

KENYA COORDINATING MECHANISM FOR GLOBAL FUND

GOVERNMENT CONSTITUENCY WORKSHOP-2022

INTRODUCTION

The Global Fund assesses CCMs through 6 Eligibility requirements. Constituency engagement is a key eligibility requirement for CCMs. One of the strategic objectives of the KCM is to engage constituencies and share Global Fund information transparently, equitably and accurately.

The KCM Government Constituency engagement was held on 18th to 20th May,2022 at the lake Naivasha Resort.

This meeting was attended by MOH, Directorate of Health Sector Coordinating and Intergovernmental Affairs, Tax exemption and supplies chain management services departments, NACC, TNT, MOD, Department of RSSH, DNMP, HSWG, COG, NASCOP and KCM Secretariat.

PURPOSE

Engage with GOK Constituent members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

SPECIFIC OBJECTIVES

The Objectives of the Government Constituency workshop include.

1. Update Government Constituency members on the 7th Global Fund replenishment
2. Update members on the KCM Evolution project
3. Operationalization of Health Sector Partnership and Coordination Framework
4. Receive updates on the strategies to accelerate attainment of Universal Health Coverage / discuss strategic areas of collaboration.
5. Participation of Government Constituency members in KCM/GF Decision Making Processes.
6. Review Global Fund Grants Performance / Discuss strategies to ensure continuous improvement of grant performance.
7. Develop GOK Constituency 2022/2023 Action plan

DISCUSSIONS

1. Highlights on the KCM Evolution project.
2. GF Grant performance status, accountability of GF Grants/ Risk Management.
3. Participation of Government Constituency in GF /KCM Decision making process
4. Coordination/implementation of RSSH / interventions /Activities supported under GF Grant.
5. Strengthening procurement and supply chain system for HIV/TB/Malaria Commodities

RECOMMENDATIONS/WORKPLAN 2022/2023

KENYA COORDINATING MECHANISM FOR GLOBAL FUND GOVERNMENT CONSTITUENCY WORKSHOP HELD ON 18TH TO 20TH MAY,2022

Discussion	Recommendations	Responsible Entity	Timelines
<p>Evolution project.</p> <p>The CCM Evolution Strategic Initiative is a catalytic opportunity to enhance and equip CCMs to facilitate inclusive oversight and meaningful engagement in alignment with national/Country structures for sustained health governance.</p> <p><i>Process:</i> Needs assessment done & Individual member consulted/GF analyzed all submitted documents/ Trend analysis, and four priority needs were identified.</p> <p>Members endorsed the prioritized areas and Objectives. KCM Evolution taskforce constituted with representation from management & Oversight committee members.</p> <p>Project currently in stage 2- (1) implementation where the GF has allocated local and international consultants with the aim of</p>	<p>Gok Constituency members to participate actively in the KCM Evolution project discussions MOH, NACC, TNT, KEMRI, MOD</p> <p>MOH, NACC, TNT, KEMRI, MOD, Consideration for Ministry of education</p> <p>County Government Members, CECMs, CCOs & CHD -3 Alternate, COG Secretariat -3</p>	<p>KCM/GOK Constituency/KC M Secretariat</p> <p>COG</p> <p>KCM/GOK Constituency/KC M Secretariat</p>	<p>December 2022.</p> <p>September 2022</p> <p>June 2023</p>

