



KENYA COORDINATING MECHANISM

MINUTES OF OVERSIGHT COMMITTEE MEETING HELD ON 30TH NOVEMBER 2022 BETWEEN 9.12AM TO 2.20PM

Present

1. Ms. Margaret Ndubi	KCM Oversight Committee/chairing
2. Dr. Bernhards Ogutu	KCM Member/Chair OC
3. Mr. Philip Nyakwana	KCM Member/OC/ PLWD-TB
4. Mr. John Kihui	KCM Member/Private Informal Sector/OC
5. Ms. Hellen Gatakaa	KCM Oversight Committee/Malaria HSWG
6. Dr. Eunice Omesa	KCM member/ TB ICC
7. Ms. Joyce Ouma	KCM Member AYP/OC
8. Dr. Victor Sumbi	KCM Oversight Committee
9. Ms. Rosemary Kasiba	KCM Member/ OC/ KEY Pop.
10. Ms. Evaline Kibuchi	KCM OC Alternate / TB ICC
11. Ms. Eva Muthuuri	KCM Member/OC/PLWD/Malaria
12. Ms. Josephine Mwaura	KCM Secretariat (Taking Minutes)
13. Mr. Samuel Muia	KCM Co-Ordinator

In Attendance

1. Mr. Ahmed Said	KCM Alternate/ OC/ KEY Pop.
2. Ms. Evaline Kibuchi	KCM Alternate/TB ICC
3. Mr. Muiruri John	KCM Alternate/PLWD/Malaria
4. Dr. Peter Kimuu	TNT
5. Dr. Nakato Agnes	Health Systems Strengthening Department
6. Dr. Consolata Oggot	NASCOP
7. Ms. Rose Muthee	Health Systems Strengthening Department
8. Ms. Caroline Ngari	NACC/NS
9. Mr. Gordon Aomo	KRCS
10. Ms. Khalda Mohammed	KRCS
11. Mr. Patrick Igunza	AMREF HA
12. Ms. Gloria Okoko	AMREF HA
13. Mr. Benson Ulo	AMREF HA
14. Ms. Miriam Ngure	KRCS/ IGAD
15. Mr. Fredrick Chepkwony	KRCS/IGAD
16. Dr. Steven Macharia	DNTBLP
17. Ms. Phirez Ongeru	DNMP
18. Mr. Miru Kamau	TNT
19. Mr. Aiban Ronoh	DNTB &LP
20. Ms. Emily Muga	KRCS
21. Mr. John Kamigwi	KCM Secretariat

22. Mr. Kevin Ogola

KCM Secretariat

Apologies

1. Ms. Rose Kaberia
2. Dr. Andrew Silumesii

KCM Oversight/HIV ICC
ECSA Regional Grant

DRAFT AGENDA

1. Introduction/Apologies
2. Opening Remarks by the Oversight Committee Chair
3. Declaration of Conflict of interest.
4. Update on implementation of IGAD GF Grant
5. Update on implementation of ECSA GF Grant
6. Review of period 5 GF Grant Performance /ICC Recommendations
 - Presentations by In-country PRs on implementation status of main grant / C19 Grants/ Commodity stock status Report/ update on the RSSH grant. (15 minutes per PR/grant including handover)
7. Confirmation of minutes of the Quarterly Oversight Committee meeting held on 6th september,2022 and matters arising.
8. A.O.B

Min1/1/11/2022 Introduction/Apologies

Meeting called to order at 9.12 am. Opened with a word of prayer.

Members Introduced themselves as above. Apologies as above.

Meeting Nominated Ms. Margaret Ndubi as acting Chair as

proposed by Dr. Eunice Omesa

Secoded by Ms. Rosemary Kasiba

Agenda highlighted and meeting was informed that the days meeting would be receiving reallocation requests in addition to the dashboard presentations. The meeting Agenda was adopted as *proposed by Dr. Eunice Omesa*

Secoded by Ms. Evaline Kibuchi

Min 2/1/11/2022 Opening Remarks by the Oversight Committee Chair

The Acting chair welcomed the members to the meeting.

1. Ms. Margaret Ndubi KCM Oversight Committee/chairing

She noted that it was important to review the GF grant performance provide rich way forwards and recommendations. She once again welcomed all to the call.

Min 3/1/11/2022 Declaration of Conflict of interest.

No conflict of Interest was declared.

