba/ Pamela Kibuja

The meeting agreed that the remaining action points and recommendations would all be endorsed as is and thereafter the KCM Evolution task force would meet and process the recommendations.

Recommendation 4 on “Need to organize for a high-level event /showcase GF achievements / support the 7th GF replenishment/ prepare One pager info graphic /Campaign hashtag: #FightForWhatCounts.The Global Fund handle: @GlobalFund” a joint meeting together with USAID will be convened to plan for the same.

The remaining recommendations were adopted as

Proposed by Ms. Eunice Fedha
Seconded by Ms. Zilpha Samoei

The KCM Coordinator noted that with those confirmations, the KCM would now make formal communications to the Global fund on the position of the Ethics Officer. The KCM evolution task force would meet on 25th May 2022. The Ethics Committee would also convene and start their work. He welcomed the Global fund team represented in the days meeting to make comments or additional clarification regarding the KCM Evolution and logistical support for the Constituency feedback meetings.

Ms. Mercedes Garcia/ GF CCM HUB Focal point for Kenya appreciated the comments and concerns raised. She clarified that regarding the Evolution process, the national support would depend on the progress made by the local consultant. In addition, for activities requiring international support, the CCM Hub would provide support and guidance as per the approved prioritized interventions. The implementation period for the funded activities was up to June 2023. She however committed to being available in case clarifications and further guidance on the same.

Ms. Lisa Butler/ GF CT; appreciated the meeting invitation. She further noted that the pooled transport was fronted by the Global Fund to the KCM as an option. Reimbursement on Transport cost was allowed to constituency members.

Member representing the PLWD/TB Constituency appreciated the Global Fund team guidance on the reimbursement of the transport allowance. He sought clarification on whether the work plan and budget 2021/2022 would need to be reworked to address and accommodate the days discussions and further approvals sought.

Member representing the Key populations noted that the pooled transport did not work very well for the constituencies since the members were all coming from all over the Country. In addition, the 1 ½ days slated for engagement were not adequate and sought clarification on whether more

days would be provided for the Constituency Engagement meetings. Further he requested that the Constituencies be allowed to plan and arrange for their own meeting in terms of venue and logistics.

The chair sought clarification on whether the 1 ½ days once a year engagement were enough for engagement and whether this was a result of budgetary constraint.

Ms. Soukeyna Sylla- GF CT appreciated the comments raised. She apologized for the miscommunication that may have ensued and that it was important to recirculate and clarify the communication sent by the CCM HUB on constituency feedback meetings. That the guidance is transport and dinner allowances be paid directly to the participants, within the limits approved in the Workplan and budget. The approved budget for pooled transport to be reworked to support transport reimbursements, the secretariat was to share the updated budget for transport reimbursement with the Country Team and the CCM HUB for approval. She hoped that the CCM Evolution would be able to help to rethink and reengineer the approach to constituency feedback meetings.

Member representing the PLWD/TB Constituency appreciated the clarification provided and proposed that on event any savings are made from the CCM budget, then considerations would be made for the constituency engagements.

Other areas of clarification sought by members included: -

1. Whether the current adoc committee such as budget sub-Committees would be supported to undertake the meetings.
2. That the constituents be provided the ley way to choose their accommodation and have more options on the venue.
3. Transportation dynamics need to be very clear in terms of mode of transport employed as well as payment terms.
4. Increase the number of participants from 27 members to ensure maximized engagement to the constituents.

Guidance provided included that.

1. That KCM was operating on an approved work plan and budget. A joint meeting be convened to relook the transport component- re-spread budget approved for pooled transport to support the transport reimbursement.
2. That KCM budgetary allocations were on budget and all activities would be guided by the available envelope.

3. That the National Treasury was the recipient for the KCM Funding and the fund was not devoid of procurement Guidelines.
4. All budgetary decisions are subject to Global Fund budgeting guidelines.

Way forward

Chair acknowledged that the Global Fund processes are procedural but also flexible to address inherent Country needs. She noted that the KCM would operate within the stipulated guidelines. She guided that the CCM Secretariat shares the budget and work plan early enough for members to fully understand the guidelines and understand the ceilings.

The KCM Secretariat appreciated the guidance and guided that the secretariat would share the Budget documents before the end of the week.

KCM Secretariat to hold a meeting with Non state actors Constituencies on 13th April,2022 and rework/spread the budget for pooled transport to support transport reimbursement, outcome to be shared with Country Team and CCM HUB for review and approval before implementation.

Min 8/1/2022 Discuss and approve Oversight Committee Report

- **Presentation by the Oversight Committee Chair**

Outline: Prog. & Financial Performance In- Country Grants-HIV, TB, Malaria & C19.
 Programmatic achievements- Regional Grants. Oversight Committee decisions/actions/requests.
 Way forward Next steps.

