



**KENYA COORDINATING MECHANISM
HIGHLIGHTS :KCM MEETING HELD VIRTUALLY ON 22ND JULY ,2021
BETWEEN 9.15AM AND 1.38 PM**

Present

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Faith Ndungu	KCM Vice Chair
1. Mr. Philip Nyakwana	Member/PLWD-TB
2. Dr. Ruth Laibon Masha	Member/NACC
3. Dr. Medhin Tsehau	Member/ML/UNAIDS
4. Mr. Stephen Muiruri	Alternate/GOK/TNT
5. Ms. Maurine Murenga	Member/ PLWD-HIV
6. Ms. Eunice Fedha	Alternate/GOV/COG
7. Mr. Peter Njane	Member/KP Rep
8. Ms. Rosemary Kasiba	Member/KP Rep
9. Dr. Heather Smith	Member ML/BL
10. Mr. John Kihui	Member/Private informal sector
11. Dr. Daniella Munene	Member/ Formal Private sector
12. Ms. Joyce Ouma	Member/ AYP
13. Mr. Titus Munene	Member/FBO
14. Ms. Zilpha Samoei	Alternate FBO/CHAK
15. Ms. Khatra Ali	Alternate/GOV/COG
16. Mr. John Muiruri	Alternate/PLWD-Malaria
17. Mr. Samuel Muia	KCM Coordinator

In Attendance

1. Ms. Pamela Kibunja	Alternate/NGO Constituency
2. Ms. Jacinta Mutegi	Alternate FBO/KCCB
3. Ms. Consolata opiyo	Alternate/PLWD/TB
4. Mr. Vincent Obwanda	Alternate/KP Constituency
5. Mr. Ahmed said	Alternate/KP Constituency
6. Dr. Anastasia Nyalita	Alternate Private Formal Sector
7. Ms. Patricia Mwendu	Alternate/Informal Private Sector
8. Dr. Dan Koros	PEPFAR
9. Dr. Meshack Ndirangu	AMREF HA
10. Ms. Annette Msabeni	KRCS
11. Ms. Clare Obonyo	TNT
12. Dr Andrew Mulwa	Head DPPHS
13. Dr. Valeria Mackory	MOH
14. Dr. Catherine Ngugi	NASCOP
15. Dr. Erjesa Waqo	National TB Program

16. Dr. Peter Kimuu	TNT
17. Ms. Emily Muga	KRCS
18. Dr. Bernard Langat	AMREF HA
19. Ms. Josephine Mwaura	KCM Secretariat
20. Ms. Margaret Mundia	KCM Secretariat
21. Mr. Kevin Ogolla	KCM Secretariat

Apologies

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| 1. Dr Pierre Bello | Member/BL |
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Agenda

1. Introduction/Apologies
2. Remarks by the KCM Chair
3. Declaration of Conflict of Interest
4. Roll out/ Implementation Plan for GF NFM 3 Grants (1st July 2021 to June 2024)
 - Presentation by the National Treasury, Amref Health Africa and KRCS
5. Report on ARVs Stock Status
 - Presentation by the National Treasury and NASCOP
6. Management Committee Report
7. Confirmation of Minutes of the KCM meeting held on 16th and 17th June,2021 and matters arising.
8. AOB

Min 1/1/07/2021 Introduction/Apologies

Meeting was called to order at 9.15 am.

Introductions and apologies are as above. Agenda was projected and adopted as

Proposed by Mr. Stephen Muiruri

Seconded by Ms. Faith Ndungu

Min 1/1/07/2021 Remarks by the KCM Chair

The chair appreciated all the KCM members for the great achievements made during the year 2020/2021. She informed the meeting that during the period July 2020 to June,2021, the KCM developed and submitted funding request application to the Global Fund totaling to USD 441,509,321.00 to support HIV/TB/Malaria programmes in July 2021 to June 2024. The Global Fund approved this request, and a very successful grant signing ceremony was held on 6th July,2021 at Sarova Panafric Hotel. She appreciated all the stakeholders for attending and gracing that event.

That during the year 2020/2021, KCM further endorsed and submitted four funding request applications to the Global Fund totaling to USD 99,223,202 to support COVID 19 Response in Kenya. Other key achievements of the year include KCM's demonstration of high-level compliance to the Global Fund requirements, this is as per the feedback received from the Global

Fund after assessing the performance of the Kenya Coordinating Mechanism. During the year 2020/2021 the KCM and other stakeholders selected the Non-state Principal Recipients to implement the new GF grant. She commended the successful Oversight field visits done to assess the progress made on implementation of Global fund grants. This year the KCM visited the National Treasury, KEMSA, AMREF, KRCS, Migori, Garissa, Kwale, Busia and Nairobi Counties were visited.

The KCM Strategic plan 2021 to 2025 was also developed, approved, and rolled out. The KCM Ethics Committee was operationalized and all the eleven constituencies successfully held their constituency feedback meetings. The KCM held over 20 meetings, the highest number of meetings the KCM has ever held in one year among other accomplishments.

That the day's meeting was timely and important to roll out the implementation of the new grant and was happy because the Principal Recipients would be presenting the plans and arrangements in place to ensure that the new grant is implemented successfully, and challenges encountered in the just ended grant are mitigated. She wished all a very successful meeting.