Min 4/1/11/2022 Update on implementation of IGAD GF Grant

Presentation by Mr. Fredrick Chepkwony

Presentation Outline: - Continuation grant status, Background, KPI Status, C19RM progress status, Challenges. **Project Description** TB grant implemented in Dadaab, Kakuma and Kalobeyei refugee camps. **Project Goal;** To compliment member States' efforts to realizing the ending of TB in the region. **Project Objectives-** To strengthen capacity for TB and MDR-TB diagnosis and TB (TB/HIV) service provision in refugee camps including cross border health facilities. To strengthen in-country and cross border collaboration of NTPs/NAPs for improved TB (and TB/HIV) service provision among refugees. **Action _ Previous meeting:** - The KRCS/IGAD Team, TB HSWG, and TB Program to roll out TPT services in refugee camps **Status;** TPT strategies has been ongoing in the refugee camps targeting people at highest risk of developing TB disease. In both Dadaab and Kakuma we have patients that are initiated in TPT interventions and the supported to access the drugs is through the Sub- County TB and leprosy Coordinators. However, this is not an indicator tracked through the regional grant but as a best practice in TB programming, the interventions are taking place. **Background** As the impact of drought and conflict in Somalia has escalated, more than 233,000 refugees from Somalia now live in Kenya's Dadaab refugee camp including around 20,000 who arrived from January to September 2022. The number of newly arrived refugees is expected to increase to 121,300 by April 2023. The current population of refugees hosted in the camp is more than triple the intended capacity. Measles and suspected cases of cholera have been diagnosed in the camp. Integrated outreaches including mass screening. All programmatic achievements as at July- September 2022 performed above 65% achievement except for the indicator on Number of bacteriologically confirmed drug resistance TB cases (RR and MDR-TB) notified whose target was 6; achieved-2 (33%). **C19RM Apr-Nov 2022:** - Provision of masks to community health workers or village health teams Status Procurement process started, Pre-award procurement review by LFA. Provide training to community health workers, leaders, groups, communities on IPC measures adherence to COVID-19 protection measures as well as stigma reduction. etc Status Partly done in Dadaab- CHVs will cascade to leaders & communities. Provide refresher training on on IPC measures and adherence to COVID-19 protection measures as well as stigma reduction. Status Not done, to be utilized to reach more community members- Train CHV on C19 vaccination hesitancy, stigma-include both CHVs & community/religious leaders. Provision of masks: PSM: Procurement agent and handling fee-3003. Provision of Masks: PSM: Freight and Insurance-1632 Status Reallocate to other activities eg coordination meeting. Support bi -directional screening/testing for TB and COVID-19 in refugee camp TB diagnostic and treatment units **Status** Not done. Support the provision of training on SARS-COV-2 Ag rapid diagnostic test **Status** Not done. Support bi-directional screening/testing for TB: PSM: Procurement agent and handling fee, Freight and Insurance & in country distribution cost Status Under UNHCR-Not aware of the progress, financial documentation. Procurement of SARS-COV-2 antigen rapid tests for the refugee camps, Procurement agent and handling fee, Freight and Insurance & in country distribution cost **Status** Under UNHCR-Not aware of the progress, financial documentation. **Challenges:** Erratic supply of some commodities i.e. paediatric TB formulation. Shortage of gene-xpert cartridges and breakdown of Gene expert machine at IRC leading to missed opportunities for potential DRTB Detection. Share with the LFA for pre award procurement review

Discussion

The chair appreciated the presentation from the KRCS IGAD Grant and welcomed members to make comments and provide inputs into the grant performance.

Discussion

1. On Stockout and erratic supply of commodities projected especially on the TB formulation, Gene xpert cartridges. What was the projected Grant requirement? What were the gaps? And lastly what were the required remedies/next steps? Efforts made to reach out to other stakeholder-TB Program/CHMT/partners to support the noted stock outs?
2. Whether the current drought and episodes of reported cholera have affected Global fund programming.
3. There is need to further describe the COVID-19 activities into categories and attach numerical data to expound/measure the magnitude of remaining activities.
4. What are the plans instituted to ensure that the activities not undertaken or partly undertaken such as Provide refresher training on IPC measures and adherence to COVID-19 protection measures as well as stigma reduction; Provide training to community health workers, leaders, groups, communities on IPC measures adherence to COVID-19 protection measures as well as stigma reduction etc. would be completed as per the schedule.
5. On activities where the SR is not aware of the progress made, should the KCM then open an investigation on the same or what support is required.
6. SR to provide clarification/ information on reasons for over achievement in areas where there is an over absorption of > 100%, yet some of the Programmatic activities have not been completed.