HIV GRANT

PR	Rating	Budget	Disbursed	Cumulative Expenditure	Commitments	Obligations	Absorption	Remarks
TNT HIV	N/A	187,685,444	2,373,358.85	851,812.88	16,374,447.59	20,911,777.93	726%	Supply of TLD was fast tracked and delivered much earlier than the period in the budget i.e., 4 July to Sep 2022, hence leading to Commitment s/Obligation

								/absorption above 100%
KRCS HIV	A1	17,728,089	-	8,814,703	0	0	50%	Programmatic and commodity procurement on track. Acceleration plans in place

TB GRANT

PR	Rating	Budget	Disbursement	Cumulative Expenditure	Commitments	Obligations	Absorption	Remarks
TNT TB	N/A	42,675,832	4,791,783.54	1,153,552.95	567,629.02	767,830	36%	As result of postponed out flows- largely HSSD Procurement related activities, PSM Costs etc.
AMRE F HA TB	B1	53,503,114	12,932,17.31	4,167,682	0	0	32%	No major challenges noted. implementation on track

MALARIA GRANT

PR	R at in g	Bud get	Cum ulati ve Expe ndit ure	Com mitm ents	Obli gatio ns	Abs orpt ion	Remarks
TN T MA LA RIA	N / A	5,84 7,67 4.05	2,103 ,168. 64	2,568, 103.6 7	1,10 5,92 0.00	80%	LLIN WAMBO Consignmen t received in December. Payments ongoing
AM REF HA MA LA RIA	B 1	3,02 5,17 8	1,324 ,166	0	0	43.8 %	Defined by implementati on quarters

CPF

PR	Budget	Remarks
HIV	2,062,408,545	Commodities under CPF were earmarked to arrive from Q3 i.e., April to June 2022
TB	352,000,000	Commodities under CPF were earmarked to arrive from period Q4-Q7. Inc. Nutritional commodities, laboratory consumables, TB LAMP i.e. July to sept 2022
MALARIA	416,000,000.00	Commodities under CPF were earmarked to arrive from period Q4/Q5 i.e., July to sept 2022

COVID 19/TNT

Grant	Amount Approved (USD)	Budget (July to Dec'2021) (USD)	Expended (USD)	Commitments (USD)	Obligations (USD)	Absorption Rate	Remarks
KEN-H-TNT C19RM 2020	6,063,297.62	0.00	2,959,454.19	49,568.05	0.00	49%	Some Commodities procured and fully delivered. Pending commodities to be delivered by Q4
KEN-H-TNT C19RM 2021	10,340,418	1,164,766.88	289,047.50		568,636.96	25%	
KEN-T-TNT C19RM 2020	15,015,938	14,312,570.00	10,941,460.63	196,837.57	0.00	73%	Programmatic activities and some commodities have been Completed.
KEN-T-TNT C19RM 2021	12,941,406.00	14,312,527	60,480.00	45,141.60	17,493,929.40	0%	Commodities procured through Wambo delivered, payment being processed.
KEN-M-TNT C19RM 2021	884,406	299,841	67,039.32	0.00	0.00	22%	No procurement. Programmatic activities being implemented.

KRCS/AMREF HA C-19 FUNDING

Grant	Total Amount Approved (USD)	Year to Date Budget (July to Dec'2021) (USD)	Expended (USD)	Commitments (USD)	Obligations (USD)	Absorption Rate	Remarks
KRCS/P R2	20,762,658	6,715,688	1,359,864	0	0	20%	GF approval was given for C19RM activities to be implemented in the life of the grant
AMREF HA/TB	\$54,458,263	\$3,344,057	\$625,372	-	-	19%	GF approval was given for C19RM activities to start in January 2022.
AMREF HA/Malaria	6,076,141	1,130,097	264,474.28	542,368.00	170,116	71%	Q1 & Q2 Activities on schedule Received and distributes PPEs for LLIN Distribution

COVID 19 GRANT: Implementation of all COVID-19 activities is on track. Activities under C19RM 2020 which were approved to roll over to C19RM 2021 and have therefore been captured under the C19RM 2021 budget. Commodity deliveries are staggered over the period of the grant to manage the in-country stocks. Commodities are being delivered on call down basis therefore some deliveries are scheduled to be done throughout 2022. Most Programmatic activities will be completed in Quarter 3 & 4. Delivery of commodities e.g., laboratory consumables is ongoing.

Regional Grants: KRCS/IGAD GRANT Grant Life April 2019- March 2022. Grant fund: US\$ 7.5 Million. Grant absorption rate: 85%. Key project achievements to Kenya. Strengthen capacity for TB and MDR-TB diagnosis & TB (TB/HIV). Strengthen in-country and cross border collaboration. Address policy barriers & support to TB and MDR-TB services for refugees in the region. **ECSA/ Global Fund Regional TB Laboratory Strengthening Project: Grant Life 2019- 2022; Grant rating: A1- Total funding: USD 4,500,000; Grant absorption rate: 89%. Key project achievements to Kenya.** ISO 15189 Accreditation of NRLS. Capacity building. LMIS. Country can conduct 1st line Drug Sensitivity Testing (DST). In line with WHO recommendation.

