



**KENYA COORDINATING MECHANISM  
HIGHLIGHTS: MEETING HELD VIRTUALLY ON 1<sup>ST</sup> SEPTEMBER ,2021 BETWEEN  
9.10AM AND 3.05 PM**

**Present**

1. Ms. Susan Mochache, CBS	KCM Chair/PS Health -Chair
2. Ms. Faith Ndung'u	Member/Vice Chair-NGO
3. Dr. Ruth Laibon Masha	Member/ CEO NACC
4. Dr. Bernhards Ogutu	Member/ KEMRI
5. Mr. Titus Munene	Member/FBO
6. Mr. Lattif Shaban	Member/FBO-NSA
7. Dr. Pierre-Yves Bello	Member/BL/ML
8. Mr. Philip Nyakwana	Member/PLWD-TB-NSA
9. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
10. Dr. Medhin Tsehiau	Member/DP-ML
11. Ms. Eunice Fedha	Alternate/COG
12. Mr. Ahmed Said	Alternate member /KP Rep.
13. Ms. Joyce Ouma	Member/ AYP
14. Ms. Eva Muthuuri	Member/ Malaria-NSA
15. Dr. Daniella Munene	Member/ Formal private Sector
16. Mr. John Kihui	Member/Private Sector Inf-NSA
17. Ms. Mebor Abuor	Member/COG-Gov
18. Dr Mahamoud Edda	Member COG-Gov
19. Dr. Washington Omwomo	Alternate Member DP/ML
20. Mr. Samuel Muia	KCM Coordinator

**In Attendance**

1. Mr. Agustinus Mangampa	Lead Auditor, Office of the I/G Global Fund
2. Mr. Rob Ward	CCM evolution Project Consultant
3. Ms. Mam Marie Jow Njie	Global Fund Country Team
4. Ms. Soukeyna Sylla	Global Fund Country Team
5. Mr. Francis Muriu	Global Fund Country Team
6. Mr. Joseph Kagiri	LFA
7. Ms. Jecinta Mutegi	Alternate FBO/KCCB
8. Ms. Gloria Moses	Alternate Member/AYP
9. Ms. Pamela Kibunja	Alternate/NGOs
10. Ms. Zilpha Samoei	Alternate FBO/CHAK
11. Dr. Joe Lenai	Outgoing KCM Member/MOH
12. Ms. Patricia Kilonzo	Alternate/Private Sector Inf.
13. Mr. Muiruiru Nyakinyi	Alternate/PLWD Malaria

14. Mr. Newton Ang'wa	MOH
15. Ms. Caroline Gichinga	KEMSA
16. Dr. Douglas Onyancha	KEMSA
17. Mr. Andrew Ssemugenyi	OIG Audit Team/ Office of the IG/GF
18. Mr. David Karumba Wanjiru	OIG Audit Team/ Auditor
19. Mr. George Ndegwa	OIG Audit Team/ Ken/In-country coordinator
20. Ms. Sophia Njuguna	AMREF
21. Mr. Benson Ulo	AMREF HA
22. Mr. Donald Apat	AMREF HA
23. Mr. Omar Loukili	OIG Audit Manager
24. Mr. Suubi Lubega	OIG Audit Team/ Office of the IG/GF
25. Mr. Ntombekhaya Matsha	Global Fund Country team
26. Ms. Elizabeth Ochanda	MOH
27. Mr. Linden Morrison	OIG Audit Team/ Office of the IG/GF
28. Mr. Daniel Petrescu	Head of Audit/Office of the IG/GF
29. Mr. Andrew Mulwa	MOH/Director Medical services PPHS
30. Ms. Carol Asin	TB Program
31. Ms. Carol Ngare	NACC
32. Dr. Peter Kimuu	TNT
33. Ms. Annette Msabeni	KRCS
34. Ms. Khalda Mohammed	KRCS
35. Mr. Churchill Alumasa	Chair HIV TRC/DISCOK
36. Ms. Rose Kaberia	CO- Chair, HIV TRC
37. Dr. Catherine Ngugi	NASCOP
38. Dr. Githuka George	Head, DNMP
39. Dr. Langat Bernard	AMREF HA
40. Dr. Erjesa Waqo	Lead TB Program
41. Dr. Dan Koros	Chair Appeals Com/ PEPFAR
42. Ms. Josephine Mwaura	KCM Secretariat
43. Mr. Kevin Ogolla	KCM Secretariat
44. Ms. Margaret Mundia	KCM Secretariat

### **Apologies**

1. Mr. John Ochero	Global Fund Portfolio Manager
2. Ms. Khatra Ali	Member COG
3. Dr Heather Smith	Member -BL

### **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. Debrief by the OIG Audit Team on the audit of the Global Fund Grants in Kenya
6. Endorsement of CCM Kenya Evolution Action Plan

7. Review and Approval of Appeals Committee Report
8. Review and Approval of TB TRC report on Selection of SRs to Implement Public Private Mix
9. Review and Approval of HIV TRC SR Selection/Evaluation Reports
10. Confirmation of Minutes of the KCM Meeting held on 22 July,2021 / Matter arising
11. Review and Approval of Management/KCM Budget Committee Report
12. Review and Approval of Oversight Committee Report
13. AOB

#### **Min 1/1/09/2021 Introduction/Apologies**

Meeting called to order at 9.10 am. Opened with a word of prayer.

Members introduced themselves on the chat box platform.

Agenda was projected

#### **Min 2/1/09/2021 Declaration of Conflict of Interest**

Meeting was informed that in view of the agenda items. Members would be required to declare COI at the start of the meeting and specifically during agenda 7,8,9

No conflict of interest was declared

#### **Min 3/1/09/2021 Remarks by the KCM Chair**

The chair acknowledged and welcomed the Global Fund Country Team in Geneva, KCM members and members in attendance to the meeting. The Chair welcomed the new members to the KCM. The new members included Dr. Mahamoud Edda- CECM Health Mandera County, Dr. Ancent Kituku-CECMH Machakos County and Dr. Anne Gathoni- CECMH Lamu County. She extended her appreciation to the outgoing members for their tireless efforts and contribution to the KCM during their term. The outgoing members included Dr Rudi Eggers-WHO, Dr Joseph Lenai, Dr. Rachel Kamau and Dr. Hitan Majevdia.

The Chair informed the meeting that the Office of the Inspector General, the Global Fund, had been conducting an audit of Global Fund grants in Kenya since May 2021 with the overall objective of providing reasonable assurance to the Global Fund Board on the adequacy, effectiveness, and efficiency of Global Fund Grants to the Republic of Kenya. The audit team was finalizing the fieldwork and was to debrief the KCM during the day`s meeting on the preliminary findings. She appreciated to the Global Fund for organizing an audit of Global Fund grants in Kenya which was an opportunity to get an external view of strengths and best practices while at the same time identifying areas of improvements to ensure that the new grant is implemented effectively and efficiently. That a lot of reforms are currently going on with an assurance and commitment from the Top leadership at the Ministry of Health to ensure continuous improvement of service delivery. To ensure effective implementation of the new grant, the Ministry of health had strengthened procurement and supply chain management systems at National and County level including KEMSA for quick turnaround time of procurement processes.

That as per the last month, all the procurement plans for the FY 2021/2022 had been approved and going forward this will ensure procurement of commodities and implementation of activities is on track and the funds absorption is optimized. In addition, KEMSA was undergoing a reform process that began with its leadership to revamp its operations and ensure effective service delivery according to its mandate. To this end, KEMSA had developed strategies and enhanced internal systems to ensure significant improvement of procurement, warehousing, and last mile distribution of products.