Responses

1. Stockouts were occasioned by a lack of COVID-19 Test Kits under CRM as well as the Gene expert cartridges in the last quarter majorly resulting from the National Wide stockout. Anti TB commodity supply has been erratic.
2. The Project has closely been collaborating with the DNTBLP Program and some commodities have been supplied by the National program. That currently they have a monthly allocation of an average 320 cartridges.
3. The SR will share additional data/progress report on the categorization of patients on TPT as well as the projection at the end of the quarter. However, this would not be an indicator that the same was able to be captured in the programming.
4. On support of bidirectional screening and well as the procurement of SARs-COV-2 antigen rapid tests for the refugee camps fell under the mandate of UNHCR and the IGAD/KRCS teams were not directly involved in the procurement process. Hence, they were not able to provide the defined dates/ schedules.
5. That whereas cholera and drought cases have been reported at the 2 camps, making the counties more drawn to mitigation initiatives, Global Fund Programming had not been affected directly and the SR had continued to implement as per schedule.
6. Regarding the over performance in some of the indicators, arose because the SR was able to expend more than what had been disbursed. He would provide a write up on the over 100% funds absorption rate, yet according to the Programmatic report some activities had not yet been done.

Way forward/Recommendations

SR to provide a write up/ additional information on plans in place to ensure activities yet to be undertaken or are partly undertaken are completed promptly.

SR to provide clarification/ write up on the over 100% funds absorption rate in some of the indicators. According to the Programmatic report some activities had not yet been completed.

On the low Absorption of the C19RM, especially in adoption of a bio directional screening by all players both for the regional and in country grants, how is this being prioritized based on the C19RM Reinvestment Requests?

The overall commodity stock management streams need to be streamlined in the overall HIV/TB and Malaria commodity chain management systems both at the refugee and in country processes to ensure the vulnerable populations are reached timely and adverse effects averted.

The SR will share additional data/progress report on the categorization of patients on TPT as well as the projection at the end of the quarter.

Min 5/1/11/2022 Update on implementation of ECSCA GF Grant; Global Fund Regional TB Laboratory Strengthening Project: **ECSCA-Uganda SRL Regional TB Lab Project.** Project goal: To Network and support National TB Reference Laboratories in 21 countries. Principal Recipient: ECSCA HC; Sub-recipient: MoH Uganda (SRL). Grant Life: Phase III (July 2022 – June 2025). Grant rating: A1. Total funding: USD 4,000,000. **Project targets; ISO 15189 Accreditation of National level labs:** Support to National TB Reference Laboratories (NTRLs) to improve their quality management systems and achieve ISO 15189 accreditation. **Target:** 4 NTRL to achieve ISO 15189 accreditation and at least 10 NTRLs to achieve at least a 2-star incremental progress (from baseline) towards achieving accreditation. **Continued support for QMS** through scaling up successful participation of TB network labs in proficiency testing (PT) schemes for 1st and/or 2nd line phenotypic and genotypic DST: **Targets:** a) At least five NTRLs to achieve ISO 17043 certification for coordination of the National EQA schemes. b) TB network labs in 21 countries successfully participating in PT schemes for 1st and/or 2nd line phenotypic and genotypic DST. **TB Sample referral system development:** Support integrated national sample transport and Laboratory Information Management systems (LIMS) to ensure compliance with test specific Turn Around Times (TAT) and enhanced clinical management and TB case notification. **Target:** 85 % average compliance with test specific Turnaround time in TB network labs in 17 countries. **Support to Kenya NTRL July – Sep 2022:** Virtual meetings with the NTP and NTRL on Drug Resistance Survey implementation; survey protocol is currently being reviewed. Virtual meetings with NTRL to discuss the operationalization of the laboratory aspect of the National Strategic Plan. WHO Kenya is willing to cover the in-country costs related to the same in regard to convening stakeholders etc while the SRL through the project would support a mentor to participate in and support the process. Provision on Proficiency Testing panels. Panels were dispatched at the end of June 2022 for GeneXpert, Microscopy, LPA, Culture, DST (delivery to the NTRL was in July 2022). Feedback has been shared on their performance for Xpert, copy and culture. **Support to Kenya Sept 2022 – June 2023:** 1. Support towards NSP development and operational plan development for NTRL. 2. Support towards DRS implementation. 3. QMS training on 17043 for

one selected NTRL staff. 4. Provision of PT panels in February and August 2023. 5. Training on integrated sample specimen referral for 2 selected participants from the NTRL. 6. Technical assistance to support implementation of integrated sample specimen referral.

ECSA-Uganda SRL Regional C-19 RM Grant Update: The East, Central and Southern Africa Health Community (ECSA-HC) secretariat in collaboration with the **Ministry of health Uganda through the Uganda Supranational TB Reference Laboratory** and the **Africa CDC** have secured a one-and-a-half-year grant through the Global Fund for the COVID-19 Response Mechanism **Total funding:** USD 1,819,230. **Duration:** July 2022 – Dec 2023.

NB: -The ECSA team did not attend the meeting to make the presentation. They however shared the presentation as highlighted above. The presentation was not projected and discussed.