Challenges & Way forward: These are highlighted in the KCM implementation tracker highlighted in the next presentation. *Process to Set up the KCM Dashboard included in the tracker.*
Ask; You adopt the Oversight Committee Report as KCM Report.

Discussion

The chair appreciated the presentation provided by the Oversight Committee. She noted that the set-up of the dashboard was one of the key recommendations by the Oversight Committee. Further

she acknowledged the request to treat the dashboard issue with a sense of urgency. She then welcomed the members to make their comments.

Member representing the TB Constituency informed the meeting that he was a member of the Oversight committee and regarding COVID-19 Grant, he sought clarification on whether activities were on track based on the quarter or the overall performance.

Member representing PLWD/HIV noted that there were challenges especially with the pediatric commodities. Availability of the viral Load testing had also been hampered. She requested that more is done to safeguard the interests of the vulnerable populations.

Member representing the DP/ML/USAID appreciated the previous members comments on the change of COVID-19 landscape and sought clarification on the next steps regarding the huge COVID 19 funding unutilized in view the drop-in positivity rates. He sought clarification on the actual Absorption rates on the Counter Fund Financing.

The Oversight Officer clarified that, like all other startup activities the COVID-19 grant was affected by externalities e.g. the requirements for pre-export verification of conformity and product registration for the C19RM 2021 commodities- the MOH intervened and approval provided in the month of December 2021, some of the commodities were not available on the WAMBO Platform and had to be re-tendered, there were some delays in deliveries of Wambo procured commodities due to closure of manufacturing sites due to Chinese New Year and also challenges with global logistics (getting space on flights). Initial tender for procurement of cylinders was not responsive, Supply of oxygen to the counties comprises 76% of the C19RM budget. There is delay in spending this budget due to; Inadequate cylinders from BOC, Slow rate of ordering from counties due to reduced demand, Counties to receive bulk oxygen do not have oxygen tanks etc. However, PRs had presented their mitigation and acceleration plans to the Oversight Committee and the KCM was keenly following up to ensure that the commodities are available. That the current stock level for Viral Load Consumables is 768,348 tests (5MoS) at the central stores. Under CPF, she informed the meeting that the reporting period was as of December 2021 and was confident a lot had been happening in the background. She invited the principal recipients to make PR- Grant specific feedback.

Mr. Benson Ulo-Amref Ha, appreciated the Information provided by the Oversight officer and added that AMREF HA was in addition procuring PPEs, as well as undertaking programmatic activities in the TB and Malaria Grant. The activities were on course in the sense that initiation of processes/programmatic and procurements had commenced and were on going. He also acknowledged the change in land scape and guided that soon, reprogramming requests would be made.

Dr. Peter Kimuu- TNT appreciated the background information, and further noted the reporting period was as of Quarter 2. For now, some of the commodities procured under CPF Funding had been delivered. He requested members to be keen to review the Obligations and Commitments which indicated something was happening.

Ms. Khalda Mohammed/ KRCS appreciated the clarification provided earlier which indicated the situation on the ground. She added that for KRCS all start up activities were started in January 2022. That the last Quarter allowed for engagement with the stakeholders. She added that the new

dates provided were 10th July 2022 for delivery of the WAMBO Consignments. They were however continuing their Programmatic activities.

Dr. Valerie Obare/NASCOP Further appreciated the comments raised on the Viral Load and EID and current disruption. That NASCOP and USAID technical teams were all working together and currently the stocks available had been prioritized for priority groups/populations that require immediate clinical management. Guidance on full resumption would be made by end of April 2022 as the country awaits additional sample collection tubes to get into the country.

The chair appreciated the feedback and requested that the meeting discuss the Oversight reports to Kisii, Nakuru, Nandi and Narok Counties.

Presentation by Oversight Field Visit Team Leaders

OVERSIGHT FIELD VISIT- NAKURU COUNTY: Ms. Faith Mwende- KCM– Team Lead; Ms. Jacinta Mutegi- KCM; Ms. Lucy Wanjiku Njenga- KCM; Mr. Philip Nyakwana-KCM; Ms. Hellen Gatakaa- Member OC/ Malaria ICC; Mr. Daniel Ndinguru- KEMSA. Ms. Catherine Maneno- National Treasury; Dr. Valerie Obare- NASCOP. Ms. Josephine Mwaura- KCM Secretariat. Ms. Khalda Mohammed- KRCS. Mr. Irungu Maina- KRCS. Mr. John Nganga- AMREF HA. Dr. Peter Mbugua- DHSC&IGH. Mr. Iban Ronoh- NLTP. Ms. Phirez Ongeri- NMCP. Mr. Simiyu Joseph- NACC. Ms. Margaret Mundia-KCM Secretariat. CHMT. Non-State SRs, **INTRODUCTION:** The Global Fund partnership is a funding mechanism that mobilizes and support HIV, TB, Malaria and RSSH programs run in more than 100 countries. Kenya successfully signed the GF NFM3 grant for HIV, TB, Malaria and RSSH totaling to \$ 441,509,321.00 implemented through the principal recipients. Kenya additional received COVID-19 support totaling to \$ 139,18,281 to mitigate the effects of COVID-19 on HIV, TB& Malaria programing and enhance COVID-19 response. Nakuru county has received considerable Global fund support since 2002 towards HIV/AIDS, TB, Malaria, RSSH &COVID-19 interventions. County Government of Nakuru has also made commendable contribution to better health Outcomes through, Infrastructural developments, staff capacity building, procurement of essential commodities, addressing emerging needs and overall coordination of health activities in the county. **Field Visit Objectives:** Establish the progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/best practices. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects. Engage with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya. Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain systems. **GF Support to Nakuru County: July 2021- June** HIV- Value of commodities (KShs) to be distributed- 502,292,829.00 (ARVs, RTKs, OIs etc.). TB- Value of commodities (KShs) to be distributed - 68,496,138.00(First line & second line medicines, GeneXpert cartridges etc). Malaria- Value of commodities (KShs) to be distributed - 2,903,223.00- (Medicines - KShs 2,316,829; RDTs - KShs 586,394). **AMREF HA; TB Program- Sub Recipient:** World Vision Kenya. **Coverage:** All Sub Counties. **Project implementation period:** 1st July 2021 to 30th June 2024. **Total Budget:** KES 71,138,523. **C19RM budget:** KES 15,978,512. KRCS; Sub recipients: HWWH, ONYX, KYDESA, Smart Ladies and FAWS. – Total- **188,855,453. Key Findings: STRENGTHS;** Goodwill by the leadership. All facilities had COVID-19 prevention/ mitigation systems. Cordial working relationship between the duty bearers

and the rights holders. Great teamwork and availability of an effective COVID -19 coordination structure. The Nakuru teams understood their mandates, roles & responsibilities. The C-19 center at Nakuru Referral Hospital was well structured and had defined IPC. The County has considerable partner support and enabling environment for strategic partnerships. Good PPM structures: Beneficiaries received support to their homes through WVK. Able to validate community support through the Non-State PRs. Cordial working relationship between the SRs and County teams. **AREAS OF IMPROVEMENT-** Traceability, accounting & validation of Global Fund supported COVID-19 support to Nakuru County through KEMSA was difficult however HIV, TB & Malaria have continued to be provided. Ordering and feedback systems need to be refined example on oxygen support. Disconnect in commodity quantification, documentation, and management. Gap between the inherent county priority needs and the proposed Global fund county specific activities. Vaccine stock outs- Moderna. Lower uptake of second and booster doses of COVID-19 Vaccines. **Recommendations to County:** Need to increase health investments i.e., Gene-Xpert machine at Gilgil Sub- County; structural improvements at Molo Hospital. Address County policy on transition of CHW to county workforce. To identify and establish a system that allows traceability of all partners support coming to the county. Need to improve the commodity inventory systems. County to better invest in GF Country dialogues and County entry **meetings to allow appreciation of Global Fund grants in county. Recommendations to KCM and PRs;** PRs to provide a detailed report on implementation of COVID-19 specific interventions. Strengthen the emergency response grant implementation systems. The Global Fund/KCM to define better visibility and tracking of commodities. Need to guide PR & SR participation in the Oversight Field visits. The Non- state SRs need to be adequately supported during the course of implementation. Oxygen support to counties requires to be fast tracked. **Acknowledgement:** The County Government: HE the Deputy Governor and team. 2.The County Health Leadership: CECM Health and COH. 3.The CHMT 4. The sub-county teams 5. Health facilities leadership & staff. 6.KCM members and GF stakeholders (PRs and SRs)

KCM Oversight Visit Report- Narok County

Oversight Field Visit Objectives: Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C-19 effects. Discuss NFM 3, GF Grant Achievements/areas of improvement. Engage with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya. **Oversight Field Visit Team** Meboh Abuor-Team Leader. Vincent Obwanda-Team Lead-Report writing. Patricia Mwende-Technical Backstopping. Gloria Moses-Technical Backstopping. Samuel Muia-Technical Backstopping. Kevin Ogolla- Logistics. Dr Peter Kimuu-TNT. Titus Kiptai-Amref Health Africa. Sophia-KRCS. Faith –NACC. Silas TB Programme. Christine –Malaria Programme. CHMT Members. **Entry Meeting/ Sites Visited:** Oversight Team well received and hosted by the Hon CECHM for Health County, Chief Officer, Director/CEO Narok County Referral Hospital and CHMT members. High level entry meeting held on 21st March,2022 with County Health leadership and CHMT. 4 sites visited and 4 meetings held with CHMT, CHVs, Health care workers, Beneficiaries (MDR/RR and DS TB Patient) /beneficiaries ,100% Coverage as per the initial plan. The site visited include: Narok County Referral Hospital; Ntulele health center, Nairegia Enkare Health Center and Mulo Health Center. **Overall Findings:** County Health leadership and CHMT working as a team, good collaboration between the CHMT and partners however there is Need to strengthen partner coordination within the context of partnership and coordination framework. C-19 Support received in Narok County, taken on charge, records

maintained, and activities implemented. Low C-19 Immunization coverage 21%. - Need to change the approach/ Need to Reallocate/Reprogramme C19RM Based on emerging needs. The supply chain of HIV, TB, Malaria commodity is stable except Pediatric ART, TLD, Viral Loads Consumables, Prep, IPT, STI drugs and EID consumables. –Need to Fast Track deliveries. Long turnaround time for Gene xperts/ EID / Viral Loads results from the referral facility. **Findings: Progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.** The Narok County received support for COVID 19 from various sources which includes different partners like World Bank, Global Fund, Nurse organization, Doctors foundation, fistula foundation, Equity, living goods, Safari com and USAID, Forum CIV, Nutritional international, Dandelion, Amref Health Africa, KEMSA. Most of the support received for C19 was inform of medical supplies and consumables/Support to community activities. It was not possible to attribute/disaggregate the support received, some of the delivery notes indicated the source, some of the partners had branded their consignments and items delivered. **There is need to improve/ enhance on the visibility of commodities procured under GF.** The facilities have opened a specific file for the S11 and delivery notes for covid 19 however there is need to automate the process. C19 Testing: facilities visited are able to conduct the testing. They are using the RDT system however the PCR samples are sent to the referral hospital and thereafter Kericho. All Laboratories visited by the oversight team had a 2months stock level of RDTs and testing was ongoing at no cost, the positivity rate is very low. No Patients /c19 related admission were reported during the visit. Through Global Fund support AMREF Health Africa had done an assessment in Narok County to improve the oxygen supply/eco system. There is need to fast track and complete this project. The Government has put up a 300 beds C19 isolation center at Olulunga-Plans are underway to utilize the facility as infectious disease control center. 21% of the eligible population in Narok County have been vaccinated for COVID 19. Notably pastoralism / hard to reach areas has caused low uptake of vaccination. Change the approach from a fixed post to outreaches at the community. The SRs work with the county to ensure integration of vaccination during community dialogues and any other forums organized by the SRs. **Community sensitization, done through** Health workers, CHVs, SRs and community actors to reach out to the community with correct information. In addition, Radio shows and sensitization by religious groups through the churches have been conducted to reach the communities. C-19 Vaccine coverage is low i.e., 21%; there is a need to change the approach from static vaccination posts to outreaches. **NFM 3 GF Grant Achievements/Areas of improvement.** NFM 3 grant implementation on track. The supply chain of HIV, TB, and Malaria commodities is stable except Pediatric ART, TLD, Viral Loads consumables, Prep, IPT, STI drugs and EID consumables. Long turnaround time for GeneXpert results. **Engagement with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya.** The Oversight field visit team, engaged with the beneficiaries, CHVs, health workers, community health actors and clients. Success stories and achievements on GF support were highlighted. Success stories: Dan Oloomuna A Public Health officer in Narok County, Nairegia subcounty composed a song and sensitized /mobilized the community to take up C-19 services. the link to the song is <https://youtu.be/lij7TRkOm84> Success stories –Two clients on treatment for TB Recommendations 1. Improve on the visibility for all the commodities supported under GF. PRs, KEMSA, GF to jointly discuss /review the strategy /guidance on branding. 2.Prioritize on Outreaches and integrated services in Narok County. 3.Partners/GF SRs in Narok County to plan together with CHMT / integrate activities. 4.CHMT to incorporate partner supported activities into their annual workplan and budget. This will improve coordination, collaboration, MLE and

accountability. 5. Need to reallocate/Reprogram C-19 support and align with the current C-19 needs at County level. There is a need for the county to operationalize and contextualize the health sector partnership and coordination framework. 8. The county to support additional riders to support timely collection and submission of samples to the referral systems and improve on turnaround time for results in referring facilities. 9. CHMT to assist in reconnecting electricity at Mulot health center. 10. Narok County to Fasttrack the transition arrangements for CHVs and 4 Global funds staff at the county. GF contracts for the 4 staff ending in June 2022 -*During the exit brief County Health leadership commitment to prioritize on the transition.* 11. Integration of C-19 reporting into DHIS/County as a means of enhancing documentation and reporting.

Oversight Field Visit- Nandi County:

Team Members Dr Victor Sumbi: KCM Oversight Committee – Team Leader, Dr Adan Mohamed: KCM (Council of Governors), Eva Muthuuri: KCM (Malaria), Rosemary Kasiba: KCM (Key Populations), Jackson Mwangi: KCM (Ministry of Devolution), Margaret Mundia (KCM Secretariat), Josephine Mwaura (KCM Secretariat), CHMT members, Feisal Mohamed (TNT), Anthony Miru (TNT), Sophie Njuguna (KRCS), Ishmael Irungu (KRCS), Francis Ngugi (KRCS), Titus Kiptai (Amref HA), Francis Onditi (Amref HA), Dr Amadiva Kibisu (NASCOP), Dr Newton Omale (NASCOP), Timothy Kandie (National TB Program), Paul Kiptoo (National Malaria Program), Implementing Non-State SRs. **Field Visit Objectives** p Establish the **progress of grant implementation**; bottlenecks/ challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/ best practices. Establish **HIV/ TB/ Malaria commodity status** and progress made in strengthening supply chain systems. Establish progress made on distribution, implementation, and uptake of **COVID-19 support** under Global Fund/ mitigation of C19 effects. Engage with **stakeholders/ beneficiaries** and share/ document information experiences regarding GF Programming in Kenya. **GF Support to Nandi County: July 2021- June 2024:** - National treasury and Non-State Actors for HIV, TB & Malaria Ksh. 428,969,951. **Areas Visited** 1. Courtesy meetings with the County leadership **Places Visited:** CECM for health, Chief Officer for Health & CHMT (day 1) Governor, Country Secretary and County health leadership (day 2), 2. Review of HIV, TB, Malaria and COVID-19 service provision & health commodities- **Places Visited:** Kapsabet County Referral Hospital (day 1), Kaptumo sub-county hospital (day 2), Kabiyeet health center (day 3), 3. Monitoring Global Fund sub-recipients. **Places Visited:** FASI - KRCS SR for general population (day 2) IRDO - KRCS SR for key populations (day 2) NEPHAK - Amref SR for TB (day 3) CMMB: Amref SR Malaria (day 4). 4. Meetings with CHVs and beneficiaries (PLHIVs), **Places Visited:** Kapkangani HC - CHVs, and beneficiaries (PLHIVs) supported through FASI (KRCS SR), Kapsabet C.R.H- NEPHAK- DRTB, Linkage Assistants, TB Champions, CHVs. **Strengths: County Debrief:** - Good collaboration and commitment from the county leadership. Significant investments in health infrastructure, equipment, human resources, health information systems, and HPTs. Strong partner coordination for maximum impact/ sustainability of health interventions, the county co-creates & jointly implements work plans with partners. Facility Improvement Fund (FIF) bill approved by the Cabinet and awaiting county assembly to pass. Interconnectivity from the top management levels to the facility level. Integration of TB and HIV services in the facilities visited. HIV & TB performance vs targets are on course

Key Findings/Gaps: County Debrief – HIV: Some HIV commodities not available i.e., DBS filter papers, HIV test kits/ Dual Kits, VL testing reagents. EID monitoring, testing and computing