She requested that as the preliminary findings of the ongoing audit are shared, the Principal Recipients i.e. The National Treasury, Amref Health Africa and KRCS including programmes, should take note of the audit findings and **prepare rapid response plans** to ensure full implementation of the audit recommendations. As per the Global Fund grant confirmations, all the Principal Recipients were expected to take **appropriate and necessary actions to comply with the Global Fund procedures, regulations, and guidelines** and ensure that all funds are **accounted for and used effectively**.

The Kenya Coordinating Mechanism in consultation with the Global Fund would set up and configure a new dashboard to assist in overseeing and monitoring of all the components of the new grant. In the new grant all the Principal Recipients would be required to provide comprehensive quarterly reports on the programmatic and financial performance of all the grant activities. She reminded the members that, in March 2021, the Global Fund selected the Kenya Coordinating Mechanism to participate in the Country Coordinating Mechanism (CCM) Evolution project which was a collaborative process aimed at working closely with the Global Fund to identify opportunities for improving core Country Coordinating Mechanism responsibilities and investing in results.

The Global Fund Consultant and the CCM Evolution task force would be sharing in the day's meeting the findings and action plan to ensure continuous improvement of oversight, meaningful constituency engagement, information sharing and effective governance processes. The Chair hence invited Ms. Soukeyna Sylla, The Global Fund Country Team in Geneva to make her remarks.

#### **Min 4/1/09/2021 Remarks by the Global Fund Country Team**

Ms. Soukeyna Sylla/Global Fund Country team appreciated the remarks made by the KCM Chair and the commitments made by CCM Kenya regarding Global Fund programming in Kenya. She acknowledged all the KCM Members and other stakeholders in the call and registered apologies for the Global Fund senior grant portfolio manager.

She appreciated the meeting agenda which provided a unique opportunity for the KCM to receive feedback and a debrief from the OIG team and the CCM evolution project Consultant amongst other matters. She noted that KCM was central in all Global Fund Programming and its role in grant oversight was critical.

That the CCM Evolution process report had made important deductions especially on the oversight function and the meeting was very vital in receiving and actioning the recommendations therein. She was happy that KCM and the Government was engaged in strengthening the various KCM functions and procurement processes.

She retaliated that KCM should implement all the findings by the OIG and CCM evolution project to ensure timely activity undertaking and improvements into the new grant

She finally appreciated the KCM members and other stakeholders for their commitment in ensuring the debrief and OIG Process was carried out to completion.

### **Min 5/1/09/2021 Debrief by the OIG Audit Team on the audit of the Global Fund Grants in Kenya**

The Head of Audit/Office of the Inspector General of the Global fund appreciated the support relayed to his team during data collection and dissemination of findings by the KCM members, Principal Recipients and other stakeholders. He acknowledged the collaboration and support provided despite the challenges experienced with the COVI-19 Pandemic.

2021 Audit of Global Fund Grants to the Republic of Kenya **Presentation made by Mr. Agustinus Mangampa and Mr. David Karumba Wanjiru** the Office of the Inspector General (OIG) Facts and figures ▪ The OIG exists to safeguard the assets, investments, reputation and sustainability of the Global Fund by ensuring it takes the right action to accelerate the end of the three diseases. ▪ Independent office set up in 2005, reporting directly to Global Fund Board. ▪ Promotes good practice, reduces risk and condemns abuse. ▪ Team of 52 people: auditors, investigators and support staff▪ Around 25-30 audit, investigation and advisory reports per year. ▪ All audit and investigations reports are published and available in English or French on The Global Fund website: [www.theglobalfund.org/oig](http://www.theglobalfund.org/oig)

**2021 Kenya Country Audit** 3 OIG staff and 11 consultants supporting this assignment (2 Public Health experts, 3 PSM experts, 5 Financial Auditors and 1 IT auditor) plus 8 resources from the Office of Auditor General of Kenya, OIG Staff- Omar Loukili- Audit Manager, Agustinus Mangampa - Lead auditor, David Karumba – Auditor; Supply Chain Procurement and Finance Programmatic **In-country coordinator-** George Ndegwa; 2 PSM Experts assisted; by 4 Financial Auditors; 1 IT systems auditor 1 PSM Expert & 8 Financial Auditors; 2 Public Health Experts; **Audit Objectives:** To provide reasonable assurance to the Global Fund Board. Specifically, the audit assessed: (i) the procurement and supply chain management systems, (ii) Global Fund COVID response in maintaining and scaling up TB and HIV screening and testing and LLINs interventions, including adaptation during the COVID period; and (iii) The financial assurance framework/mechanism **Audit Scope:** The audit covered the grants implemented by the three principal recipients (NFM2) The National Treasury, Kenya Red Cross Society (KRCS) and AMREF, and their Sub Recipients (SRs). **Hybrid Approach:** • 3/4 of the team were in country. • Reviews were done both remotely and in-person (adhering to the C19 health protocols) **HF's and KEMSA WHS visits** • Team visited 21 Health Facilities spread in 11 counties. • Additional 56 HF's were surveyed • Team visited the following KEMSA warehouses: Embakasi Main Warehouse, Embakasi Annex Warehouse, and Kisumu regional depot. **NFM2 Financials by Component & Implementer** the National Treasury GRANTS KEN-H-TNT BUDGET 190,295,823 43%; Kenya Red Cross Society GRANTS KEN-H-KRCS BUDGET 76,852,690 17%; The National Treasury GRANTS KEN-M-TNT BUDGET 74,063,824 17%; AMREF Health Africa Kenya GRANTS KEN-M-AMREF BUDGET 16,059,470 4%; The National Treasury GRANTS KEN-T-TNT BUDGET 46,603,938 10%; AMREF Health Africa Kenya GRANTS KEN-T-AMREF BUDGET 40,324,780 9%; Total 444,200,526. 5 **COVID 19 Investments;** Grant flexibilities- Total US\$ 8.3Million; COVI-19 RM US\$ 36.9M.

Mitigating COVID-19 impact on HIV, TB, malaria programs 8,690,435; Reinforcing national COVID-19 response- 7,558,229; Urgent improvements in health and community systems 363,742; Total 16,612,406

Additional award Mitigating COVID-19 impact on HIV, TB, malaria programs 1 2,479,281; Reinforcing

national COVID- 19 response- 5,826,924 - Total 8,306,205; Additional award Mitigating COVID-19 impact on HIV, TB, malaria programs 2 2,040,621; Reinforcing national COVID- 19 response 9,967,444 - Total 12,008,065 Total Mitigating COVID-19 impact on HIV, TB, malaria programs 13,210,337; Reinforcing national COVID- 19 response 23,352,597; Urgent improvements in health and community systems 363,742; Total 6,926,67. **PROGRAMMATIC: Tuberculosis;** • Overall, the TB program is progressing well for MDR/RR TB, given the fact that the Country was able to transition from the 30 high burden Countries with MDR/RR TB. • The Country is struggling to increase the TB active case findings, including low contribution of the private sector. while public sector contribution remains suboptimal. • During the audited period, the TB program faces several challenges, such as a decline of 15.4% of TB cases notified due to COVID-19 restriction, disruption of community-based TB screening due to the court case barring certain personnel to screen TB, and nonavailability of PPE. • The program experienced low coverage and utilization of GeneXpert machines (below 50%) due to various reasons. **HIV** • The HIV program shows positive trends: HIV prevalence declined from 4.9% in 2018 to 4.5% in 2020, and the incidence rate reduced from 0.27 in 2016 to 0.14 in 2020. • The program effort to increase testing yield faces challenges such as a low % (49% - 72%) of people who reached testing centers being tested. • An opportunity to increase testing yields by reducing the % of repetitive testing, which currently ranges from 50 - 60%. **Malaria:** There was a decline in malaria program results for both Principal recipients comparing the 2019 to 2020 • The reasons for the delays in the implementation of the 2020 LLINS Mass Distribution campaign were attributed to delays in the procurement process. • The Country experienced stock-out of anti-malaria medicines and RDTs. • The COVID-19 has also impacted the program, resulting in weak testing at public and community levels due to delayed procurement of the PPE. • Above challenges resulted in an increase of malaria incidence from 41 per 1000 population to 85 per 1000 population in 2020.