<p>developing a positioning plan based on needs & 2. Review of governance manuals to inform next steps.</p> <p>KCM looking to improve Oversight by use of dashboards. To take consideration for monitoring various parameters including implementation at the 47 counties & providing real time performance data.</p> <p>Oversight Field Visits noted gaps in GF commodity procurement and distribution. There is need to label and brand the GF commodities abate the GF policy guidance</p> <p>GOK Constituency meeting participation</p>	<p>Extend the meeting days to 5 days</p>	<p>KCM/Oversight Committee/KCM Secretariat</p> <p>Global Fund, KCM, KCM Secretariat</p> <p>KCM/GOK Constituency/KCM Secretariat</p>	<p>August 2022</p> <p>Life of this grant/ 2022-2024</p> <p>Immediately/ Next engagement</p>
<p>7th GF Replenishment</p>	<p>Kenya has committed to enhance pledge during 7th Replenishment.</p> <p>Country leadership to announce pledge during the 7th replenishment conference in September or October 2022.</p> <p>A joint planning meeting to be held in June 2022 to plan for in country 7th GF Replenishment event.</p>	<p>KCM/GOK Leadership/ GOK Constituency/KCM Secretariat</p>	<p>June 2022</p>
<p>Preparations for NFM4 Grant Application</p>	<p>Review of the National strategic plans.</p> <p>Global disease splits: any available funds for country allocation up to and including US\$ 12 billion will be apportioned as follows: 50% for HIV/AIDS, 18% for tuberculosis, and 32% for malaria.</p> <ul style="list-style-type: none"> Any additional available funds for country allocation above US\$ 12 billion will be 	<p>KCM, Partners, GOK, Other stakeholders</p>	<p>December 2022</p>
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	<p>apportioned as follows: i. 45% of such funds will be apportioned to HIV/AIDS; ii. 25% of such funds will be apportioned to tuberculosis; and iii. 30% of such funds will be apportioned to malaria.</p> <ul style="list-style-type: none"> • Need to Look at the prioritized disease splits and strategize for the next grant. • Review of NSPs -Heads of Programmes to take lead • Improved grant performance • Accountability • Co-financing 		
NFM3 Grant Implementation	<ul style="list-style-type: none"> ✓ improve support to SR &Kemsa ✓ Strengthen SR Oversight with focus on risk management ✓ Strengthen County engagement 	KCM GOK Constituency/MO H/TNT/ KEMSA/COG	Immediately
<p>County engagement</p> <p>What is the point of convergence between the programs and Counties? Are there review meetings? What are the gaps? Are the county strategies supported in the County work plans and development plans?</p>	<p>Team work, consultations and concurrence</p> <p>Joint consultative and review meetings KCM GOK Constituency/TNT/NACC/HSS/Program/KEMSA with CHMTs</p> <p>County specific/led programmatic activities. Need to redefine engagement with the counties to ensure maximum grant absorption to the last mile/beneficiary.</p> <p>Decentralization of the grant to counties – County lead activities need to be led by the County leadership.</p> <p>Clear frameworks will guide CHMTs /Health workers and enhance accountability mechanisms.</p>	KCM/ GOK Constituency/TN T/NACC/HSS/Programs/KEMSA/CHMTs/COG	<p>Immediately</p> <p>By September 2022</p> <p>Friday 20th May 2022</p>
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<p>How to engage Counties</p> <p>Absorption of counter funding</p>	<p>Joint consultative and review meetings KCM GOK Constituency/TNT/NACC/HSS/Program/KEMSA with CHMTs</p> <p>Have a joint induction/County Health leadership / PR KCM meeting & +/- program for orientation of the new county officers detailing the grant.</p> <p>Oversight of grant administration within the counties.</p> <p>Set up dashboard to monitor routine grant implementation respecting the role of KCM, PR, National and county & Governments to prevent abuse of the grant.</p> <p>Following expiry by previous MOU. Currently incorporating comments by the Attorney general's office and will be vital at strengthen engagement between the TNT and KEMSA. The TNT is also enlisting services from a senior procurement person.</p>	<p>TNT/KEMSA/KCM Secretariat</p> <p>TNT/KEMSA/AG</p>	<p>September 2022</p> <p>30th June 2022</p>
<p>Strengthening Oversight</p> <p>How to effectively Oversight the Grant</p> <p>Constitution of a GOK oversight arm/team that would be able to provide oversight to the SR/GOK prior to engagement with the civil Society</p>	<p>Clear Induction manuals and sensitization meeting- Key for new officers to effectively relay functions of the office and Job description.</p> <p>Strong/very clear monitoring and Oversight plans should be shared with the work plans and budgets. Clear indicators and follow-up actions of objectives</p>	<p>KCM/ Oversight/ GOK Constituency/Programs/ SRs.</p>	<p>June 2022</p>
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<p>PRs to support SRs on tax exemption.</p>	<p>PR to ensure MOH/TAX exemption department is invited to the QRM Meetings and provide presentations on direct weaknesses expressed in the grant.</p> <p>Technical issues/ contact the tax teams /have provisions for grace periods when challenges are communicated early- Reprieve may be provided by increasing the tax window or roll you over to the next month.</p> <p>Tax department to provide a help line/ Direct contact person on event challenges are realized.</p> <p>SRs to seek support from the PR when tax exemption bottlenecks are experienced.</p>		
<p>Division of National Malaria Program.</p> <p><i>Gap:</i> Convert the findings/key priorities to clear costed strategies</p> <p>GOK role in provision of GF community case management</p> <p>Innovations and local manufacturing</p>	<p>Review the key priorities early enough and translate that into a costed work plan. Have an answer ready to the question on who is better placed to do what activities.</p> <p>Promoting the local manufacturing while ensuring affordability, accessibility and quality standards are maintained. To consider PPM and provision of incentives.</p> <p>Creation of employment for the populace hence assuring affordability of the health care; increase tax margins/gains and use health as an economic driver.</p> <p>Explore the need to procure Mosquito nets and other commodities need to be procured locally.</p>	<p>KCM/Oversight Committee/ DNMP/GOK Constituency/ secretariat</p>	<p>September 2022</p>
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<p>Great investments have been made in Malaria. What are the reasons for delays in eliminating Malaria?</p> <p>Mapping Incidence and mortality trends nationally and county wide to show the gains.</p> <p>Leverage on tech platforms to address implementation and policy bottlenecks.</p> <p>Ensure the county participation in coining the malaria strategy.</p>	<p><i>Reasons for non-conformance:</i> Vector resistant, emergence of a new vector, behavior change/laxities.</p> <p>Program to Diversify malaria prevention measures to target impact.</p> <p>To mobilize funds to end malaria and not sustain the malaria by employing robust systems to enhance the visibility of commodities and strong monitoring plans and relate investments and outcomes.</p> <p>Have specific targets in disease prevalence reduction.</p> <p>Build strategies to manage boarder line malaria incidence/Cross boarder malaria.</p>		
<p>HIV Programming AYP Programming. Whether there are interventions addressing the core reason/root cause of the challenge.</p> <p>Implementation and Coordination of activities between the program and Non state PRs</p> <p>Priority interventions to improve client retention and viral suppression of adults and children living with HIV.</p> <p>Solutions?</p> <p>Vulnerability assessment-scope and innovations.</p> <p>Incorporation of commodity guidelines</p>	<p>AYP Priorities and interventions need to address the root cause i.e., cultural issues on sex, change perception from the family level.</p> <p>Non state PRs undertake community-based interventions. State PR undertake the health facility interventions</p> <p>Some of the interventions are guided by policy/ behavioral change agents & a multisectoral approach employed to primarily increase demand for services.</p> <p>Need for home grown solutions to our problems. Especially on cultural barriers.</p> <p>Concentrate on getting missed cases. Leverage on strategies performing well in some counties and use that information to</p>	<p>GOK/MOH/ NAS COP/NACC/ KCM/</p>	<p>Immediately</p>