Min 2/1/07/2021 Declaration of Conflict of Interest

No conflict of interest was declared

Min 3/1/07/2021 Roll out/ Implementation Plan for GF NFM 3 Grants (1st July 2021 to June 2024) Presentation by the National Treasury, Amref Health Africa and KRCS

The National Treasury Presentation - Dr. Peter Kimuu

Outline: Context; Actions by PR/TNT; Next steps. Context – Actions by Global Fund: Timeline for Kenya grant-making and grant signing; 22-Jan-21- Country submits applicant response forms plus grant documents; 25-Jan-21 to 5-Feb-21- GF / LFA review; 5-Feb-21 to 5-Mar-21- Grant negotiations with country stakeholders through virtual meetings; 15 Mar-21- Country submits final grant documents + applicant response forms to CT; 29-Mar-21- Deadline for CT to submit final documents for GAC* (complete submission); 15-Apr-21- Grant Approval Committee Meeting; 17-May-21- Estimated Board Approval; Jun-21- *Estimated Grant Signing ahead of 1 July 2021 start date – Done. Context: Further actions by Global Fund.* 18 May 2021: Guidance on implementation of Global Fund grants by county governments. 25 May 2021: Approval for early initiation of procurement for health products under Yr 1 (2021/22) of approved HPMTs and detailed budgets for TNT grants to mitigate delays. 25 June 2021: Communication on outcomes of capacity assessment for the new Sub-Recipient under KEN-T-TNT for cross-cutting RSSH activities (Health Systems Strengthening Department – HSSD) and actions required to operationalize the SR. Actions by PR/TNT: Approved budget (printed estimates) 2021/22 FY (Budget statement FY 2021/2022; 10 June 2021) HIV – KShs 7,095,396,834; TB – KShs 577,922,506; Malaria – KShs 852,719,440. Processing of general tax exemption for goods, services and works funded by GF grants. Confirmation on use of in-country cash balances to start implementation of NFM 3 activities. Operationalization of HSSD to kick-start implementation of cross-cutting RSSH activities. Actions by PR/TNT: Visibility and ownership of Global Fund grants. 1. Grant detailed budgets with county level programmatic activities identified. 2. Overall total HPTs to be distributed to health facilities in the 47 counties estimated. 3. Summary county-level programmatic activities. 4. Quarterly programmatic activities by county. 5. Coordination

mechanism. Were all done. Next steps: 1. Finalize tax exemption master list; *Responsible-* MoH; *Timeline-* Immediate. 2. Submission of procurement requisitions; *Responsible-* Programs / SRs; *Timeline-* Immediate. 3. Implement activities to support enhanced visibility and ownership of GF grants by counties. *Responsible-* Programs / SRs & PR; *Timeline-* Continuous. 4. Commence implementation of grant activities

Responsible Programs / SRs; *Timeline-* Immediate. 5. Operationalization of HSSD / new SR
Responsible MoH / PR; *Timeline-* Immediate.

Amref HA Implementation Plan

Amref Ha country director thanked the KCM for successfully leading the grant signing process and on initiation of the new grant. On behalf of Amref Ha he expressed un wavered support and commitment to the process of Global Fund Programming. He noted that Amref HA was committed to better the current grant performance by building on the lessons learnt example the KCM has led the Principal Recipients in the SR Selection process and he was happy to note that most of the SRs had been contracted so few or no delays will result from the selection and contracting of SR unlike in the previous grant. He welcomed the Programs Director to make the presentation.

Presentation by - Dr. Bernard Langat

Amref Health Africa (K) GF Malaria Implementation Plan 2021-2024. Project Implementation Particularities: Goal: To contribute to the National goal of reducing malaria incidence and deaths by at least 75% of the 2016 level by 2023. Project implementation period: 1ST July 2021-30TH June 2024. Budget: USD 17, 148, 070; Implementers: PR and 11 SRs. Coverage: 8 Endemic and 4 Highland Epidemic - Community Case Management of Malaria and Malaria in Pregnancy Interventions. 14 counties in Lake and coast-Endemic – Promotion of malaria prevention interventions through school pupils. Implementation Plan-Phase 1(PR Systems) SRs selection through desk review-*Start date;* -May 2021; *Due Date-* June 2021; *Responsibility-* PR; *Progress Updates-* Completed. Develop Project Procurement Plan- *Start date-* 1 July 2021; 15 July 2021-*Responsibility-* PR; *Progress Updates-* Completed. Orientation of PR staff to the budget and performance framework- *Start date-* 15 June 2021; *Due Date-* 1 July 2021; *Responsibility-* PR; *Progress Updates-* Completed. Finalization of SR Budgets and Performance Frameworks- *Start date-* 21 June 2021; *Due Date-* 29 July 2021; *Responsibility-* PR/SR; *Progress Updates-* Ongoing. Configure project reporting tools on Navision; *Start date-* 15 July 2021; *Due Date-* 23 July 2021; *Responsibility-* PR; *Progress Updates-* Ongoing. Develop project Monitoring, Evaluation and Learning plan- *Start date-*15 July 2021; *Due Date-* 23 July 2021; *Responsibility-* PR; *Progress Updates-* Ongoing. Recruitment of additional project staff; Grants Assistant and Project Assistant-*Start date-* 1 July 2021; *Due Date-* 31 July 2021; *Responsibility-* PR; *Progress Updates-* Ongoing. Preparation and signing of SR Contracts- *Start date-* 1 July 2021; *Due Date-* 23 July 2021; *Responsibility-* PR; *Progress Updates-* Budget negotiations ongoing. Orientation of SRs and County teams on the new grant activities; *Start date-* 26th July 2021; *Due Date-* 30 July 2021; *Responsibility* -PR, SR, DNMP, KCM; *Progress Updates-* Scheduled for last week of July. Funds disbursement to SRs; *Start date-* 26th July 2021; *Due Date-* 5 August 2021; *Responsibility-* PR; *Progress Updates-* Awaiting finalization of budget negotiations with SRs; County entry meetings and introduction of SRs to the county; *Start date-* 15th August 2021; *Due Date-* 30 August 2021; *Responsibility-* PR & DNMP; *Progress Updates-* Awaiting funds disbursement to SRs. Conduct SR Capacity Assessment; *Start date-* 12th Sept. 2021; *Due Date-*16 Sept. 2021; *Responsibility-* PR;