**PROCUREMENT – KEMSA;** i. **Institution of LFA pre-award reviews** in Sept-19 that have ensured alignment of procurements to guidelines by assessing transparency of Evaluation team reviews for received bids, competitiveness of prices, Due diligence on new suppliers ii. **Availability of Procurement guidelines and SOPs:** Global Fund procurements are guided by the PPAD – 2015 and Public, Procurement Regulations 2020. iii. **Cooperation with programs:** KEMSA and the programs cooperate in the technical evaluation of the tenders. iv. **Review and testing of samples to ensure quality products** in conjunction with KEMSA QC lab e.g., COVID-19 procurements v. **KEMSA continues to procure majority of commodities for HIV, TB and Malaria competitively when compared to PPM.** vi. **A 32-member dedicated KEMSA Reforms Implementation Committee (KRIC)** was instituted in Jan-21 with a tenure that ran till end of July 2021 he KRIC tenure was extended for another 6 months as of 1st August 2021. New tenure allows for the new KEMSA board to make structural changes and to mobilize resources for the reforms + **Findings: Long procurement processes affecting program implementation as a result of limited procurement planning** on average, procurements take close to a year from initiation by MoH to delivery by suppliers. This has led to low absorption for CRM-19 funds and program interruptions. ii. **Mismanagement of procurements for 3PL service providers e.g.,** for courier services: Competitive procurement not done, Failure to terminate contract after repeated poor performance. ii. Weak contract management processes - Limited follow up of suppliers for delivery e.g., LLINs and TB commodities. iii. **Lack of supplier performance appraisals;** OTIF performance for 4 years since 2018 has been less than 25%, below the GF recommended target of 60%. iv. **Delays in securing tax exemptions resulting to the unpredictable lead times** - Process takes on average 4 weeks and sometimes over a month v. **Absence of a funding plan for the financial needs for**

**implementation of priority interventions under the KEMSA reforms**  
Affected activities are under; Donations and Tax exemptions, ICT and Warehouse & Logistics management.

**SUPPLY CHAIN: Good practices observed • Existence of Security measures** maintained at KEMSA central Warehouse including availability of CCTV cameras, security checks on entering and leaving the warehouse.

- **Observation of COVID-19 SOPs** including hand sanitizing on entry of the warehouse and all staff and visitors are mandated to wear face masks.
- Warehousing, Inventory management, Quality Assurance Processes are guided by **Standard Operating Procedures** • Commodity entry and dispatch in the WMS is done by Donor Agency. This though was not applicable to COVID-19 commodity donations • **Utilization of 3PL** to support Last Mile Distribution with SLAs • LMIS systems for the 3 disease areas are linked to KHIS (DHIS2).
- LMIS systems provide an opportunity for orders to be reviewed by the National Programs (NOMT) prior to submission to KEMSA for order processing • **Multi step Quality Assurance system** from supplier selection, product receipt, storage and distribution • **Optimal Waste Management practices** at central level coordinated by the Quality Assurance Department.
- Findings; Inventory Management** • Improvements required in Inventory Management at Central Warehouse – **Variations between actual Vs expected stock balances** • **Data inconsistencies** in Warehousing Management System – Incident of inflated UOM for capreomycin injection,
- **Sub Optimal stock levels and Stock outs of Health Commodities** at Central and HF levels. Notably NVP OS, AL, Malaria RDTs, INH 300mg. Stock levels for TLD were below per < 6 MoS leading to **partial order fulfillment**.
- Poor Inventory Management at Health Facilities – Unexplained stock. adjustments, variations between recorded and physical stock balances,
- Distribution:** • **Long Lead Times for processing & delivery of emergency orders** affecting mainly the delivery of MDRTB Medicines. • Ineffective Proof of Delivery (POD) monitoring system – no assurance; whether commodities have been delivered • Delays in distribution of COVID-19 Commodities. **LMIS:** • Uncoordinated ordering cycles for the 3 programs –HIV, TB & Malaria • Variations between patients' data and commodity consumption – E.g. More tests consumed compared to number of people tested during the period Jan '19 to April '21 valued at USD 0.9M • HCMP restricts counties to place orders for RTKs based on a predefined ceiling. **Findings: Quality Assurance & Pharmacovigilance** • Limited capacity of KEMSA inhouse Laboratory; • Unpredictable Turn Around Time for tests conducted by external; Laboratories (Target is 21 days) • Misalignment between PPB and Programs Post Market Surveillance; (PMS) plans
- Challenges in transfer of paper-based PV forms from HFs to the PPB; Pharmacovigilance Center; • Delays/ Lack of feedback to HFs on ADEs reported. **Waste Management**
- Absence of reverse logistics arrangements for collection of expiries from HFs especially Obsolete ARVs. **Health Facility Coding System** • Duplication of Health Facility codes in KEMSA Master Facility List - 122 duplicate records on the KEMSA master facility list
- Misalignment of Health Facility codes - 14% (n=1,626) of the 11,627 HFs in the KEMSA List lacked standard MFL codes. • Misalignment of KEMSA Health Facility Master List with Ministry of Health List - Of the 10,001 facilities with a 5-digit code, 153 (1.5%) were not found in the KHMFL. **Information Technology System** • Poor application controls affecting the integrity and accuracy of data recording in KEMSA inventory system — Negative stock value adjustments due unit price variations in the expiries report (KES 370) and Stock Adjustment Report (KES 36,360) — There are 256 duplicate records on the

KEMSA master facility list; — 921 duplicates in the product / commodities master list; — Four (4) duplicated commodity orders in the LMIS. • There are 1,085 long outstanding / undelivered local purchase orders.

**FINANCE: + Good practices observed** • Low absorption Only 22% for C19RM. –Counter Part Financing (CPF) - The programs have cumulatively foregone 43% (KES 4.2 B/US\$ 41.3 M) in FYs 2018/19, 2019/20 & 2020/2021 due to the low absorption • inadequate/ Weak design and operational effectiveness of financial controls. –Instances of irregular and unsupported expenses Irregularities in the procurement of conference packages • Suboptimal treasury controls/processes. Weak disbursement controls: Failure to prepare M-Pesa bank reconciliations **Findings\_** • Kenya has continually met its Counterpart financing (CPF) and increasing every towards the 3 diseases in NFM2 except for FY 20/21 • All National Disease Programs adopted M-Pesa in 2019 • Adequate resourced finance functions at the TNT PMU and National Disease Programs • The GF has funded the roll out of an ERP system at the TNT PMU which recently went live at the TNT for the NFM 3 grants.

**Way forward/ Audit timelines:** April 2021 Stage 1: Planning & audit scoping (desk review, .and planning week). June- August 2021 Stage 2: Audit in-country fieldwork & debriefs. September-October- Stage 3: Draft report prepared, shared and reconciled with Global Fund Secretariat. Stage 4: Draft report shared with the PRs. Stage 5: Draft report shared/ reconciled with CCM Nov 2021 (est.). Stage 6: Final audit report prepared/ shared with the Global Fund’s Management Executive Committee Dec 2021 (est.). Stage 7: Final audit report published on The Global Fund website.

## **Discussions**

*The chair appreciated the findings, debrief and insightful report. She welcomed members to make comments and provide feedback. She requested the KCM vice Chair to hold brief for her during the remaining deliberations.*

Member Representing the TB Constituency appreciated the findings received from the OIG. He was however worried that some of the findings were recurring. He requested for a meeting to discuss a detailed plan of action to implement /oversight the recommendations.

Member representing FBO/SUPKEM opinionated that a gap was evident in monitoring expenditure and review of the various audit reports especially funds absorption.