Min 6/1/11/2022 Review of period 5 GF Grant Performance /ICC Recommendations

- Presentations by In-country PRs on implementation status of main grant / C19 Grants/ Commodity stock status Report/ update on the RSSH grant. (15 minutes per PR/grant including handover)

GRANT PERFORMANCE: JULY TO SEPTEMBER 2022 – Q5 (USD)							
Principal Recipient	National Treasury (US KRCES DOLLARS)				AMREF HA		
Grant	HIV	TB	HSSD	MALARIA	HIV	TB	MALARIA
Performance Rating	C-1	C-5		B4	D-5	B-5	A-5
Grant Budget (USD)	187,685,444,	46,419,369	5,438,331	63,817,905	70,459,718	53,503,114	
Budget as @ September 2022	84,538,908.06	-		14,955,962.13	41,197,651	24,844,267	7,297,937
Cumulative Expenditure	48,812,502.71	20,078,908	859,890	10,566,404.75	\$25,955,552	12,107,735	4,562,803
Variance	35,726,405.35	26,340,461	4,578,441.8	4,389,557.3	-	12,623,612	
Commitments	7,707,000.26	-		942,127.46		204,373	-
Obligations	33,790,012.69	646,110		71,519.90	0	186,418	
Absorption (Commitments + Expenditure)	58%	43%	16%	71%	63%	50%	62.5%

COVID 19 RM cross cutting Reinvestments done, Approval by Global Fund received in end September 2022, acceleration/catch up plans in progress.

REALLOCATION REQUESTS

KRCS

Savings upto at end of Sep 2022-3,503,027

i. SR Program management **Deficit (US\$)**(2,011,040) There was a 195% increase in total SRs target from 273,442 (NFM II) to 805,391 (NFM III). There was 43% increase in the total SRs budget between NFM II and NFM III of US\$ 20.6M. The number of counties increased by 39% from 33 (NFM II) to 46 (NFM III). There was a 11% decrease in the approved program management cost between NFM II and NFM III amounting to US\$ 2M.

ii. SR Equipment **Deficit (US\$)** (217,722) Based on a needs assessment of old & non-functional equipment Visa fee total no of SR staff and New SRs who were not budgeted for in NFM 3

iii. PR Program Management **Deficit (US\$)** (750,970) Fuel and maintenance cost budget for Mobile Wellness Van was erroneously omitted in the budget. PR Quarterly review meeting was also omitted - Salaries for RMEO and 2 Mobile van drivers who were erroneously omitted. The PR salaries have factored 10% salary adjustment as proposed by the KRCS management to the board. IT firewall recommended from by risk assessment LFA team.

i. SR Program management **Deficit (US\$)** (2,011,040) There was a 195% increase in total SRs target from 273,442 (NFM II) to 805,391 (NFM III). There was 43% increase in the total SRs budget between NFM II and NFM III of US\$ 20.6M. The number of counties increased by 39% from 33 (NFM II) to 46 (NFM III). There was a 11% decrease in the approved program management cost between NFM II and NFM III amounting to US\$ 2M.

ii. SR Equipment **Deficit (US\$)** (217,722) Based on a needs assessment of old & non-functional equipment Visa fee total no of SR staff and New SRs who were not budgeted for in NFM 3

iii. PR Program Management **Deficit (US\$)** (750,970) Fuel and maintenance cost budget for Mobile Wellness Van was erroneously omitted in the budget. PR Quarterly review meeting was also omitted - Salaries for RMEO and 2 Mobile van drivers who were erroneously omitted. The PR salaries have factored 10% salary adjustment as proposed by the KRCS management to the board. IT firewall recommended from by risk assessment LFA team.

v. DICE Equipment **Deficit (US\$)** (176,884).

vi. Prevention Centers **Deficit (US\$)** (233,456). DICE equipment is for 6 new centers which were not budgeted for and 3 additional DICE requested by counties. 6 Prevention centers whose BOQs were understated in NFM2

vi. Machakos County Rescue Center Equipment **Deficit (US\$)** (18,928) Rescue center was a request from Machakos County team to the GFCT during the last visit. Forecasted deficit to June 2024 to be funded from future savings (DICE Operational Costs) **Savings (US\$)** (1,112,626) Due to the increase in the targets of SRs with DICEs by a factor of 160% the operational costs of the centers have gone up by 40%. Track savings and apply to DIC Operational Costs.