Progress Updates- Scheduled. Develop SR Capacity Building Plans; *Start date*- 26th Sept. 2021; *Due Date*-30 August 2021; *Responsibility*- PR; *Progress Updates*- Scheduled. Procurement of Gloves and reporting tools; *Start date*- July 2021; *Due Date*- 30 November 2021; *Responsibility*- PR; *Progress Updates*-Procurement of tools ongoing; Gloves for CHVs procurement set for Q2. Project Implementation; *Start date*- 1July 2021; *Due Date*- 30 June 2024; *Responsibility*- SR & PR; *Progress Updates*- Development of TORs for Consultancies (Malaria Matchbox). Re-design of school health program with DNMP, Ministry of Education and Division of Adolescent and Child Health; Awaiting funds disbursement to SRs. C19 RM: Procurement; *Start date*- 26 July 2021. *Due Date*- 30 July 2021; *Responsibility*- PR; *Progress Updates*- Tender evaluation for gloves (Re-tender) set for 26th July. Monitoring and Evaluation.

PR: Amref Health Africa in Kenya- Grant: Tuberculosis; Presentation Outline; Project brief; NFM 3 Roll Over Plans; Next steps: - 8 counties, KIC TB, PPM; Other engagements with MOH departments. **Project Brief:** *Goal;* To ensure provision of quality care and prevention services for all people in Kenya with TB, Leprosy and Lung diseases; Coverage: 47 Counties; Project implementation period: 1st July 2021 to 30th June 2024; Total Budget = USD 53,651,804 (100%); PR: \$34,729,922 (65%); SR: \$18,921,882 (35%). **SRs Selection Update;** 26 SRs to support 39 counties were selected through desk review; 6 SRs to support 8 counties selected through open tender; 4 SRs identified to support KIC – TB innovations; Open tender to identify 2 SRs for PPM will be opened on 22nd July 2021. The **GFTB NFM 3 Project Roll Out Plan- 24 SRs** was highlighted; **Next steps for SRs in 8 counties-** 1. Feedback on outcome of selection process; *Timelines*

14th July 2021. 2. Acceptance letters/appeal; *Timelines*- By 20th July 2021. 3. Meeting with Strategic Initiatives Advisory Committee on scale up-*Timelines*- 11th – 13th August 2021.4. Budget discussions; *Timelines*-16th – 20th August 2021. 5. Signing of contracts. *Timelines*. 20th – 31st August 2021. 6. Commencement of implementation; *Timelines*- 1st September 2021. 1. Advertisement through open tender; *Timelines*

9th July 2021; 2. Tender opening- *Timelines*- By 22nd July 2021. 3. Review of proposals; *Timelines*- 27th – 30th July 2021. 4. Capacity assessment; *Timelines*- 9th – 13th August 2021. 5. Approval by TB HSWC and KCM; *Timelines*; By 25th August 2021.6. Feedback to applicants- *Timelines*- 27th August 2021. 9- Acceptance/appeal period *Timelines*; 10th September 2021. 10. Contractual processes; *Timelines*- From 13th September 2021. 11. Commencement of implementation; *Timelines* 1st October 2021. 1. Joint workplan for year 1 with NTP and other partners. *Timelines*- 12th – 16th July 2021; 2. Discussions with Division of Family health. *Timelines*-15th July 2021. 3. Discussions on RSSH implementation; *Timelines*- 21st July 2021. 4. Discussions with division of public health; *Timelines*- 26th July 2021. 5. Discussions with NPHLS; *Timelines*- 27th July 2021. 6. Discussions with department of HSS; *Timelines*- 28th July 2021.

The KRCS Roll out/ Implementation Plan for GF NFM 3 Grants (1st July 2021 to June 2024): Presentation Made by Ms. Emily Muga:

Program Overview: The Goal: Contribute to attainment of universal health coverage through comprehensive HIV prevention, treatment and care for all people in Kenya. Program Objectives: Reduce new HIV infections by 75%; Reduce AIDs related mortality by 50%; The grant key areas of interventions are increasing access and uptake of HIV prevention services and commodities; promoting community-based approaches to HIV service delivery; improving initiation and