	strengthen HIV response to other counties lagging.		
<p>TB Program National Strategic plan 2019-2023</p> <p><i>Main gaps: (identified through the prevalence survey)</i></p> <ol style="list-style-type: none"> 1. Case finding / missing TB Cases/ Gender preference in men 60-70% & women above 65 years of age as well as densely populated regions. 2. Economic resources patient burden especially for MDR TB 3. New leprosy cases on the increase 4. Challenges in surveillance and late diagnosis. 5. Disease co-morbidity. <p>Need for multisectoral collaboration and engaging all care providers. Where is the point of synergy? Ensure counties are around the table.</p> <p>Very high TB Mortality rate @ 12%. Recommendation/ specific strategies to isolate key problems / approximately 32,000 people die every year.</p> <p>Role of Innovations in case finding prevention and treatment.</p> <p>Protocols and guidelines</p> <p>Gene xpert utilization/ case/disease detection</p> <p>Culture laboratories</p>	<p>Need to prioritize engagement with the private practitioners to find the missing cases.</p> <p>Have a few strategic issues for counties to prioritize.</p> <p>Brest practice for KCM need to be highlighted on the Kenya health convention. Currently KCM has been anchored in the level of the health sector partnership and coordination. Discussions ongoing.</p> <p>Innovations available need to be reliable, cheaper and increase access to diagnostics.</p> <p>Program following GF and WHO guidance on best practices ie around Gene expert, Tru-nut, using alternate specimen for testing apart from sputum, Use of x-rays. Challenge however noted on logistics.</p> <p>Incorporate specimen review/screening not only for TB but other pathogens and processes. While Multiflexing- consideration for specimen workload for TB diagnosis is key.</p> <p>Availability of regional laboratories and investments in this area are a plus. The is however need for more to be done I this area.</p>	<p>TB Program, Private practioners/KCM/ GOK/COG/Count ies/MOH/</p>	<p>September 2022</p>
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<p>Need to change TB thinking space. Strategize initiatives, resources, equipment & commodities</p> <p>NHIF/ social support</p> <p>Finding missing cases @ 40% What will happen if the Gene expert machines become absolute</p> <p>Sustainability</p>	<p><i>Proposal:</i> TB Programs to do a CAP-MEMO with the request and justification for the same i.e., the high number of deaths as result of TB</p> <p>Need to change the approach to application of social support systems from other sources particularly on MDR patients to avert delays during the writing process.</p> <p>Missing cases should be captured routinely in Health facilities and the community to the greatest extent possible.</p> <p>TB focus is multisectoral and the TB Program needs county interventions as services are delivered in the counties. Active case finding is done at the county level.</p> <p><i>Proposal:</i> Have a forum with counties and together work towards solutions. Donor to only provide high level support.</p> <p>Donors cannot provide support in all health matters. Counties need also to provide a commitment/CPF</p> <p>Diversification of technology is key to ensure innovations do not become absolute.</p>		
<p>Coordination and implementation of RSSH activities.</p> <p>MTP4 and MOH reforms</p> <p>Economic growth and National development.</p>	<p>Review of the organizational structure in line with the constitution/ UHC Agenda. MOH working on organizational structure</p>	<p>KCM/MOH/RSS H/PR/ Oversight</p>	<p>Immediately</p>

<p>RSSH Priorities for the new grant</p> <p>RSSH Department involvement in the KCM processes/ Oversight</p> <p>Relationship between RSSH and community strengthening as well as the</p>	<p>Improve linkages between research and policy. And possible integration as the main driver.</p> <p>RSSH Priorities for the new grant Work in progress. data analytics/ linkages with policy development- etc</p> <p>Integration of various components and GF processes as well as UHC. Attempts by MOH to bring the various systems to</p> <p>HSSD to participate actively in KCM Activities/processes-invites to be send to HSSD Official email to address RSSH TWG established meetings to start in June ,2022</p>		
<p>Accountability of GF Grants/Risk Management</p> <p>Deteriorating Kenyan Risk mitigation measures i.e., KEMSA because of Inadequate policies, external interference.</p> <p>Slow procurement processes How do we deal with prevailing risks?</p> <p>How does the PR proactively provide support to the SR especially on procurement</p> <p>GF HRH issue. What was the official communication from the GF supported staff? Available Budget? KCM Secretariat initiated the process to uptake the GF HR.</p>	<p>Need to Strengthen specific FM Risk management, i.e. accountability, early warning systems, proper reviews and Oversight.</p> <p>Follow through/ answer the GF action points following the OIG.</p> <p>Current Procurement system works through forecasting and initiating the processes early and close follow-up.</p> <p>Shift from reactive management, focus on implementation and focus on actions.</p>	<p>MOH/GOK/KEMSA/OVERSIGHT/TNT/Programs</p>	<p>30 June 2022</p>
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Gaps on ERP, Mobile money platforms, Biometric registrations

Key grant management issues are glaring.

Collaboration and partnership between the SR and PR. PR Oversight needs to be pro-active in provision of Oversight.

Need for official communication from MOH on absorption of GF supported staff. MOH has a transition plan, MOH is handling the matter. By law, a termination notices to be relayed to the PS MOH as these processes are ongoing.

Capability of ERP has capabilities right from inception to deliveries. Adoption= capability. Need to map the risks and mitigation factors.

The PR and SRs need to be able to strengthen its processes. Activity reports need to demonstrate achieved agenda/goal.

The Procurement officers at the SRs require to be capacity built. PR to provide support.

END