AMREF HA

TB Grant- Re-allocation request of USD 1,417,818

SR and PR program management Amount in USD-1,074,066; Justification- Travel and supervision costs for the PR to coordinate and supervise project activities. Due to the expanded scope under the NFM 3 and C19RM grants the SRs are constrained in implementation of the project. This has contributed to slow implementation of the grants and low absorption rate. Procurement of TB recording and reporting tools-Amount in USD- 90,038 Justification These funds will be utilized to procure tools to support community TB and facility based ACF activities for the remaining grant period. Enhance TIBU architecture and expansion of t-bu lite Amount in USD-202,789 Justification The country proposes to change the architecture to a domain-driven design which is cheaper to maintain and easy upgrade. The National Treasury ERP Amount in USD 50,925 Justification Due to the extended data analytics scope in TNT and envisaged support to other PRs, we request an extension of Data Analytics Officer up to the end of the grant (June 2024) request to factor Amref's data analytics license cost for Yr 2022/23. **Total savings- 1,417,818. Total Reallocation- 1,417,818.**

Malaria Grant-Re-allocation request of USD 943,112.72

Case Management **Amount in USD-314,835.29 Comments-** Major activities: CHU support supervision, CHU monthly meetings, CHEW airtime and HRIO data bundles. 2. Program Management **Amount in USD-53,280.22. Comments-** Majorly from PR and SR personnel cost, SR admin cost and SR selection. 3. CSS **Amount in USD-17,375.44 Comments-** From quarterly CSO mentorship.4. RSSH **Amount in USD-1226.09 Comments-** Mainly SR orientation, target setting, workplan development, and budgeting. 5. Specific Prevention Intervention **Amount in USD-411,575.53 Comments-** Mainly CHEW & CHV orientation meeting on MIP, Printing and distribution of MIP job aids, IEC materials, and CHV reporting tools, and Annual MIP Review meeting. **Total 943,112.72.** CHU monthly meeting **Amount in USD-119,307.58 Comments-**For Nandi and Kericho counties. 2. Procurement and distribution of CHV thermometers **Amount in USD-184,660.30 Comments-**CHVs were last supplied with thermometers in 2017. Most are now out of order 3. SR personnel cost **Amount in USD-350,917.95 Comments-**More SR staff due to increased workload after CCMm expansion. PR personnel cost **Amount in USD- 260,418.99 Comments-**To cover Cost of Living Adjustment (COLA) SR admin cost **Amount in USD-6,557.38 Comments-** PSK did not have a budget for office running costs for the period March-June 2022. 6. PR assets **Amount in USD-6,654.43. Comments-** 4 laptop computers to replace those malfunctioning due to depreciation. PR participation in KCM, DNMP, other MOH activities **Amount in USD-14,596.09 Comments-** Activity was under-budgeted **Total Amount in USD-943,112.72.**

The National treasury would be sharing the reallocation and reprogramming requests in due time.

ICC Recommendation

HIV ICC: National Treasury; Fast track with MOH the shortage of commodities. The shortage is eroding the gains made –New infections rose from 32,027 in 2020 to 34,540 in 2021. Proposal to develop an investment case especially around condoms programming (looking at condoms in a

broader perspective –beyond Health-Inter-ministerial) to support in high level advocacy on sustainable financing for HIV-Manufacturing of condoms? Fast track grant implementation – Grants absorption low – due to various factors eg General elections and transition at the national and county levels and postponed activities. Fast track implementation plans. **KRCS** to Fast track the process of recruiting the new SRs for Kajiado county. HOYMAS interchange of the lead implementer role with KESWA- **Action Point**; Stock status on AL- Issues on waivers all the PMI and GF Commodities brought forward. Commodities have 3-year deliveries. Commodity subcommittee meeting has reassured the team meeting that there would be no stock outs.

PR to develop a Reallocation Request to submit to GF CT. **AMREF –Community Systems Strengthening**; Harmonization of Community Led Monitoring processes for the country. **Action**: Amref Health Africa was tasked to; Reach out to PEPFAR and Division of Community Health to discuss on harmonization and reporting on CSS to avoid duplication. Ensure that Community Led Monitoring process is not in conflict with the new data policy for Kenya/privacy.

TB ICC:

1. The PR2 noted the need to cap the maximum number of counties SRs can implement to two.
2. Gaps in streamlining the prevalent gaps in availability of commodities point in case the current Gene xpert cartridges.
3. Affected communities to be included in the writing teams.

DISCUSSION

MALARIA GRANT

Concerns

How often the Global Fund rating was undertaken? How had it tarried with the current grant realities?

PR to provide further information on indicators where performance had been surpassed vis a vie the targets.

Regarding the Savings projected of 1,637,453, how effective was the activity conducted with the huge saving.

PR to provide a status update on the payment regarding the 2020 LLIN Mass campaign Indicating whether the allowances are still pending? Whether a reassurance went out to the counties regarding the payment facilitation.

That one of the recommendations made following the targeted Oversight field visit was that the counties take lead in the next mass net campaign. How would the PR support the counties on the same.