Alternate member representing the Faith Based Organizations appreciated the response and feedback from the OIG team. She noted that there was need to rethink the oversight role and functions. She however opinionated that it was imperative to strengthen the mechanisms to monitor and support the Oversight role by increasing member engagement, by getting constant reports and following through the grant implementation process which will ensure the grant is well oversighted.

Member representing NACC/Govt, sought additional information and clarification on the 49% budget balance highlighted?



Mr. Omar Loukili/ OIG Audit Manager in his response appreciated the comments and questions. He agreed that there was need to rethink the Oversight Function and have a meeting with the principal recipients to discuss further the findings and Mitigation measures customized to the Kenyan Contest.

Mr. David Karumba Wanjiru/ OIG Auditor clarified that the 49% was not indicative of the grant absorption but the total monies NACC had received as compared to the total budget under NFM2.

A NACC Representative requested the team to make a correction on the presentation indicating that the Money allocated to NACC from the Government support through counter fund financing was ksh 321 million and not 691 million as indicated in the presentation.

*The Chair appreciated the responses and member contributions and requested that the PRs and SRs provide responses on the issues raised. She then read out a chat comment on whether there were ghost health facilities receiving Supplies*

Mr. Agustinus Mangampa/ Lead Auditor, Office of the I/G Global Fund clarified that his team on assessment of the LMIS Process flow, 1626 Facilities were considered during the verification exercise, the OIG took a Sample from 20 facilities and the findings were that there were duplications in the MFL coding and a mis alignment of Health Facility Master list which may present as a risk.

Member representing the Formal Private sector, agreed that the KCM should meet with the PRs to interrogate the full report and discuss corrective and preventive action points

Mr. Omar Loukili/ OIG Audit Manager appreciated members for the comments both on the floor and on the chat box. He expressed the need to maintain confidentiality of the issues discussed since this were preliminary findings and the final report was to be published at the end of the year, he cautioned all stakeholders present on sharing the preliminary findings with the media for publication.

The KCM coordinator intimated that once the initial draft was ready, the KCM was to convene a joint meeting with PRs to discuss the findings.

Mr. Omar Loukili/ OIG Audit Manager further clarified that the OIG team was at stage three level which entailed relay of findings for validation of the same. By September/October 2021, a first draft report will be available and will be shared to the Global Fund Secretariat and then the PRs. The PRs will be required to comment on information accuracy. Stage 5 will have a second draft report that will be shared with the CCM and copied to the PRs. The two parties will now be required to comment on the tone, context, and balance of the report. Then final report will be shared with the Global Fund Oversight Committee, finance Committee, Board and finally published on the Global Fund website.

The Chair Oversight Committee appreciated the OIG Audit team, and urged that as a way forward, an interface with the report was important before the report is finalized.

Member representing the Formal Private sector pointed out that there was need for the PRs and KCM to review the report before the final version is published.

Alternate member representing TNT appreciated the findings by the OIG. He informed the meeting that the TNT received feedback from the OIG team in the previous week and they were required to review and provide comments by COB 31<sup>st</sup> August,2021.

Mr. Omar Loukili/ OIG Audit Manager clarified that the time provided was enough to make comments on the detailed report. He further stated that the Final report would only be 15 pages, containing only Key findings and recommendations. There was need for the CCM to have a meeting with the PRs to discuss the findings and mitigation actions, he however hoped that the CCM Deliberations would not slow down the team into moving into stage 5.

*Following deliberations, the meeting deduced that*

- *The KCM would plan a meeting with the PRs to discuss the detailed finding and mitigation measures on the /6<sup>th</sup> October 2021.*
- *PRs would provide feedback on the findings to the OIG*
- *The KCM would look for ways to improve on the oversight function*

*The Chair greatly appreciated the OIG team and confirmed that the KCM would be able to follow through with the engagement and actualization of the OIG findings.*

#### **Min 6/1/09/2021 Endorsement of CCM Kenya Evolution Action Plan/ Evolution Project**

*The chair appreciated the Global Fund for considering Kenya for the evolution process. She was very confident that the areas of improvement as discussed would be very important in ensuring that KCM grows in leaps and bounds. The Chair invited Mr Rob Ward to make the presentation on behalf of the KCM evolution task force.*

#### **Threshold Results & Evolution Plan: a presentation by Mr. Rob Ward- Global Fund Consultant Global Fund Evolution Process.**

**presentation:** designed to share the results. It reminds the KCM of the purpose of the evolution and the process. It provides a quick overview of the findings. It concludes with a request for an agreement and adoption of the evolution plan. **Purpose of evolution:** *The Global Funds Expectations:* – Better aligned with national structures. Sharply focused on investment results. Strong governance to ensure health challenges are addressed. *\*In 2018-2019, the Global Fund invested \$18 million for a CCM Evolution Pilot. 18 CCMs from diverse contexts were involved to test tools and approaches. Based on these results the approach was adapted for a virtual context. CCM Evolution is in its second phase, rolling out to the remaining CCMs and RCMs.* **Evolution interventions – The Consultant’s Scope of Inquiry:** Active oversight of investments to ensure impact. Meaningful constituency engagement and information sharing, particularly with civil society and communities, to shape and oversee investments. Effective **positioning** within national structures and existing/emerging platforms to increase efficiency of health investments. Efficient CCM Secretariat operations of core functions, enabling and sustaining health governance. **Threshold results provide an opportunity to prioritize areas for enhancing performance.** **Process flow:** Consultant conducts appreciative inquiry. 2. **Consultant & KCMTF-**Propose prioritized areas and interventions. 3. **Global Fund;** Reviews and validates proposed areas and interventions. 4. **CCM:** KCM receives and implements validated interventions. **Sources of data;** 360 Survey monkey respondents n=10, RR=20%, 70% CS. Documents (n=91): Minutes, constituency reports, governance framework,

budgets, work plans, strategic plans, membership data. Key informant interviews – n=9, 4=CS. Task Force verification Meetings. KCM retreat – Evolution Induction & member inputs. **Process & progress** *Things we have done: Evolution Task Force formed and one meeting so far. Document review complete. Interviews – Target 5 – 9 completed. Induction with KCM – Naivasha Retreat – 17<sup>th</sup> June 2021. Taskforce 16<sup>th</sup> July 2021 - Threshold draft results and proposed activities. Global Fund response 25<sup>th</sup> August 2021. KCM meeting 1 Sept. – Deliberate on evolution activities and agree final position.*