adherence to treatment. The expected outcomes of the interventions are increase in HIV testing and linkage to care, retention in treatment and improved viral suppression among PLHIV beneficiaries. Summary of Investments: KEN-H-KRCS; Prevention- Budget (US\$)-35,865,362. PMTCT- Budget (US\$)- 7,545,739. Treatment, care and support- Budget (US\$)- 6,611,863; Reducing human rights-related barriers to HIV/TB services- Budget (US\$)- 6,329,706; RSSH: Health management information- systems and M&E- Budget (US\$)-2,491,024. Differentiated HIV Testing Services; Budget (US\$)-1,281,060. RSSH: Integrated service delivery and quality improvement- Budget (US\$)- 177,111. Program Management- Budget (US\$)-6,377,091; Total-Budget (US\$)- 76,678,956. Prioritized Modules; 1. HIV prevention; *Population covered*- KP, VP, DC, AYP. 2. PMTCT, *Population covered*- Pregnant and lactating HIV positive mothers, WLHIV- *No. of counties*-28. 3. Differentiated HTS; *Population covered*- All sub-populations; *No. of counties*- 46. 4. Treatment, care and support; *Population covered*-PLHIV (all ages by age categories); *No. of counties*- 28. 5. Reducing human rights-related barriers to HIV/TB services; *Population covered*- All sub-populations; *No. of counties*-46. 6. RSSH - HMIS and M&E; *Population covered*- PR and SR. 7. Program Management; *Population covered*- PR and SR. Key Highlights for Year 1: PR Human Resource identification and contracting; All PR staff are with contracts within KRCS HR policy provisions. All continuing SRs have retained most of their staff from the previous grant. Suppliers for health Products and critical services identification and contracting. KRCS finalized the prequalification of suppliers. Procurement plan for year one is done for all key items in the approved HPMT tool. Registration in *Wambo App* for procurement of PPEs is already finalized. Agreed Implementation work plan for year one; SR Level activities are allocated to all SRs for 2 years for continuing SRs and for 1 year for the new SRs. Key activities to be implemented by the PR are developed into an annual work plan with specific Responsible staff and timelines. Sub recipients Identification & Contracting; Continuing SRs (57). All SRs have targets; and the have development 2-year work plans and budgets (July 2021 to June 2023).43 (75.44%) have finalised contract negotiation (contract documents are with SRs). The negotiation process is ongoing with a timeline of completion on 23rd July 2021. All SRs to be contracted before 1st August 2021. New SR Selection (10); The technical evaluation process is ongoing with a timeline of completion on 26th July 2021. Onsite capacity assessment of the 3 best performers from technical evaluation to be scheduled immediately; Anticipated completion time is 6th August 2021. Status Update – Implementation Start Up; SR meetings to discuss the NFM3 with SR CEOs and Implementation teams. Contractual obligations. Program activities and implementation arrangement. SR legal status documentation. Reconfirmation of SR bank details. County, sub county and HF entry meetings. Identification, profiling and CA for community level implementers by SRs – SGs, Groups of WLHIV, BMU etc. Most of the services to beneficiaries have not stopped at the SRs level especially at the DICE. Commence implementation of the other module activities at SR level on 1st August 2021. Potential Risks and Mitigation Measures: Expanded program coverage- *Mitigation Measures*- Review of the implementation arrangement; Twinning of SRs for close support. 2. KP programming in NER/UER. *Mitigation Measures*- NASCOP is developing an implementation plan; Integrate the implementation within the greater HIV programming. 3. High expectation of support from Counties; *Mitigation Measures*- County, sub county and HF entry meeting; Quarterly data review meetings. 4. CHV demotivation due to lack of stipends; *Mitigation Measures*- Inclusion of SGL, expert patients/mothers, Peer champions as volunteers- 3 months MOU with CV. 5. Potential change of staff at SR level- *Mitigation Measures*- Capacity assessment for all SRs; Coaching, supervision and OJT spearheaded by regional teams

Discussions

The chair appreciated the presentations by the Principal Recipients on the Roll out and Implementation Plan for GF NFM 3 Grants. She welcomed members to make deliberations and give further guidance on the matter.

The KCM Chair requested to drop off the call to attend to another competing activity and wished the meeting successful deliberations. The KCM Vice chair Chaired the remaining sessions.

Member representing PLWD/TB appreciated the presentations made by the principal recipients and all the work achieved so far. He appreciated KCM Members for the extensive work that had been done during grant oversight. He was concerned about the balances of funds left from the last grant and to avert further loss of grants he opined that there was need to strengthen all the systems through effective grant oversight and strategic engagement. That Money should be used for the purposes intended. He urged PR2s to work closely with their respective KCM Representatives to ensure the bottlenecks are addressed as they emanate. These KCM members included KP, AYP and Informal Private sector.

The Alternate Informal private sector echoed the previous members comments by stating that all stakeholders should work together. She further implored the PR2 to consider the informal private sector as they embarked on procurement and distribution of PPES noting that their commodities were KEBS certified and met the required regulations.

Member representing DL/ML Partners appreciated the presentations made by the Principal Recipients (PRs). She however enquired on challenges experienced in the last disbursement/grant and what form of capacity building of SRs would be conducted by the PRs. She further explained that deliberate actions to foster coordination of activities between the PRs and even other stakeholders was very important especially on the RSSH grant. She however wondered why the HIV grant under KRCS, PMTCT module only considered 28 counties for implementation. She discerned that the development and application of the grant should ensure there was alignment of PEPFAR/Global fund activities which would allow for the coordination of activities between the partners.

The Chair sought clarification on how long it would take to finalize the tax exemption master list as well as what was entailed in the procurement plans and whether the plans were individual or merged between the various PRs. She also enquired from Amref ha representatives whether there were plans to engage non-SRs in the sector especially on the HSS/RSSH grant. she asked that grant oversight through the oversight committee be intensified to ensure little or no monies are lost. Lastly, she enquired on what areas of collaboration and synergy were in consideration between NACC, KRCS and NASCOP in the new HIV grant. Referencing on a chart box query made by one of the members, she requested Amref Ha to provide an update on the suspended SRs.

In his response, the National Treasury highlighted that during grant making, the discussion to improve and harness accountability of the RSSH grant through effective RSSH Coordination was discussed at length and it was agreed that the RSSH grant would be domiciled in a Health Sector Working Group and currently the TORs were being finalized. He reminded the meeting that a new RSSH SR had been established to coordinate the RSSH functions of eight or nine implementers.

The SR would be required to hold monthly engagements to coordinate the process. The PRs in turn would be incorporated in the HSWG and actively engaged in the implementation plan to ensure that the health system agenda becomes more prominent in the country. On the tax exemption master list timelines, he informed the meeting that the master lists were generated by PRs and the National Treasury on its part had coalesced many parts of the master list to one common piece to make tax exemption process easier.

Amref HA, took note of the question on suspended Sub recipients and noted that Amref Ha was keen to provide guidance based on the Direction provided by KCM. Currently the PR was working with the legal team to fully investigate the fraud and ensure the misappropriated funds are reimbursed before the PR considers strengthening the SR governance issues which emanated from the last grant. On the RSSH Grant, he informed the meeting that Amref Ha had engaged the different divisions on the MOH Example National reference lab, Division of Family health etc. as they waited for the operationalization of the RSSH HSWG. On the CSS component of the RSSH,

Amref had reached out to RSSH Technical Working Group to provide the prerequisite oversight for all the CSS related activities which would include close collaboration with the KRCS.