3rd 95% performance at PMTCT difficult. DC affected due to lack of VL reagents. Most defaulters are adolescents and young people. Defaulter tracing not sufficient. Few mentor mothers supported by NASCOP/County. Low uptake of FP and cervical cancer screening due to staff turnover. HR Gaps to run CCCs e.g., Kabiyyet, Kaptumo. Insufficient integration of Key Population services. Gap between patient testing and ARV initiation **Key Findings: County Debrief – Malaria: Strengths.** Successful mass net campaign in 2021 led to high coverage in Nandi. Overall stock levels for all commodities (except RDTs) above max (6 MOS). *Gaps* IPTp provision in 2 sub-counties (Aldai and Tinderet) with high malaria transmission delayed but set to start in the current quarter. Inadequate MIS tools required to capture/ report key malaria indicators (e.g., OPD registers & reporting tools, lab tools); MIS tools, where available (e.g., Kabiyyet SCH), were not being filled correctly. *Gaps* Persistent poor commodity management practices at Kabiyyet Sub Health Centre. Extensive use of RDTs for malaria diagnosis at Kabiyyet HC (with round the clock microscopy services) contrary to national guidelines (this was said to be due to gross oversupply to lower-level facilities). At Kaptumo SCH, lack of a standby power generator necessitates use of RDTs for malaria diagnosis when there is a power outage. **Key Findings: County Debrief – TB: Strength** Nandi County had an increase of 14% in active case finding (2021). Robust Contact and defaulter tracing *Gaps* Co-infection among TB patients at 28%. Lack of nutritional supplements has impacted tx outcomes. Erratic supply of GeneXpert cartridges (Sep 2021 - Jan 2022). Inconsistent & delays in relay of GeneXpert results to peripheral facilities. Low diagnosis of childhood TB- 4% against a target of 15%. Commodity insufficiency. Recommended >3 MOS **Key Findings: COVID-19:** Global fund support for Oxygen supply, cylinder manifold, Oxygen kits, masks, sanitizers, face shields, PPEs and gloves to health facilities and CHVs. County has invested significantly in critical care structures including ICUs. Mass vaccination is ongoing. Various vaccines available and currently in use. Plans underway to scale up vaccination in schools. COVID-19 active testing in health facilities especially for admission cases. 80% of Government staff trained on COVID-19. Hand washing facilities available *Gaps* Inadequate COVID-19 IEC Materials. **Recommendations – HIV:** County to redistribute HIV test kits/ dual kits while restricting for MCH use County to enhance adolescent/ youth-based services by strengthening their support groups & provision of youth friendly services. The county to support health facilities by engaging CHVs to do home visits for defaulter tracing. County to engage partners/ NASCOP for more mentor mothers. Capacity built and retained staff for FP and cervical cancer screening at the CCC. The county should address HR Gaps in the CCC by engaging more clinicians & nurses. County to provide a container and a site accessible to KPs while KRCS will do the refurbishment to ensure it is KP friendly. **Recommendations – Malaria:** Capacity building of healthcare workers in malaria case management. *MOH Nandi/ partners* Strengthen support supervision by county and sub-county health management teams to address gaps in case management, commodity management, data capture and reporting etc. *MOH Nandi/ partners* Strengthen surveillance to determine causes of fever of non-malaria origin. *MOH Nandi.* Assess stock levels of short expiry inj artesunate and redistribute any excesses to the lake endemic counties there there is a shortage. *Nandi MOH/ County Pharmacist.* **Recommendations – TB:** County to support nutritional supplements for malnourished patients. Redistribution of excess stocks (Rifampicin 75 mg/ Isoniazid 50mg). TB Commodities should at least be > 3 MOS *Strengthen reporting from facilities.* Installation of GeneXpert machine at Aldai (Kaptumo). Relay of GeneXpert results to be streamlined. Deployment of nurses to chest clinics. Strengthen childhood TB diagnosis by exploring all diagnostic options. County to support ACF sensitizations at peripheral facilities **Recommendations to KCM and PRs:** Need for inclusion of counties in the boards of KEMSA

& NHIF to address counties' concerns and priorities in commodities procurement and health financing respectively: *KCM* Expedite delayed outstanding 2021 mass net distribution payments to CHVs, health workers and other services providers: *DNMP* Strengthen surveillance to determine causes of fever of non-malaria origin. Print and provide job aids for diagnostics: *TNT & DNMP Acknowledgements:* The County Government: HE the Governor and his team. The County Health Leadership: CECM Health and COH. The CHMT- The sub-county teams, Health facility staff, KCM members and GF stakeholders (PRs and SRs).

KCM Oversight Visit Report-Kisii County

Oversight Field Visit Objectives: Establish the progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices. Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain systems. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects. Engage with stakeholders/ beneficiaries and share / document information/ experiences regarding GF Programming in Kenya. **Entry Meeting/ Sites Visited:** Oversight Team well received by County Director, Public Health and CHMT. High level entry meeting with CHMT/ accompanying oversight Team. 12 sites visited ,100% Coverage as per the initial plan. Sites Visited include i.e., KTRH, IRDO, Daraja mbili, Keumbu/Nyaribari Chache, Gucha, Kiogoro Subcounty Hospital, Tabaka Mission Hospital, KNEAD/Bomwanda CHU/ Kiaruta H/C/ 5 Beneficiaries. **General Observation:** The county has passed the Community Health Service Bill. Ksh 20million had been allocated in 2021/22FY to support CHVs. However, it was noted that there was delay in the payment of CHVs/ health workers/actors Allowances. Whereas the county has prioritized on the three diseases, there is need to allocate more resources/enhance ownership and visibility. There is no clear Plan to operationalize within the health sector partnership coordination framework in the county. There is need for capacity building for the healthcare workers including CHVs, mentor mothers and peer educators. The NMCP to urgently finalize validation and verification of payments and ensure that all stakeholders who participated in LLIN Mass net distribution are paid before the end of this month. **Kisii County –GF Investments July 2021 to June 2024:** TNT HIV -KES 391,662,780. TNT TB –KES 40,223,884. TNT Malaria-KES 45,372,960. (**Total Commodities 447,259,624**)- TNT Programmatic HIV KES 579,680. TNT Programmatic TB KES 10,604,206

TNT Programmatic Malaria. KRCS-388,919,607.61-IRDO, DarajaMbili, Dauwoye. Amref Health TB- KES 21,467,037-Daraja Mbili