The consultant further highlighted the Current profile of KCM on the Threshold Tool; Overall Level Achieved by Area of Responsibility with oversight at 58%, Engagement at 50%, Positioning at 42% and Operations at 67%. **Threshold Results - Headlines – 1** (+*Successes*, - *Challenges*). **Oversight:** + Good alignment with Global Fund Portfolio, + Evidence of collaboration with PRs, - Inconsistent follow-up of KCM recommendations, - The dashboard process has stalled. **Constituency Engagement:** + Election/selection of membership is well organised and documented, + KCM meeting participation and management is good, - Constituency engagement meetings under-resourced and inconsistent, - KCM membership tenure too short, turnover too frequent. **Strategic Positioning:** + A strategic planning process has produced a shared vision, + A strategic planning process has produced a shared vision, - Stakeholders feel a need for a deeper conversation around ‘KCM beyond the Global Fund’. **Operations:** + There is evidence of a respectful and inclusive process at the KCM. + There is clear documentation and a strong Secretariat Support Role. - There is a need to structure an Appeals process in the KCM. - Attendance is mixed (GoK, CoGs, ML, BL), very occasionally challenging quorum, and voting Member identity needs clarification. **Action for evolution:** 1. Oversight - Microsoft Excel Dashboard – TOR development and design/implementation of tool (including community monitoring tools), and coaching & training of users *Timing* Urgent; *Driver*- Secretariat; *Resources*-3 accompaniment days; \$ Strategic Initiative. 2. Oversight - KCM Recommendations Implementation Tracker; *Timing*- Medium; *Driver*- Secretariat; *Resources*, Time. 3. Constituency engagement - Re-format and resource constituency engagement process, constituency training, CBM and coordinate CCM Elections; *Timing*- Medium; *Driver*- Secretariat; *Resources*, \$ (adjust KCM budget). 4. Positioning - Strategic Plan Review and Implementation Tracking. ‘Beyond the Global Fund’ positioning options and strategy. *Timing* Long- *Driver*- Chair; *Resources*; \$ Strategic Initiative. 5. Positioning - Map health investments in Kenya and set-up health investment mechanism at national & county level to ensure optimal linkages- *Timing*; Long; *Driver*- Secretariat; *Resources*, \$ Strategic Initiative. 6. Operations - KCM & Secretariat Performance Management automation, including ‘discipline triggers. *Timing*- Medium; *Driver*- Secretariat- *Resources*, Time. 7. Operations – Change governance manual to (i) reflected 3-year term for members, renewable once, (ii) member definition. Conduct more frequent KCM Induction and Orientation. *Timing*- Medium; *Driver*- Secretariat; *Resources*- Time, \$ (adjust KCM budget). 8. Operations - Appeals structures – TOR and Guidelines; *Timing*- Urgent *Driver*- Secretariat; *Resources*, 3 accompaniment days **Next Steps;** 1. Consultant shares final threshold and induction results with Global Fund. 2. Global Fund validates threshold and intervention package and shares back with CCM. 3. CCM secretariat uses validated package to re-allocate costed workplan and present to CCM chair. 4. CCM Secretariat shares induction outcomes and validated areas and interventions with all CCM Members for endorsement.

## Discussions

*The chair appreciated the Global Fund Consultant for the elaborate presentation and the findings therein. She appreciated the road map and action points highlighted. She invited members to deliberate on the matters.*

Alternate member representing the Key populations congratulated the presenter for the findings and agreed that the Constituency engagement were underfunded yet the current KCM Budget policy was rigid and has not been revised over time. He wondered whether the evolution findings recommended policy revision going forward.

*The KCM Chair noted that there was need to follow through with all the recommendations/action points. That there may be need to add more members to the secretariat or build more capacity. On the CCM Member tenures, the terms of office were rather short, and she agreed that the adjustment of tenure to that of 3 years was most preferred however a there was need to monitor and observe the code of ethical conduct.*

*That on the area's orientation for the new KCM Members, the secretariat would be able to plan for the same. On the matter of Oversight, M&E, the secretariat together with the Oversight Committee was to follow through and track recommendations and action points and ensure a robust dashboard to monitor grant performance. She requested that a small team sits down and picks some of the action points and ensures they are accomplished to the end. She suggested that the smaller CCM team engage with other CCMs especially the South African on the matter of development of appeals committee guidelines as well as how the CCM South Africa has been able to deal with litigation matters. These determinations would then be shared with the KCM for deliberation.*

Mr. Rob Ward/ Global Fund Consultant on the Evolution process appreciated the feedback and member comments. On constituency feedback engagement, he highlighted that budget may need to re-aligned to address the deficits experienced. That the CCM needed to also adopt new innovative ways to enhance engagement and seek new ways of financing gaps. Keeping track of the recommendations on the KCM Oversight Committee he recommended use of an oversight attacker to help keep abreast with the recommendations. He agreed with the comment on the need to monitor members performance, Conflict of Interests and attendance. He was happy about the recommendation for the constitution of the small team to champion the agenda.

The Chair Oversight Committee appreciated the good report from the evolution process as it had noted the most prevalent needs especially on the KCM Oversight Committee. He appreciated the recommendations by the KCM Chair in view of moving the agenda on the Oversight Committee.

*The chair appreciated the discussion and requested that the KCM Evolution task force team who had worked with the consultant to meet and deliberate on the matters and plan on the next steps. This team would look at the immediate needs and draw a detailed implementation plan and budget.*

Members of the KCM unanimously agreed that the KCM task force would review the action points and prepare a road map ahead of the next KCM Meeting.

### **Min 7/1/09/2021 Review and Approval of Appeals Committee Report**

*The chair requested members on the call to declare conflict of interest on this specific agenda item*

The KCM Coordinator informed the meeting, that it was the prerogative of the KCM to provide official communication to the appellants on the outcome of the appeal review process and cautioned members/members in attendance against contacting any of the appellants directly, any loss or damage that will result from a breach will be borne by the concerned parties.

*Ms. Zilpha Samoei, alternate member representing FBOs, declared a Conflict of Interest, Since Tenwek Hospital was one of the organizations under the umbrella of CHAK/ FBO.*

The meeting discussed and deduced that the alternate member representing the FBO Community was not a board member or work for the organization but was however an interested party. It was advised that she would listen to the deliberations but would not participate in decision making.

### **KCM Appeals Committee Report- TB Non-State SR Selection Appeals Outcomes, a presentation by The Appeals Committee Chair**

**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- AC Chair, Mr. Jackson Mwangi- AC Member, Titus Munene- AC Member, John Kihui – AC Member, Eunice Fedha – AC Member, *Josephine Mwaura – KCM secretariat\** **Background information – SR selection;** New SRs needed to implement GF 2021-24 grant. SR selection is guided by KCM SR selection guidelines – A twostep process – Performance appraisal and Open tender. Three TRCs appointed by KCM to carry out performance evaluation of the existing SRs – HIV, Malaria and TB. Six (6) organizations appealed against TB TRC findings – 1 on desk review (Heroes Oasis CC) and 5 on open tender. **TERMS OF REFERENCE;** Review and consider the Sub-Recipient’s appeals submitted to KCM. Review and consider the reason for the decision made by the Technical Review Committee (TRC) on the appellant (decision making process/outcome). Determine 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 – Desk review & Open tender, Notification letters by PRs, Appeal letters

Written responses from TRC, **Written responses from PR.** *Oral Submissions (virtual):* Appellants, Chair of TB TRC, PRs – AMREF HA. **PROCESS AND TIMELINES;** July 28<sup>th</sup>, 2021, PROCESS- Initial appeals committee meeting/share appeals with TRC. August 4<sup>th</sup>, 2021, PROCESS- Receive written submissions from TRC. August 6<sup>th</sup>, 2021, PROCESS- Receive written submissions from appellants. August 13<sup>th</sup> 2021, PROCESS- Oral submissions. August 13<sup>th</sup> – August 30<sup>th</sup>, PROCESS- Deliberations & report writing. September 01<sup>st</sup>, 2021, PROCESS- Presentation to KCM. **List of appeals/Letters of concern;** 1. Family Programs Promotions Services (FPPS) *Grounds of appeal* Requested to be allowed to submit a valid tax compliance certificate. 2. Tenwek Mission Hospital *Grounds of appeal* Requested to be allowed to submit copy of constitution. 3. Terry Child Support & Youth Resource Centre *Grounds of appeal* Requested to be allowed to re-submit a valid tax compliance certificate 4. Sharing Hope for Communities (SHOFKO) *Grounds of appeal* Variation in scores awarded in different counties. Request for re-evaluation by a different team. 5. National Organization of Peer Educators (NOPE) *Grounds of appeal* Failure to assess NOPE’s on governance. Disagrees with the findings of the TRC Alleges misinterpretation of facts and intimidating environment under which the assessment was conducted. 6. Heroes Oasis Counseling Centre *Grounds of appeal* First time to implement such a project.

Communication delays from PR, COVID19 impact on Prisons program, long periods of suspension.