That the RSSH Grant was not domiciled in any of the SRs as it was a work in progress and the implementation framework was yet to be agreed on and institutionalized. That for the tax exemption letter, Amref Ha had submitted its master list at MOH, and he was hopeful that the process of getting the approvals would be concluded in a timely manner. He requested the KCM and TNT to facilitate the finalization of the general tax exemptions to allow for timely procurements. That Amref Ha had initiated some procurements and had started working on Oxygen procurement and an advert would be out very soon following Global Fund approval.

The coordination and collaborative opportunities of the TB and HIV Integration were greatly harnessed in the procurement of the TB Gene expert machines and cepheid cartridges. That the challenges they experienced were the late engagement of the SRs and delays in launching of procurements. However, Amref Ha was working very hard to mitigate these negotiations. That engagement of non-SR organizations was already an internal conversation and his team was planning to rope in UNAIDS, KCM Members, KRCS and other stakeholders as deemed necessary.

The chair appreciated the responses and noted that KCM would be waiting to receive the feedback, especially on the suspended SRs.

Member ML/BL Thanked Amref HA for the clarification but however, wondered whether the actions to consider the SR reinstatement by the PR were supported by the KCM and Global Fund policies. That a discussion to consider the reinstatement and decision to continue working with a suspended SR should be further engaged.

KRCS stated that the specific question on PMTCT and geographic spread, was answered during the grant making process and the guidance was provided based on the guidance by NASCOP on the 7 Asaal counties, High prevalence counties and limited finances available. That there were activities in the new grant that would heavily rely on multistakeholder collaboration and a clear work plan would be availed and include joint supervisions and biannual meetings to touch base on grant implementation. That the on boarding of SRs had been very successful in this grant unlike

in the last grant as most SRs are already on board. The pending activities are the procurement of NSP kits and PPES which have been streamlined, critical activities identified and KEBS Quality compliance completed. These commodities and those undertaken in the Global Fund Pooled Procurement Mechanism/WAMBO would be completed soon.

On the involvement of the informal private sector in production, procurement and distribution of PPEs, she hoped that the informal private sector had placed bids and she would be keen to observe the prequalification of tenders to check whether the informal private sector meet the threshold.

KRCS agreed with the previous speaker by stating that KRCS was happy to work with the different partners and stakeholders and hoped that the informal private sector placed their bids as the tender process was an open competitive process. However, if room for adjustment of the tender rules to institute affirmative action, then this conversation would be held at the KCM level and guidance cascaded to the PR.

On Coordination between the different stakeholders, she informed the meeting that KRCS was working closely with NASCOP and NACC and had their first meeting in the month of May to look at the general grant and plan further engagement. That KRCS was happy to engage with the CSOs and had held a meeting with the Chair non state actors last week to address and agree on critical matters. She further stated that frequent non-state meetings with the PRs would be harnessed on a monthly basis.

Member ML/BL following up on a comment made earlier in the meeting, she informed the meeting that the PEPFAR team was open to working with the PRs to discuss both Global Fund and PEPFAR implementation to ensure there were no overlaps in the overall HIV/AIDS and TB programming (especially in regard to PMTCT) and was sure USAID would also be willing to coordinate in terms of malaria programming.

Alternate member representing the Informal private sector noted that PR engagement with the KCM was paramount to resolve bottle necks encountered. She felt sad that money meant for beneficiaries was being returned yet the needs were overwhelming.

Alternate member representing the FBO appreciated the presentations; she wondered what other roles KCM could play in order to appreciate regular updates especially on the large budget items as it was really disheartening to lose money yet the population is unable to meet its basic needs.

Alternate member representing Key populations noted that the KCM and its stakeholders needed to be in tune with donor priorities in the country. He appreciated KRCS on the on- job Training it was doing for its SRs. He however wondered why it was only subjected to new entrants and not in a continued capacity. He also requested that the KCM receives Covid 19 updates on procurement in a quarterly manner.

Alternate member representing the COG, agreed that the KCM needed to have visibility of all Covid 19 procurements to allow members appreciate progress made. She also sought an update on the county specific budgets. Lastly as an emerging need, she felt that entry meetings with counties were very important as some governors and county leaderships were not aware of some of the SR activities undertaken in the counties.

The Oversight Officer appreciated the member comments concerning the need to harness grant oversight. She informed the meeting that the Oversight Committee realized that there were gaps in terms of implementation and instituted the grant monitoring tool that would be able to monitor grant implementation, challenges, mitigation factors and high budget movers within the specific PR budgets. That its institutionalization and administration had been a success and the oversight Committee had been able to monitor the grant, identify bottlenecks and come up with action plans which are feedbacked to PRs and other stakeholders. She further stated that a Covid-19 update as of the month of May had been provided to the oversight committee and reviewed but quickly noted that if an update is sought for the month of June, that could equally be requested and shared with members.

Member representing PLWD/HIV appreciated the support she received during her convalescence. She noted that Covid-19 had interrupted and distorted very many systems influencing patient flow, procurement of commodities and even livelihoods. She noted that the PRs were now working in uncertain times and enquired on what mechanisms had been put in place to ensure that the KCM was able to monitor grant implementation and subsequent visibility improved.

KRCS clarified that the on job Training she referenced to in her presentation, was mostly centered on program implementation to ensure that hiccups on initiation of the grant were identified and dealt with. That there was a need to build capacity of the implementation partners. She further clarified that Procurement of PPEs had been unlocked and distribution would happen any time soon. She agreed with the oversight Officer by stating that further responses would be provided in case additional information was sought. She also opinionated that notifying of governors on implementation of the grant was a welcome move and an important avenue to provide updates and other presentations as advised by KCM.

Amref Ha noted that the Covid 19 procurements under his docket had been Contacted and distributed except from latex gloves which were nonresponsive. However, Amref was working overtime to ensure that the commodities were in the country within the shortest time. That Amref Ha had realized significant savings and would soon be approaching KCM with a reallocation request. On the oxygen front, additional funding from Global Fund of 29 million had been received with the aim of fast tracking the procurement process. That in addition to launching procurements, the Amref Ha team was fast tracking laying down of Oxygen infrastructure based on the specifications provided. That this matter is currently being reviewed by the Global Fund and tender advertisements are expected to go out by Monday morning. He assured the meeting that Amref HA was moving with speed to ensure challenges are addressed within the specified implementation timelines.

Member representing the Informal Private sector requested that the PRs make deliberate efforts to capacity build the informal private sector to allow them to compete on the same leveled ground with other key stakeholders.

The Chair appreciated the member comments and guidance provided on that agenda item. As a way forward she guided that it would be important that: -

- 1. KCM receives procurement specific updates on quarterly basis*
- 2. In addition, the PRs will be required to share Covid-19 status update on a quarterly basis highlighting what has been done and what is projected for the next quarter.*

3. *Joint planning / hold county joint entry meetings for the new grant Joint team i.e., COG, KCM, PRs, Programmes, NACC and SRs.*
4. *That the PRs would engage the KCM constituencies regarding the implementation of Community systems strengthening component*

Min 4/1/07/2021 Report on ARVs Stock Status

- **Update on Status of HIV Commodities: Presentation by the National Treasury and NASCOP- Dr. Catherine Ngugi**

OUTLINE: National ART Patient Numbers and ART Regimen Trends; Antiretroviral therapy Commodities Stock Status at the; 1. Health Facilities; 2 KEMSA-Central stores;3. Procurement pipelines; Commodities stocked out and mitigation measures; HIV Rapid Test Kits Commodity Status; GOK-MOH Planned Procurement 2021-2022; Status of USAID Commitments/Donations - FY 2021; Recent TLD Distribution – May & June 2021; Donations from CHAI/UNITAID, UN FAMILY. **Commodities: Stocked Out and Mitigation measures;** Early Infant Diagnosis Reagents; Country Monthly Need- 8800; USAID April Donation (Already Distributed)46935; GOK procurements 20,400; USAID procurement51216. Viral Load Reagents: Country Monthly Need 96813; USAID April Donation (Already Distributed) 126296; GOK procurements97400; USAID procurement1063192. DBS Bundles; Country Monthly Need1254; USAID April Donation (Already Distributed)23876; GOK procurements1050, USAID procurement25680. Stocked out since June 2021. 9 Viral Load and Early Infant Diagnostic Laboratories in the country are holding approximately 2 months backlog of samples. **HIV Rapid Test Kits (RTKs)- Commodity Status:** Recent stockouts of Determine RTK occasioned by: Delayed delivery by supplier: the consignment was delivered on 14 June 2021 as opposed to 15 May 2021. KEMSA closed the warehouse temporarily for stock take in June 2021. Distribution for Q3 is ongoing. **GOK-MOH Planned Procurement 2021-2022 on Voluntary Medical Male circumcision, Opioids Substitution Therapy & STIs D rugs, Condoms, lubricants and dispensers, Lab Products, Medicines for Ois, Nutrition Products, ARV medicines (for ART, PMTCT, PrEP, PEP) Total GF 2021/22- Total 61,102,872. CPF 2021/22- Total 13,216,555; USG - 2021/22- Total 69606202. Recent TLD Distribution – May & June 2021;** TLD 300/300/50Mg packs; USAID-Quantities Distributed- 604,026; USAID-Quantities Distributed- 903,744; Total Distributed-1,507,770; Months of Stock Distributed-5. *Currently all facilities well stocked with TLD. Revert back to 3 Multi Month Dispensing (MMD).* **Donations from CHAI/UNITAID, UN FAMILY- total 51,710,400.**

Discussion

The chair appreciated the presentation on the HIV Commodity Stock status and encouraged the lead-NASCOP to provide quarterly updates of this nature to allow the KCM appreciate progress realized. She appreciated the UN Family and CHAI for their donations which go into ensuring the people living with disease access their drugs.

The chair further sought guidance and assurance that the beneficiaries would not miss their drugs and no stock outs would be experienced seeing that TLD had only a month worth of stocks at the facility level whereas only 2months of stocks were available at the Central stocks. She also noted that there was a planned ministry piloting with the pediatric new drug regimen, and sought to find

out what areas were in consideration in the piloting program and if the children were assured of the drugs without interruption. She invited members to make deliberations.

Dr. Catherine Ngugi- NASCOP appreciated the chairs comments and highlighted that in regard to TLD, already June instruction have ensured 1.5 million drugs has been distributed. That now facilities have more than 3 Months of stock and would be reverting to multiply dispensing in the next 1-2 months. On the Pediatric formulation- DGT 10, guidance is that there are 28,000 drugs in the country; The UN will be providing 48,000 as well as Government procurement through the CPF will cater for over 50,000. That the transition from the drug regimens-Kaletra to DGT 10 will happen in phases which is aimed to ensure stockouts are averted. The sample selected for transition was based on the number of HIV Clients in the county/Region, The prevalence of HIV, viral load suppression and geographic balance. She encouraged all the partners to follow the MOH set guidelines in the transition process.

Alternate member COG appreciated the work that gone to ensure HIV commodities were secured in the country. She requested for a status update on availability of viral load tests and early infant diagnostics, bearing in mind counties were reporting stockouts of these commodities.

Member representing PLWD/TB constituency appreciated the lead- NASCOP for her consistency in addressing the ARV issues and was happy that now there was some head way in the matter. He informed the meeting that NASCOP had reached out to communities to facilitate the rolling out of the drug- DGT 10 and that the list of participants would be available by the end of the day. He asked that government works with the concerned people to help manage panicking and relay population anxieties. That a united front would address some of the anxieties.

Dr. Catherine Ngugi- NASCOP referencing her presentation indicated that the months of June had a gap on the HIV Testing commodities which was occasioned by supplier delays and temporarily KEMSA warehouse closure due to stock taking. She however reassured the meeting that KEMSA has initiated the distribution of these commodities. That they were also working out modalities where counties would be allowed to pick drugs directly from KEMSA once stockouts are experienced. She also took note of the member PLWD/TB sentiments and appreciated the collaboration and coordination between the communities and the GOK.

Dr. Peter Kimuu-TNT, noted that whereas he appreciated the milestones achieved so far, there is need to be keen on procurement establishments to ensure that procurements are realized in time remembering that there is a 9-month lead time even when systems are working exceptionally well is required and management of the supply chain was very important.

The chair appreciated the update and the closure provided by the NASCOP presentation. She noted that such updates were a welcome move to ensure that KCM was in full view of all implementations. This collaboration would allow the KCM to strengthen end user's disease response and engagement between the beneficiaries and the Government. She requested that the secretariats follow up with NASCOP to ensure all procurements are followed through within the required timelines and commodities are in the country at good time.

Min 5/1/07/2021 Management Committee Report: Presentation by the Chair Management Committee

The Chair appreciated the Members in attendance for finding time to join the call. She requested non KCM members to drop off the call to allow the KCM deliberate on in house matters.

Presentation on CCM Evolution by the Management Committee Chair

Presentation Outline: Update on CCM Kenya Evolution Project; Coordination framework/summary of the programmatic activities/budgets to be implemented in the Counties /indicative overall total health products and technologies to be distributed; KCM Workplan and Budget July 2021 to June 2022; Management Committee Recommendations/ Ask. Introduction: Management Committee held a special meeting on 15th July,2021 and reviewed; The progress made on CCM Kenya Evolution Project. 2. Coordination framework/summary of the programmatic activities/budgets to be implemented in the Counties /indicative overall total health products and technologies to be distributed. KCM Workplan and Budget July 2021 to June 2022. *Three in one presentation. KCM evolution task force to update KCM on CCM Evolution project, Budget committee to present the final workplan and budget for approval. The National Treasury to present the coordination framework/summary of programmatic activities/ budgets to be implemented in Counties. CCM Evolution Project:* Presentation covers the purpose of the evolution, the dimension of the analysis, the data sources, the timelines, the process, sources of data and some early headlines. The expectations: – Better aligned with national structures. Sharply focused on investment results. Strong governance to ensure health challenges are addressed. Evolution interventions –Scope of Inquiry: Active oversight of investments to ensure impact. Meaningful constituency engagement and information sharing, particularly with civil society and communities, 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 Consultant* conducts appreciative inquiry; *Consultant & KCMTF*- Propose prioritized areas and interventions; *Global Fund*- Reviews and validates proposed areas and interventions; KCM receives and implements validated interventions. Data Sources: *Key informant interviews:* KCM Members, Development Partners in Health Kenya Secretariat, KCM Secretariat. *360 Survey monkey respondents:* CCM Secretariat, Members and Alternates. Current profile of KCM on the Threshold Tool; Overall Level Achieved by Area of Responsibility- Oversight- 58%; Engagement- 58%; Positioning-52%; Operation-67%. 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. KCM membership tenure too short, turnover too frequent. Strategic Positioning: A strategic planning process has produced a shared vision. It is unclear how this plan is being reviewed and tracked. Stakeholders feel a need for a deeper conversation around ‘beyond the Global Fund. Operations: There is evidence of a respectful and inclusive process at the KCM. Clear documentation and 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. Implementation of Global Fund Grants in the Devolved Health Service Delivery System. GF Recommendations: Task: Identification of county level activities, including specific counties where activities will be implemented where possible. Estimating overall total HPTs to be distributed to the 47 counties. Defining a documented

process that ensures county governments and CHMTs know in advance and are involved in both the planning and implementation processes. Out puts: Grant detailed budgets with county level programmatic activities identified. Overall total HPTs to be distributed to health facilities in the 47 counties estimated. Documented process for county and CHMT involvement in implementation of grant programmatic activities by having a Summary county- 1. level programmatic activities; 2. Quarterly programmatic activities by county; 3. Coordination mechanism between national and county level. Coordination mechanism between national and county level: Global Fund County work plans. Programs to formally share annual work plans for programmatic activities by county at start of FY with copies to CoG. 2. Activity planning and implementation. CDoH designated Global Fund implementation focal person initiates approval of activities by County Director. Director submits approved activities online to Program Head. Designated Program officer works with county designated focal person to organize the activity. County designated focal person carries out the activity with logistical support from designated program officer. 3. Activity reporting. County designated focal person compiles activity report on a standard template. Report endorsed by designated Program officer. 4. Payments. Participants' information captured in standard payment schedules; and schedules endorsed: Prepared by: [Activity focal person – county]. Reviewed by: [GF coordinator – county]. Approved by: [County director / Chief Officer]. Payment schedules submitted to Program Head. Payments effected via Mpesa.

DISCUSSION

Chair appreciated the various teams for the work that had gone into the evolution process, Implementation of Global Fund Grants in the Devolved Health Service Delivery System and Budget writing process. She particularly commended the TNT for taking lead in process of devolving health Services to counties and expressed optimism that would better service delivery to the grassroots. She however sought to understand whether the recommendations had been shared with the Global Fund and whether the TNT had appreciated feedback of the same.

2021/22 KCM Budget and Workplan – Presentation by Ad Hoc Committee Chair

A budget Ad Hoc Committee was formed to work with the Secretariat in fine tuning the Draft Workplan and Budget for 2021/22. The Chair of the Ad Hoc Committee presented a revised budget, based on recommendations of the Management Committee held on 15th July 2021. The Management Committee in its deliberations, recommended the committee increases the budget by 20% to cater for priority activities. They recommended that all the activities be included in the budget and what was above, be considered as an above allocation. Among activities enhanced in the budget included, Transport Refund which had been increased from 3000 to 5000; An addition of Transport Refund and DSA for members coming from outside Nairobi to be accommodated when attending meetings; Increase in Airtime and Data bundle allocation from 4000 to 6000; and Increase in DSA for participants during Constituency Engagement Meetings from 10000 to 12000.

Chair budget committee noted that the budget documents were revised, and the process had not been an easy one. He welcomed members to provide guidance on what areas the budget should cover so as not leave any member behind.

Discussion and Way forward

Member representing NGOs asked the Committee why the requests from Members to be considered for Transport Refund during meetings was not factored. Many members have been coming from outside Nairobi, and not just those coming from Coast, Informal Sector and AYP.

Budget looked at an allocation for AYP and Informal Sector, and only added those coming from Coast. However, the KCM members were at liberty to advise on who should be factored, and it will be worth noting that if that direction were to be taken, then members would be required to state where they come from.

The committee members also noted that the increment on the budget was only 20%, which totaled to Kshs. 5million. Draft budget means it is not final, and therefore, what members feel should be added can be included in this forum. At the same time, volunteerism has a limit, and it is for this reason that members need to consider having a Siting Allowance to address the time lost while attending meetings.

KCM also needs to be formalized so as to have rights and can make their demands. Evolution outcome will be shared. Issue to register KCM mentioned in this report, and feedback will be seen from Country Team.

Member from FBO noted that the KCM during the Retreat, members requested to have structured Stakeholder engagement funded by PRs.

Representative of PLWD-TB - Factor support for Transport and Airtime for participation of Non-State Actors. Members cannot just volunteer to do everything, and there is need for support. Members need to factor DSA for attending KCM meetings, and at the same time, members as a way of mobilizing resources

Member from Informal Sector - Above expenditures should be looked for among other partners. Members have been spending more than is allocated, and therefore that support should be factored as a standing item, and not base it on savings.

The Alternate Member for the Informal Sector – Members have asked for many things and they are getting tired, since most of what they requested is not factored. She however requested that the budget goes as it is, but then have a above allocation presented, and use it a mobilization tool.

The Alternrate Member/FBO asked if it would be useful to first have a list of Activities that should be added, for the Budget Committee to cost and submit the Workplan for final review. She at the same time raised a concern noting that members from the other constituencies were very quiet on budget matters. She said that it would be good if the members supported the sentiments of the non-state to confirm that they were in agreement.

The Meeting was informed that the committee comprised of members from both state and non-state members.

The Representative of PLWD-HIV informed members that GF prioritises the engagement (being supported with what you need to engage). There is need to have all those members need is added in the budget, and have an ambitious budget, and see if GF can consider having and addition for the budget. Having served in the GF Board, she informed the meeting that GF appreciates ambitious budgets.

Way forward

Chair noted the stiff timelines and sought guidance from the budget Committee chair on whether the team would be able to turn around a re-work of the budget. To further strengthen the budget adoc committee and improve the turnaround time, she recommended the addition of Member representing the FBO Constituency onto the team based on his finance and budgeting expertise.

The Non-State Actors were requested to bring/raise their needs to the committee for costing and inclusion in the budget, as contained in the NSA Whatsapp Wall.

She further advised members to commit to respond to an online approval request, to ensure that the Workplan is submitted by Sunday 25th July.

Grant Implementation Arrangement – Presentation by Dr. Kimuu

Dr. Peter Kimuu-TNT recounted that his team through the KCM Adoc committee on implementation arrangements was able to share all the documents as required by Global Fund and they were currently updating all the documents as they await Global Fund Feedback in the next few days.

Member PLWD/ TB wondered why the county specific budgets and activities did not receive a note from KCM through endorsement.

Dr. Peter Kimuu noted that the timelines were very tight, and the undertaking was not an easy task. However, the teams worked under the KCM adoc committee on implementation arrangements, made a presentation on the management committee that readily consented to the matter.

The KCM Coordinator added that the management committee reviewed the documents and the summary reports shared with all the KCM Members ahead of submission. They were however submitted to the Global Fund to beat the revised deadline.

The Chair informed the meeting that the matter was discussed on the management committee extensively and it was agreed that KCM Members would receive the documents before sharing as the execution time had very tight timelines. She requested that TNT provides feedback once it received it from the global Fund.

- Recommend /approve Coordination framework/summary of the programmatic activities/budgets to be implemented in the Counties /indicative overall total health products and technologies to be distributed.

Min 5/1/07/2021 Min 1/1/07/2021 Confirmation of Minutes of the KCM meeting held on 16th and 17th June,2021 and matters arising.

Members were taken through the minutes of meeting held on the 16th and 17th June 2021/ Matters Arising. The minutes were adopted with amendments on “inclusion of apologies from Dr. Anastasia Nyalita.”

Proposed by Mr. Titus Munene

Seconded by Ms. Eunice Fedha

Matters Arising

On Inclusion of representation of a member of the non-state actors on the appeals committee the KCM secretariat would liaise with the chair non state actors for a suitable replacement before Monday 26th July 2021 ahead of appeals committee reconstitution and engagement.

KCM had received appeals from NOPE, SHOFKO, TENWEK, TERRY, HEROES OASIS and Family Programme Promotion Services There was need for KCM to acknowledge receipt of the appeals for the appeals committee to commence its review.

Chair on behalf of the KCM acknowledged the receipt of the appeals. The meeting requested the appeals committee to review the appeals and provide feedback to the KCM during the next KCM meeting to be held in August,2021 provide

Min 1/1/07/2021 AOB

The meeting agreed that the next KCM Meeting would be held on any day of the second week of August 2021