Whether the reporting tools under procurement by AMREF HA would be supporting AMREF CHUs or non AMREF HA CHUs? If not whether the savings reallocation request could be used to address the gap?

That on the highlighted reallocation requests, the PR to ensure that trainings and conferences are integrated where possible to ensure efficiency and effectiveness.

The proposed Expansion of the CHU would go a long way to improve the performance of the indicators. The PR to highlight the new CHUs.

The role of the CHVs in community case management is very Key. PR to indicate steps taken by counties in regard the stipend payment of CHVs.

The PR2 to share some of the targeted messages to address the C19 hesitancy messages to all Global fund Stakeholders including the KCM, ICCs, constituents as important elements of the community. This would help to disseminate the messages to communities.

On one of the items within the relocation request, on single sourcing, it would be important to seek Global Fund elaborate further.

That the PRs note that as part of enhancing visibility, KCM guided that all commodities procured under the Global Fund support the delivery notes are labeled appropriately Point in case the thermometers that would be distributed.

Target for SPI-1, PR1 indicator on Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria was 55% as per the implementation framework. Is 55% ideal? How about the remaining 45%, is it in line with the National strategy.

The PR2 indicated that some of the savings realized were from time bound activities. Why were the activities not completed as well as the next steps to ensure the beneficiaries receive the required support?

The National commodity security level was good however the AL stock levels are high of about 33 MOS. Will the country be able to utilize the medicines or is there a risk of expiries.

Responses

That the Global Fund Rating is provided biannually. Last rating was done last year. However, the grant is due for re-evaluation of the same. The programmatic and financial period of review is July to September 2022.

On surpassing the targets- SPI-1, the indicator is not solely dependent on malaria interventions, it is an indicator derived by key multistakeholder players. The targets set were low but have continued to be raised as the grant progresses. There is however an opportunity to review the target.

On surpassing target, the actual target was based on the set target hence achievement. In areas where the actual superseded the target set, then this resulted into an over performance of the specific indicator.

For PR1, Time bound activities resulted from some grant activities having a limited window for undertaking example the surveillance training. These activities if not undertaken promptly and within the schedule, then the intended purpose would not be achieved hence reallocation and reprogramming requests.

For PR2 time bound activities arise majorly from some of these activities being implemented regularly ie monthly, Quarterly, or even biannually. During the initial phase of implementation, the PR was still contracting SRs hence was not able to undertake the activities. Hence resulting in the projected savings.

The review of the MPESA payments for the LLIN Mass campaign is ongoing and has not been finished due to budgetary constraints. Global Fund has however disbursed the funding to facilitate the remaining processes. More data clerks would be posted in the program to ensure the next mass net campaign is undertaken seamlessly. The Head of program to write to the county providing reassurances that the facilitation would be completed on time.

From the lessons learnt from the last mass net campaign, the Malaria program intends to digitalize the process and the counties will be involved.

Regarding the Stock status on AL- the Program as well as PMI all received the prerequisite waivers for all the PMI and GF Commodities hence these were brought forward. However, there is a reassurance that the Commodities have 3-year shelf life and not at risk of expiries.

The tools to be procured by AMREF HA are specifically to support Global fund Supported 850 CHU for community case management of malaria as well as the additional 1000 to be trained on expansion of the same. On the next steps, this discussion needs to be determined in terms of feasibility.

The expected CHU expansion would go into additional 10 counties, including Bugoma, Busia, Homa Bay, Kisii, Kisumu, Migori, Nyamira, Kakamega, Siaya in various proportions. Hence increasing coverage of Malaria hence overall performance.

On stipend payment, this is still an ongoing process, some counties have taken up the stipend payments whereas as the rest are at different levels of approval.

The KCM stakeholder will be involved during the dissemination of the COVID-19 hesitancy messages as part of the target community.

On the single sourcing of a consultant to undertake campaigns targeting key and vulnerable populations. These consultants had undertaken work on KENNA; this would essentially be a continuation of the same. Oral Global Fund approval given, awaiting a written authorization on the same.

AMREF HA would continue involving the KCM in its undertaking to ensure visibility of all activities and as part of oversight.

HIV GRANT

Concerns

What was the reason for the huge variances resulting from the over 10 million USD resulting from the postponed activities. What the postponed activities were and that strategies have been put forward to ensure these funding.

For PRI tracer medicines availability, is there a breakdown for traceability of malaria Commodities. If available to be placed under foot notes to provide context to the indicator.

Regarding the TB commodities highlighted with a short shelf life. PR to provide an estimated value for the short expiry medicines hence have an indicator of potential loss.

Regarding the KRCS Commodity status @ Sep 2022 looked at different commodities hence the line series cannot be representative for the various components. It provided difficulty following up on the various elements. A column chart would be more preferred in computation.