**Summary of Appeals;** 1. Family Programs Promotions Services Grounds of appeal Request to resubmit valid tax compliance certificate *TRC response* Did not provide a valid Tax Compliance Certificate contrary to the Mandatory requirement in the EOI AC Recommendations **Dismiss the appeal and uphold the decision of the TRC.** 2. Tenwek Mission Hospital; *Grounds of appeal*, Request to submit copy of constitution *TRC response* Did not provide a copy of the constitution contrary to the Mandatory requirement in the EOI AC Recommendations **Dismiss the appeal and uphold the decision of the TRC.** 3. Terry Child Support & Youth Resource Centre *Grounds of appeal* Request to submit a valid tax compliance certificate *TRC response* Did not provide a valid Tax Compliance Certificate contrary to the Mandatory requirement in the EOI AC Recommendation **Dismiss the appeal and uphold the decision of the TRC.**

**Summary Of Appeal Details – SHOFCO;** 1. Variation in scores awarded in different counties; *TRC response*; Each of the proposals for the 3 counties was evaluated independently by at least 3 different evaluators blinded to each other by the secretariat. All evaluators gave a score less than the 60% pass mark. Tie breaking was done where there was a variance of more than 10 marks among the three scores. AC observations /Recommendations; The assessment was conducted by 3 independent experts and none of the assessments made the 60% mark. The TRC adhered to the KCM SR selection guidelines and the requirements in the EOI. 2. Requesting for re-evaluation by a different team; *TRC response*- No justification provided to warrant a re-evaluation. AC observations /Recommendations No evidence has been provided by the appellant to justify need for a re-evaluation. **AC Recommendations to KCM on SHOFCO- Dismiss the appeal and uphold the decision of TB TRC.**

**Summary of NOPE’s Appeal;** 1. Lack of board representation during assessment *NOPE appeal*; It was not mandatory for a board member to be present during the field assessment. Tried to request for virtual participation during the visit but was declined. *TRC responses*- The email shared on 8th June 2021 to NOPE indicated the requirement for a board member during the evaluation. There was no objection to a board member joining via zoom. 2. non-Current & partially approved policy documents *NOPE appeal*; Contends that even though the policies might be old, they were still binding. Indicated that NOPE was in the progress of reviewing several policy documents; *TRC responses*- The appellant admitted that the policies were old and needed review. The appellant admitted that it was still in the process of reviewing some and that some were still in draft. 3. Gaps in financial management *NOPE appeal* Indicated that the documents assessed at the field office were draft and had not been fully approved by the head office. Disagreed to the finding on the nonadherence to the signing mandates. *TRC responses*- Adequate time was provided by the assessment team for documents to be scanned and sent to the team during the assessment. 4. Nonoperational field office *NOPE appeal* Contended that they have a fully functional head office in Nairobi. Contended that they have a field office in Kericho and an operational office in Kapsoit HC. Alleged that there was a communication breakdown with the assessment team *TRC responses*- NOPE indicated in their submission that Kericho was their field office but decided to shift to Kapsoit without informing evaluation team on time.

**Appeals Committee Observations;** The appellant was scored and ranked 4th using a preset scoring system that was applied to all the applicants. Change of field office location from Kericho to Kapsoit was not communicated to the assessment team on time. Requirement for attendance by a board member either physically or virtually was mandatory. This had been communicated to the appellant on email. The appellant failed to provide evidence to contradict the overall findings of the assessment by the TRC. **Recommendation to KCM: The appeal was unmerited, be dismissed and the decision by the TB TRC be upheld.**

**Summary of Heroes Oasis CC Appeal;** Less than 70% performance in the Arobaini project – 64%, 69% and 67%. *Grounds of appeal* First time to implement such a project. Delays in communication from the PR. Funds not disbursed on time. Effects of COVID 19 in prisons. Prolonged periods of suspensions. *TRC Responses* The challenges mostly

related to financial management and not programmatic. Evidence of several email communications between the SR and the PR. Long periods of suspension lead to delays in disbursement of funds. The low performance mostly related to financial management and not programmatic. Disallowed costs and several incidences of financial impropriety led to long periods of suspension. **Appeals Committee Observations;** The Arobaini initiative failed to attain the 70% mark as set by the KCM guidelines. The main factor that led to this was long periods of suspension resulting from documented financial impropriety. Financial management of a project is the responsibility of the SR and not the PR. No justifiable reasons provided to vary the scores awarded to the appellant. Recommendation to KCM: ***The appeal was unmerited, be dismissed and the decision by the TB TRC be upheld. Summary of AC Decisions on Appeals;*** 1. *Family Programs Promotions Services (FPPS) AC recommendations Uphold decision of the TB TRC.* 2. *Tenwek Mission Hospital AC recommendations Uphold decision of the TB TRC.* 3. *Terry Child Support & Youth Resource Centre AC recommendation Uphold decision of the TB TRC.* 4. *Sharing Hope for Communities (SHOFKO) AC recommendations Uphold decision of the TB TRC.* 5. *National Organization of Peer Educators AC recommendations Uphold decision of the TB TRC.* 6. *Heroes oasis Counselling Centre AC recommendations Uphold decision of the TB TRC.* **General Recommendations to KCM** 1. For efficient use of time, the AC is requesting that all appeals arising from all SR selection process in each particular grant period are all handled at once. 2. Given that appeals arise following the selection of new PR and SRs that usually happens at the beginning of a new grant or the end of an existing grant, the AC should therefore be an ad hoc committee that is constituted only to serve during the appeals window. Once all the appeals have been processed, the members of the AC may be assigned to other committees of the KCM. 3. KCM to immediately develop guidelines for receiving processing and determination of appeals. This should take into consideration what can be appealed against, timelines, membership, rules and procedures.

1. **KCM ask:** *Adopt the Appeals Committee report and consider its recommendations*

## **Discussion**

*The chair appreciated the report as provided by the appeals committee and invited members to deliberate on the matters at hand and consider the key asks.*

Member representing the formal private sector appreciated the report by the appeals committee and agreed that guidelines that govern the processing of the KCM Appeals system need to be published. She requested the meeting to provide guidance on the appeals committee ask to have all the appeals dealt with at same appeals window-She moved the KCM to adopt the findings of the committee.

Member representing FBO/SUPKEM, noted that institutions put a lot of effort and try to follow through in the EOI and other guidelines provided. He opinionated that the KCM should ensure it is able to support the CBOs and CSOs as they apply for these grants. There is hence need to review the Selection guidelines based on the current experiences which would help determine matters objectively and ensure humane treatment to the applicants as much as possible.

Alternate member representing the COG, was happy with the Appeals committee objectivity and having followed the grounds the appeals committee had based their decision on, it was evident a set guideline was followed. He further stated that Guidelines create level ground for all participants. He proposed that appeals committee report be adopted.

*Chair concurred with the member sentiments that there was need to develop the KCM Appeals Committee guidelines. She moved the meeting to adopt the ask by the KCM Appeals committee as*

**Proposed by; Dr. Mahamoud Edda**

**Seconded by; Ms. Patricia Mwendu**

*Chair further requested for confidentiality of the resolution reached by the KCM until a point at which the KCM Secretariat will make an official communication on the outcome of the appeals review process.*

KCM Coordinator reaffirmed and requested members to uphold confidentiality and allow the right mechanism to notify the appellants on the outcome. He further noted that based on the request by the appeals committee, any additional appeals regarding NFM 3 SR Selection process will be reviewed at the same time. He called on the three TRC teams as well as the PRs on the call to adhere to the guidance provided and create mechanisms where all appeals are dealt with at the same time.

### **Min 8/1/09/2021 Review and Approval of TB TRC report on Selection of SRs to Implement Public Private Mix**

**Mr. Ulo Benson- Amref HA**, informed the meeting that he was offering feedback on behalf of the TB TRC Chair who was not able to be in the meeting. He informed the meeting that the TRC had completed the evaluation of the PPM bids. However, few outstanding matters were referred to the TRC to provide further clarification. This meant that the TB TRC would not be able to make a presentation of the report to KCM on the PPM.