Amref Health Africa Malaria KES 85,353,834-KNEAD. **Total KES 954,183,988.61. Key Findings: Grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices.** The implementation of NFM3 in Kisii county ongoing. Most of the indicators for the three diseases are on target other than a few that are related to inadequate supply of some commodities e.g., Malaria - RDTs and ACTs, HIV - HIV test kits, early infant diagnosis and viral load testing. TB - Gene Xpert machines, cartridges, and the laboratory personnel to support the testing. TPT role out currently ongoing in the country but not yet rolled out in Kisii County. **Strengthening sustainable commodity access.** Kisii County to work closely with Programs and KEMSA to ensure a stable supply chain for HIV/TB /Malaria/C19. To stabilize the commodity supply pipeline for the three diseases, domestic financing is critical at both levels of Government. Invest in commodity

warehousing /distribution. Consider local manufacturing of critical health commodities. **Progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects:** It was evident that the county has continued to receive C19 supplies from different partners including MoH, AMREF, KRCS, KEMSA, Missionaries among others who have supplied PPEs, Test kits, hand washing facilities, support for the vulnerable, oxygen concentrators, thermoguns, community sensitization/infection control programmes. Community members need to adhere to infection control measures especially handwashing/ putting on masks. **Communication, collaboration, and partnerships:** The county needs to work closely with all the stakeholders to galvanize the support for the sector. Key actors in the sector including the faith-based hospitals are providing critical services and investment into their facilities will enhance service delivery. The County needs to operationalize the health partnership and coordination framework.

Recommendations: Development, implementation and monitoring of acceleration plans to fast track implementation of pending activities. Increase budget allocation support across the three diseases. Develop a Plan to operationalize the health sector partnership coordination framework. There is a need to ring-fencing finances for strategic commodities within the County budgets. Innovation around sustainable capacity development is required. Explore opportunities for local manufacturing of diagnostics. As the county government transitions, there is a need to align the priorities of the health sector in the third generation of CIDP, and link to the national health priorities. The NMCP to urgently finalize the validation and verification of payments and ensure that all stakeholders who participated in LLIN mass net distribution are paid before the end of this month (Feb. 2022). NMCP/NT to urgently communicate to counties on the status/progress made in processing the payments. KRCS to follow up and ensure payment are made for all participants who took part in AYP intervention activities in Gucha Subcounty. KRCS/GF to finalize investigations on Magi/ ensure an SR is available to support AYP activities in Gucha subcounty.

Overall Discussions

The chair appreciated the teams that conducted the Oversight Field and the feedback that was provided. Owing to the time constraint the meeting agreed that the Secretariat would help unbundle the recommendations and share with all responsible entities for implementation/ to take action.

The chair appreciated the PRs and stakeholders who had joined the meeting and requested that they drop off the call to allow for KCM and the Global Fund complete the remaining inhouse matters.

Min 7/1/1/2022 Confirmation of Minutes of the KCM Meeting held on 9th January.2022 and Matters Arising

Members were taken through the Minutes of the KCM Meeting held on 9th January 2022 and Matters Arising.

Member representing PWD/TB Constituency pointed out that during the last meeting members agreed that they would operate in the three-year term as well as have the current members serve

one term of three years. That for those who, felt burnt out and wanted to leave would be allowed to step aside, and fresh nominations undertaken.

Alternate member representing NGO noted that an area missed out was regarding alternate members taking up the membership role on event the members term of office expires.

The KCM Coordinator clarified that as at the time when the last meeting was held i.e., 19th January 2022, the KCM was awaiting the outcome of the Kenya CCM Evolution threshold results and next steps, hence the *extension of the term of office for at least one year to allow/ commence the implementation of CCM Kenya evolution recommendations.*

The CCM Hub finalized and communicated the KCM Evolution results on 18th February, 2022. Some of the key recommendations/ interventions approved include ; (a) increase the tenure to 3 years renewable once, (b) review the KCM Composition and (c) review KCM governance manual. This will ultimately guide the renewal of KCM Membership.

The meeting resolved;

1. The term of Office be extended until the process of reviewing the KCM Composition and governance manual/KCM Constitution is finalized to inform the next steps/term of office.

2. The KCM Non state actors extended the term of office for the KCM Vice Chair until the process of reviewing the KCM Composition and governance manual/KCM Constitution is finalized to inform the next steps/term of office.

Minutes were adopted as a true reflection of the discussion with the above comments/amendments as

Proposed by Mr. Philip Nyakwana

Seconded by Dr. Dan Koros

Min 8/1/2022 AOB

Members unanimously agreed that time needed to be managed effectively, the days meeting started 30 minutes late due to quorum hitch, members agreed to keep time in future.

In line with the management Committee recommendation, PRs to prepare and present implementation plans to guide implementation of OIG Audit recommendations during the next KCM meeting.

The meeting was also informed that the Office of the Auditor General was planning to undertake a citizen accountability Audit for Global Fund Grants in Kenya and immediately additional details are received members would be informed accordingly.

Min 9/1/1/2022 Closure

Being no other business, the meeting closed at 2.17pm with a word of prayer.