Looking at the past complain by PLWD/HIV Concern and specifically on the recalled ARVs. Its important receive an update on what actions have been taken so far to address the issue? What communications have gone to the counties? What are the next steps.

Inadequate commodities have been highlighted by both KRCS and Regional Grants as key components affecting global Fund programming, what solutions are being offered for the current issues at hand?

KRCS indicated that Cultural and religious issues have continued to adversely affect some of its indicators, however, it's important to note the KCM Constituencies can assist in reaching out to the communities.

The Oversight Committee had followed up on the same and requested the PRs and programs to provide mitigation plans for the COVID-19 Low absorption.

The request through the ICC regarding the interchange of the SR as received by the committee raises more questions than answers. Issues such as how does this affect grant implementation? Is the proposed interchange, covered in the KCM guidelines and procurement guidelines? Is the request coming from the PR or the community?

The KRCS presentation, slide 4- the six indicators indicate that in terms the key populations reached performance is generally good. Indicator 5 however indicates the percentage received for

HIV testing for MSMs was generally better than for FSW, Prep initiation also seems low in one area over the other. Why then the very low performances? What facilitates the MSMs more as compared to the FSWs?

Responses

The Tracer medicines are reported in DHIS and was a positive observation. Reporting is by county and the current report was based on an average. The same for HIV, TB, and malaria commodities. Not all tracer elements are monitored however for malaria AL-6s, AL-12s in adults and for pediatrics on review is the MRDTs.

It was an expectation that Programs are required to submit signed work plans and budgets at the start of the grant on a yearly basis. That the delays experienced during implementation are related to delays in Multistakeholder approval receipt. Currently the work plans for the current year were approved in October. This presents a delay in implementation.

Very true, the TNT agreed that delays are not necessarily tied to elections. With proper management, the Programs should have foreseen and mitigated these risks that ensued.

Cultural issues relate to NCDs resulted from owning and disowning the population estimates of the Key populations within the counties, this tied with religious bias that arise to MSMs, FSWs and other key populations which have hampered county entry and grant implementation. KRCS to mitigate the side effects, it has continued to engage the CHMT.

The request for SR change at the level of the ICC was brought forward by the PLHIV Community. The PR is working on a simple road map and expected deliverables. KRCS to lease with the Sub Recipient Technical review panel to re-evaluate this request before the ICC and KCM Oversight Committee can review and endorse.

The KRCS commodity status chart would be updated as advised to reflect the diversification of the various commodities on review.

For KRCS, it had foreseen the gaps presented by the General elections was provided. The PR had planned to have a slow implementation during that period. Most activities had been planned to start at the beginning of September. PR fast tracking activities and is optimistic that their grant performance will accelerate due to the measures instituted.

On the population. KRCS has not been able to undertake an attribution study.

That looking at the KRCS absolute numbers on the number of FSW reached was far greater than the MSMs. That KRCS Needed to undertake an attribution study to indicate the reasons why the same indicator was performing better in one cohort as compared to the next. A challenge may be multistakeholder in nature. The difference in uptake of the testing rates between the two groups may result from the higher targets in FSW as compared to MSM. The SRs have not been keen to

balance and proportionally allocate the testing kits they receive equally between the two population.

On the recall of ARVs, Complaints on discoloration of TLD tablets and bottle covers were specific to one manufacturer by Universal Corporation Limited were reported to the National level. A recall communication from KEMSA and PPB were shared. Steps taken included that a virtual Stakeholders meeting held on 17th November 2022 with CGs-CDH, CASCO, CP, Partners, and Community. 14th Nov -KEMSA-Quarantine of 14 batches of UCL.4.22nd Nov-MOH communication to COG.5.25th Nov-PPB-Press statement on Voluntary recall of TLD. 6.25th November-KEMSA letter on Recall of TLD.

Regarding safety MOH and NASCOP has been reaching out to PLHIV via USHAURI platform-A patient centered mHealth intervention. Clinicians have been interacting with clients and tracking any reports or complaints of Adverse drug reaction and providing counselling.

NASCOP Global fund Manager reassured the meeting that NASCOP had taken action and A free toll number available and engagement with PLHIV is ongoing.

TB Grant Concerns

Regarding SR selection and implementation, this is guided by the SR Selection Guidelines. The review of SR Selection guidelines is prioritized under KCM Evolution project.

That planning is at the heart of streamlining all Global fund processes. That the principal guidance is drawn from public procurement and disposal Act stipulating that all procurements should be planned, ready and approved before the beginning of the year.

There is need to support the communities to undertake the Global Fund writing process in terms of physical meeting engagement.