*The Chair clarified that the reason why the SR Selection process was initiated early was for PRs to contract all SRs by End of August 2021. She hence wondered how the lag in decision making by the TB TRC and TB HSWG would affect grant implementation. She intimated that an additional week was too long for effective implementation.*

Mr. Benson Ulo- Amref HA agreed with the chairs comments and further stated that as the PR, they would have lost at least 2 months of the grant implementation which was regrettable. He welcomed the Chair TB HSWG to make comments on the same.

Dr. Waqo Erjesa- Head TB Program noted that he was chairing that special TRC Meeting which had only one agenda, with the meeting taking over four hours to deliberate, consensus was not arrived at. however, members requested for more information on some of the areas for consideration. The way forward from that meeting, was that the TB TRC would reevaluate the process with enough information blinded from each other as much as possible and provide feedback to the TB HSWG and subsequently to the KCM in a weeks' time for deliberation and adoption.

The KCM Coordinator, explained that the expectation by the KCM was to review and approve the TB TRC SR Selection report for the remaining SRs during the KCM meeting and ensure all SRs are contracted. He further clarified that the KCM had made all available efforts to ensure SR selection process was not delayed up to giving timely notices to the TRC and TB HSWG.



*The Chair noted that TB TRC and TB HSWG members needed to be conscious of time and advised that once the report was ready then the KCM would guide on whether an extra ordinary meeting would need to be called for the approval of the same*

**Min 9/1/09/2021 Review and Approval of HIV TRC SR Selection/Evaluation Reports- Presentation by the HIV TRC Chair**

**OUTLINE OF PRESENTATION;** Membership of TRC, Introduction, KRCS Sub Recipient Selection, Tender Opening, Compliance to Mandatory Requirements, Areas used by the TRC to Review New SRs, Outcomes of New SRs Selection, Organizational Capacity Assessment, New SR Selection Next Steps. **TECHNICAL REVIEW COMMITTEE MEMBERSHIP;** 11 members drawn from the CSOs, Government, KRCS, AYP, KP, FBO, PLHIV Constituency Representatives, KCM, NASCP and NACC. **INTRODUCTION;** This is a Status Update of the New Sub Recipients Selection for the Global Fund HIV Grant, where the KRCS is the Principal Recipient. The process is ongoing, and we shall be presenting the status of the selection process of the organizations that applied for the GF HIV Grant. However, a full Report shall be presented to the HIV ICC and later to the KCM at this end of the New Sub-Recipient Process. **KRCS SUB RECIPIENT SELECTION;** According to KCM Sub-Recipients Selection Guidelines for Non-State PRs, SRs will be selected via two pathways. *Existing SRs performance were assessed and those meeting a threshold of 70% as per the selection criteria were retained. Open competitive tenders were conducted to fill in vacancies where SRs fell below the set threshold.* The two processes were detailed, competitive (in the case of open tenders), transparent and fully documented to enable verification. KRCS advertised for 10 new Sub Recipients to fill-in the Gap with due consideration to available funding and approved number of SRs (65). 6 SRs terminated on performance. 3 SRs due to change in implementation focus. **TENDER OPENING;** KRCS held a virtual tender opening meeting via zoom was on 8<sup>th</sup> July 2021. The bidder representatives and TRC members attended using the meeting link shared. The following tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for the prevention program with adolescent and young people aged 10-24 years in Kilifi County. A total of 17 tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for community HIV prevention, treatment, care and support interventions in Nairobi, Uasin Gishu, Kericho, Isiolo and Meru. A total of 52 tenders were opened. Tender No. GFPREQ01681 - Call for consultancy for prevention interventions targeting key population in Turkana, Kajiado, Isiolo, Meru, Marsabit and Wajir. A total of 12 tenders were opened. **KRCS ADVERTISED VACANCIES; 1. Turkana no. of vacancies. 1 REMARKS** KP networks to implement FSW, MSM and PWID interventions. 2. Isiolo/Meru no. of vacancies 2. **REMARKS** KP networks to implement FSW, MSM and PWID interventions. SR to implement TCS and PMTCT. 3. Kericho no. of vacancies 1. **REMARKS** SR to implement TCS, PMTCT, FSW and PWID. 4. Uasin Gishu no. of vacancies 1. **REMARKS** SR to implement TCS and PMTCT. 5. Marsabit/Wajir no. of vacancies 1. **REMARKS** KP networks to implement FSW, MSM and PWID interventions. 6. Nairobi/Kajiado no. of vacancies 2. **REMARKS** KP networks to implement FSW, MSM and PWID interventions. SR to implement TCS, PMTCT, VP. Kilifi no. of vacancies 2. **REMARKS** AYP led organization for AGYW interventions. **TOTAL no. of vacancies- COMPLIANCE TO MANDATORY REQUIREMENTS;** 1. KRCS/GF/EOI/0106/2021; **CATEGORY-** CSOs ; **TOTAL APPLICATION-** 50; **PASSED-**31; **FAILED-** 19. 2. KRCS/GF/EOI/0206/2021; **CATEGORY-** KP Led Organization; **TOTAL APPLICATION-** 12; **PASSED-** 6; **FAILED-** 6. 3. KRCS/GF/EOI/0306/2021; **CATEGORY-** AYP Led Organization; **TOTAL APPLICATION-** 16; **PASSED**13; **FAILED-** 3. **TOTAL APPLICATION-**78; **TOTAL PASSED** 50; **TOTAL FAILED** 28. **AREAS USED BY THE TRC TO REVIEW NEW SUB-RECEPIENT;** Review of the Organizational Capacity. Review of Application Form – Technical Proposal. Review of Detailed Budget. Review of Attachments. Review of the

Organization past Track Record. Summary of Marks Awarded per Category. KRCS/GF/EOI/0106/2021- CSOs Applications -135 Marks. KRCS/GF/EOI/0206/2021- KP Led Application-110 Marks. KRCS/GF/EOI/0306/2021- AYP Led Application-110 Marks. **OUTCOMES OF THE NEW SRs SELECTION:** CSOs applications had a total of 31 organizations who made it to the Technical Evaluation.11 CSOs were from Meru/Isiolo Counties, 8 were from Kericho County, 8 from Nairobi County and 4 from Uasin Gishu county. KP applications had a total of 6 organizations proceeding to the Technical Evaluation stage. 2 organizations were from Meru/Isiolo Counties, 3 from Kajiado County and 1 from Marsabit/Wajir County. Turkana County had one application for the call for consultancy for Prevention Interventions targeting Key Populations who failed to meet all the components of admissibility of mandatory documents. 13 AYP Organizations made it the Technical Evaluation all of which were from Kilifi county. **ORGANIZATIONAL CAPACITY ASSESSMENT:** As per the KCM Guidelines, Organizational Capacity Assessment for the top 3 applicants per SR vacancy was carried out between 23<sup>rd</sup> and 27<sup>th</sup> August as follows: **Under Tender 106 for SRs;** 3 Organizations per County were assessed in Meru/Isiolo, Kericho, Uasin Gishu and Nairobi Counties. **Under Tender 206 for KP Led Organizations-** 3 Organizations were assessed in Kajiado County. 2 organizations were assessed in Meru/Isiolo; 1 Organization was assessed in Wajir/Marsabit. **Under Tender 306 for AYP Led Organizations-** 3 Organizations were assessed for 2 vacancies in Kilifi County. **NEW SUB RECIPIENT NEXT STEPS; Organizational Capacity Assessment and Final Report- SUB-ACTIVITY** Review and Adoption of OCA Reports; **RESPONSIBILITY-** TRC; **DEADLINE-**10/9/2021. **SUB-ACTIVITY-** Final Ranking of New Sub-Recipients after Technical Review and OCA; **RESPONSIBILITY-** TRC; **DEADLINE-**10/9/2021. **SUB-ACTIVITY-** Writing of the Final New SR Report; **RESPONSIBILITY-** TRC; **DEADLINE-**10/9/2021. **Approval and Endorsement of New SRs- SUB-ACTIVITY-** Approval of New SRs by the HIV ICC; **RESPONSIBILITY-** HSWG; **DEADLINE-**24/9/2021. **SUB-ACTIVITY-** Endorsement of New SRs by the KCM; **RESPONSIBILITY-** KCM; **DEADLINE-**24/9/2021. **SUB-ACTIVITY-** Window for Appeals; **RESPONSIBILITY-** KCM; **DEADLINE-**1/10/2021.

## **Discussion**

*Chair appreciated the presentation by the HIV TRC and requested members to interact with the report and provide further guidance on the matters. She however wondered why the onsite capacity is pushed to the 10<sup>th</sup> of September,2021 and not any sooner? That following from the Road map, the SRs would be contracted in November/ December,2021 and wondered how that would affect grant implementation. She also sought guidance on whether it was possible to review at once all the appeals emanating from the different processes.*

That the OCHA assessment and final report would be ready in the next 1 week and clarified that the time frames were tentative and the TRC would adjust them to ensure a speedy conclusion of the SR selection process.

KCM Coordinator pointed out that any delays in SR Selection process should not be attributed to the KCM processes. That the KCM had created an enabling environment to ensure prompt SR Selection process. He assured the meeting that following collaboration with TRC, HCWGS and PRs it will be possible to process all the appeals at the same time.

*The Chair requested the HIV TRC and PRs to ensure that they handle the SR selection matter with urgency and added that the six months delay is unacceptable to the KCM. She directed that the reports*

*needed to come to KCM in the shortest time possible as the KCM had committed earlier to ensure that all SRs are contracted by end of August,2021.*

The HIV TRC Chair committed that the final reports would be ready by Friday the following week.

Member representing NACC further assured the meeting that once the HIV TRC report was ready the HIV HSWG meeting would be convened to review the report

*The chair then recommended that the KCM Secretariat works with the two entities to ensure a meeting is scheduled or way forward agreed on immediately the reports are ready.*

*The chair appreciated the members in attendance, their contributions and engagement during the meeting. She then requested members in attendance to exit the meeting to allow the KCM Members deliberate on inhouse matters.*

#### **Min 10/1/09/2021 Confirmation of Minutes of the KCM Meeting held on 22 July,2021 / Matter arising**

*The meeting unanimously agreed that the agenda on Confirmation of Minutes of the KCM Meeting held on 22 July,2021 / Matter arising be differed for discussion in the next KCM*

#### **Min 11/1/09/2021 Review and Approval of Management/KCM Budget Committee Report**

The chair informed the meeting that the Budget and Management Committee had reviewed the KCM Work plan and Budget based on the feedback provided by the Global Fund, the revised budget had been shared online with members and the day`s meeting was important for the KCM to approve the revised budget and workplan.

Members were taken through the revised budget and workplan. *Annexed find attached revised workplan and budget presented during the meeting. Ask. Request for members to approve to enable submission to the Global Fund.*

#### **Discussion**

*The chair appreciated the feedback received form the Global Fund and the work that had gone in revising the work plan and budget.*

Member representing the informal private sector pointed out that the budget should aim at motivating and supporting KCM members to conduct business even with a capped ceiling. He further sought clarification on Co financing support and pointed that the Oversight Committee had received very little allocation on the budget, yet it was one of the main functions of the KCM.

*THE KCM Secretariat, clarified that the PPEs for the greater KCM were not budgeted for, however that could be added on to the budget if members felt it was necessary. She assured members that the entire budget had been slashed because KCM did not have adequate resources for all its programs.*

The Chair budget committee highlighted that the Global Fund feedback needed to be discussed further. He doubted whether the response was really from the Global Fund since he was convinced that the Global Fund had great consideration for the Key populations and CSOs. He was not in agreement on the proposed pooled transport and accommodation arrangements as indicated in the revised workplan and budget. **That on behalf of the Key Populations and the voices of the constituents that had still not been heard he would not approve the budget.**

Member representing NACC, retaliated that the KCM needed to abide by the Global Fund guidance. She added that KCM had many partners within its umbrella who could be requested to support some of the gaps. She noted that the full EOI should be itemized and shared with other partners for consideration. She hence moved to propose and approve the revised Work plan and budget.

Alternate member representing the FBOs agreed with the previous speaker. She further suggested that following guidance by the Global Fund there was need to free up some money from the physical engagements to support virtual engagement by provision of more airtime for the members.

Alternate member representing the COG echoed the comments by the two previous speakers and indicated that the budget was based on the feedback provided by the Global Fund. She requested members to consider the adoption of the budget.

*Chair noted that there was need for the KCM to mobilize additional resources from other sources to resource. she requested that since the KCM activities are pegged on this budget and activities in contention should be addressed, example the pooled transport and accommodation*

The chair budget Committee was concerned by state members comments and advised restraint as they commented on the welfare of KCM non state members as the operational environment of nonstate actors and state actors was different. He further clarified that he did not approve the utilization of the funds within the budget especially on areas of pooled transport, and member accommodation for constituency feedback meetings. He informed the meeting that during constituency feedback meetings members travel from different parts of the Country and the pooled transport arrangement means constituency members travel to Nairobi to board the pool transport which was expensive. He emphasized the need for transport and accommodation allowance.

The KCM Coordinator assured the members that the feedback and guidance provided was received from the Global Fund. He displayed the feedback received from the Global Fund as evidence to members. He further noted that the KCM aspirations were evident and exceeded the secured resources hence the need to mobilize additional resources.

The KCM Coordinator clarified that Government support realized through Co- financing supplements KCM activities through securing venues for KCM ad hoc committee meetings, support Government constituency feedback meeting, fueling and servicing the GOK Vehicle allocated to the KCM Secretariat, follow up of KCM action points and supporting capacity building sessions for the Secretariat. Example

the Appeals Committee physical meetings and review process held last month was supported through the Co-Financing budget

Alternate member representing the FBO, appreciated the session discussion but was concerned about the airtime and bundle allocation. She advised that KCM Secretariat should seek out value for money especially when outsourcing best deals for the bundles in the market. That Better bundle packages should be allocated to members example those provided by the Safaricom company.

The alternate malaria constituency member agreed with the presentation and noted that having served in the budget subcommittee, the ceiling was well advised and hence requested the team to approve the budget.

Member Informal private Sector noted that the budget was fine but it was important that it was minuted that the non-state actors were appealing to the Global Fund regarding the feedback received on booked accommodation and pooled transport during the constituency meetings.

The KCM Coordinator assured the alternate member representing the Key populations, that the concerns raised and the appeal made regarding pooled transport and booked accommodation would be minuted and the secretariat would in addition share with the Global Fund while submitting the revised work plan and budget.

*Chair requested that members approve the 250,000 USDs revised budget for submission to the Global Fund with a disclaimer that KCM was proposing a change in modality of implementation/appeal raised by members regarding pool transport and accommodation.*

**As Proposed by Mr. John Kihiu**  
**Seconded by Dr. Bernhards Ogutu**

#### **Min 12/1/09/2021 Review and Approval of Oversight Committee Report**

*The meeting unanimously agreed that the agenda on Review and Approval of Oversight Committee Report be deferred for discussion in the next KCM.*

#### **Min 13/1/09/2021 AOB**

The KCM Coordinator informed the meeting that the KCM had received communication from WHO regarding change in membership. Dr Rudi Eggers had successfully completed his term of duty in Kenya and Dr Juliet Nabyonga was taking over from him at WHO and in KCM

*The chair moved the meeting to adopt the change of membership recommendations as Proposed by Dr. Bernhards Ogutu  
Seconded by Ms. Patricia Mwendu*