There is need to re-consider the catastrophic financial burden to the patient suffering from MDR-TB as the funding may not be available through the Global fund Mechanism. That the TB Program had continued remitting funds to NHIF for MDR patients, however the NHIF had not started the process of service provision.

Responses

TNT Agreed that the core issue was in planning and not the budgeting processes. These have been identified as low hanging fruits. PR working continue engaging the various stakeholders to address the matter.

That the PR absorptions are at 100% but a huge gap when it comes to counter fund funding which presents a huge funding gap. There is need to mobilize funds for Global fund programming early enough to ensure there is adequate support to the Global Fund Programming.

The PR/TB Programme to share writeup/brief with the KCM Secretariat regarding the current challenges experienced on NHIF Support for MDR Clients. expected beneficiaries, envelope, amount remitted to NHIF, and expected benefit package. The KCM Secretariat to share the brief / formal request with the KCM Chair to reach out to NHIF.

Way Forward/ Recommendations

The DNMP to complete the stipend payment of all participants who took part in the 2020 LLIN Mass campaign. The Head of program to write to the county providing reassurances on the same. To provide status update by 9th December 2022.

AMREF HA to reallocate funding in Procurement of CHV reporting tools for CCMm to support CHUs for community case management in non AMREF HA CHU sites.

The PR/TB Programme to share writeup/brief with the KCM Secretariat regarding the current challenges experienced on NHIF Support for MDR Clients. expected beneficiaries, envelope, amount remitted to NHIF, and expected benefit package. The KCM Secretariat to share the brief / formal request with the KCM Chair to reach out to NHIF.

That as part of enhancing visibility, all commodities procured under the Global Fund support including the delivery notes be labeled appropriately. Point in case the thermometers that would be distributed by AMREF HA

The PR2 to share some of the targeted messages to address the C19 hesitancy with all Global fund Stakeholders including the KCM, ICCs, constituents to help with dissemination of messages to communities.

Share a detailed brief to the KCM Chair and Members regarding the outcome of the Oversight Field Visit.

The PR is working on a simple road map and expected deliverables. KRCS to liase with the HIV Sub Recipient Technical review panel as recommended by HIV ICC.

KRCS to work closely with the Counties and KCM FBO Constituency to unbundle the Cultural and religious issues hampering entry processes at the affected counties.

NASCOP, to move with speed to ensure the drugs are promptly recalled, ensure the PLWD/HIV constituency has access to safe medicines, and continue engaging the clients/ communities with health information, sensitizations as well next steps.

The meeting moved that as a way forward, the KCM will reach out to the NHIF through the Principal Secretary. All correspondences and case build up to be shared by the TB Program by Friday this week. The other process initiated at the Parliamentary Health Committee level be

allowed to progress to conclusion. Both processes to equally share the same documents with the KCM.

The HSSD to be capacity built on governance matters to ensure the department is well equipped to perform.

The programs and PRs to plan adequately on all processes as per the National procurement and disposal Act of 2015 and ensure all procurement plans and budgets are prepared and signed prior to commencement of each financial year.

The chair appreciated the meeting participation, and the PRs and Regional grants for joining the meeting. Further the meeting was informed that:

1. KCM appreciated the support accorded by the various stakeholders during the Targeted Oversight field visit.
2. The KCM conducted a targeted Oversight Field Visit two weeks prior to the PR Stakeholders, Report was available and would be endorsed by the KCM and later on findings shared with the Global Fund stakeholders.
3. The PR takes note of the various action points and provide responses before COB Friday 9th December 2022.
4. The KCM was on the process of developing new dashboards and the Consultants were currently engaging the PRs as part of the needs assessment. All players advised to take part and support the process.
5. A joint multistakeholder meeting will be held soon to deliberate on the report findings.

Following the few remarks, the PRs. Programs, SRs and other stakeholders were requested to drop off the call to allow the Oversight Committee to deliberate on inhouse matters.

Min 7/1/11/2022 Confirmation of minutes of the Oversight Committee meeting held on 6th september,2022 and matters arising

The members were taken through the minutes the Oversight Committee meeting held on 6th september,2022 and matters arising.

Matters arising are as annexed in the KCM implementation tracker.

The meeting agreed that minutes would be shared and adopted on the Online platform.

Min 8/1/11/2022 A.O.B

Meeting was informed that the Oversight Committee had filled in the vacant slots and new members from the KCM, and ICCs would be joining the Oversight Committee meetings hence forth. New members were warmly welcomed to the meeting.

Being no other business, the meeting closed at 2.20 PM with a word of prayer.



Sign:

Mr. Samuel Muia
KCM Coordinator

21/02/2023

Date:

DocuSigned by:

Margaret Lilian NDUBI

Sign: A3F0E198974E434

Ms. Margaret Ndubi
Chairing

25th April 2023

Date: