KENYA COORDINATING MECHANISM
MINUTES OF OVERSIGHT COMMITTEE MEETING HELD VIRTUALLY ON 21ST JANUARY 2021 BETWEEN 9.15AM AND 2.17AM

Present

1.	Mr. Bernhards Ogutu	Chair Oversight Committee (Chairing)
2.	Mr. Phillip Nyakwana	KCM Member-PLWD TB -OC
3.	Mr. John Kihiu	Member OC- Formal& Private sector
4.	Ms. Rose Kaberia	HIV ICC
5.	Ms. Evelyne Kibuchi	Alternate OC-TB ICC
6.	Dr. Victor Sumbi	Malaria ICC
7.	Ms. Terezah Alwar	Alternate OC-HIV ICC
8.	Ms. Margaret Ndubi	Co-opted Member OC-UNAID
9.	Dr. Dan Koros	Co-opted Member OC-PEPFAR
10.	Ms. Josephine Mwaura	KCM Oversight Officer –Taking Minutes

In Attendance

1.	Ms. Gloria Wandei	AMREF HA-TB Grant
2.	Ms. Hellen Gatakaa	Alt. Member-OC malaria ICC
3.	Ms. Khalda Mohammed	KRCS
4.	Dr. Peter Kimuu	TNT
5.	Ms. Emily Munga	KRCS
6.	Dr. Githuka George	NDMP
7.	Dr. Elizabeth Onyango	Head TB Program
8.	Dr. Nazila Gantra	MOH/HSWC- Chair
9.	Ms. Caroline Asin	GF-TB Program
10.	Mr. Patrick Igunza	AMREF-Malaria Grant
11.	Mr. Antony Miru	TNT
12.	Ms. Caroline Ngare	NACC-HIV ICC
13.	Mr. Enos Ongoma	KRCS
14.	Ms. Miriam Ngure	KRCS-IGAD TB Grant
15.	Mr. Kevin Ogolla	KCM Secretariat
16.	Mr. Samuel Muia	KCM Coordinator

Absent with Apologies

1.	Ms. Rosemary Kasiba	Oversight Committee member
2.	Dr. Eunice Omesa	Member OC TB ICC

AGENDA

1. Introduction/Apologies
2. Opening Remarks by the Oversight Committee Chair
3. Declaration of Conflict of interest.
4. Presentation and Review of Dashboards /ICC Recommendations for period ten/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)
5. Update on implementation of IGAD GF Grant
6. Confirmation of minutes of Oversight Committee Meeting held on 15th September,2020 and matters arising
7. A.O.B

Min 1/ 1/ 1/ 2021 Introduction/Apologies

Meeting was called to order at 9.15 am. Opened with a word of prayer.

Members were taken through the agenda of the day as outlined above.

Ms. Margaret Ndumbi was welcomed to the Oversight Committee as a co-opted member who was replacing Dr. Caroline Olwande.

Apologies were registered as above.

Min 2/ 1/ 1/ 2021 Opening Remarks by the Oversight Committee Chair

The chair welcomed all members to the meeting and thanked them for finding time to attend the meeting. He requested that all the partners in the call participate actively to ensure all outstanding matters are dealt with.

He stated that the roll out and implementation of the GF grant was a collaborative effort between the PRS, KCM, Programs and all players needed to ensure that no money is lost as we come towards the end of the grant and hence maximize on achievement of absorption.

He requested for time efficiency in managing the days agenda.

Min 3/ 1/ 1/ 2021 Declaration of Conflict of interest.

No COI was declared

Min 4/ 1/ 1/ 2021 Presentation and Review of Dashboards /ICC Recommendations for period ten/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)

Members were informed that the PRs, ICC, KEMSA and would update the meeting in all the concerns as they had been raised during the last oversight visit of 15th September 2020 and oversight field visit following their dashboards presentation.

Principal Recipient			**National Treasury**			**KRCS**	**AMREF HA**	
Grant	HIV	*HIV GOK Co-Financing*	TB	*TB GOK-Co financing*	MALARIA	HIV	TB	MALARIA
Rating	A2	*A2*	B1	*B1*	B2	B1	B1	B1
Cumulative Budget	74,191,658	*22,469,250*	28,351,200	*4,650,000*	$768,292,595	27,488,985	21,458,595	$12,152,486
Cumulative Expenditure	70,543,573	*0*	22,135,596	*0*	$13,878,329	25,683,079	$18,016,691	$10,431,541
Commitments	26,874,635	*12,136,145*	1,135,304	*3,034,226*	11,791,150	0	-	$ 19,004
Absorption+ Commitments P8+ Expenditure	95%		88%	*65.3%*	20%	93%	91%	86%

ICC RECOMMENDATIONS

TB ICC:

1. No recommendations.

The meeting was informed that the earlier reallocation request was time bared and the TB ICC would reconvene and come up with fresh recommendations and reallocation request.

HIV ICC:

- TNT & KRCS to fast-track grant implementation to cover for the lost time.
- Re-allocate as per the Global fund guidelines. To engage necessary review on implementation in view of the challenges that have been experienced due to COVID-19.
- Ensure all the resources are utilised within the grant implementation period
- Timely submission and approval of the Grant reviews for requests on reprogramming and reallocation
- KCM-MOH to provide way forward on the Court ruling on testing by non-medical laboratory personnel which is affecting the HIV programmes especially HTS and PMTCT
- KRCS to speed up the completion of the PLHIV stigma index survey
- MOH to engage with KEMSA and Chair of KCM (PS) to ensure quick turnarounds in procurement to avoid delays in Payment and distribution.
- Engage mechanisms to improve the performance of the following indicators; pregnant women who know their HIV status, VMMC, PREP and HIV testing.
- As we come to the end of the FR 1 grant the country to ensure documentation of lessons learnt and best practices from the current grant to better improve efficiencies in the upcoming grant-2021/2024.
- Grant making process to ensure adequate representation for inclusivity and transparency.

MALARIA ICC:

Fast track procurement of commodities / implementation of activities and ensure that all savings are utilized

Discussion

Members expressed concern on the low absorption rate of the PR1 malaria grant whereas programmatic achievement had remained good

Amref HA informed the meeting that the counties that had not taken up stipend/ incentive payment for CHVs included Kisii, Nyamira, Migori, Kakamega and Homabay. That despite advocacy visits into the counties the process of worker absorption had lagged behind. That the PRs had seized CHVs stipend payment from June, so this status has caused demotivation and hampered community case management/ activities and reporting. Amref HA to continue advocacy on the issue.

Dr. Dan Koros stated that he was worried about the perennial low absorption rates especially on the malaria grant due to the LLINs and the fact that the HIV grant still had approximately 116 Million dollars still to spend by 30th June 2021. He also sought clarification on whether core financing would be used ahead of the 30th June 2021. Clarified that the TB program should consider having the TB cohort monitoring not undertaken the 46 activities to be undertaken on the online platform. In addition, what was the Commodity stocks on ART especially on TLD regimen.

Dr. Terezar Alwar thanked all the presenters. She further sought clarification on whether the ICC had addressed the challenges around commodity management and supplies as this was the driver of absorption. For the TB grant she wondered why the mortality quality indicator had increased from 6% last time to 11%. It would be important to analyze the mortality trends and why the numbers had increased. She also noted a probable M& E issue on Early infant rates of diagnosis on the first tests received as it appeared to have received a double count. Lastly, she asked for a commodity status update on the infant AZT commodities.

Dr. Victor Sumbi enquired on whether Kemsa was able to solve the vendor issue regarding the LLIN mass net procurement of approximately 10 Million nets which is a big contributor to non-absorption. He sought clarification on whether MRDT lot to lot testing as GF had advised was being undertaken before they can be issued to health facilities. The program to clarify whether the MRDT guidelines were available, or a consideration should be made to ask the GF to allow Kemsa to issue the MRDT to replenish the low stocks.

Mr. Phillip Nyakwana stated that the outcome of the oversight field visits needs to be implemented and this should be accelerated. He also enquired on the current status of the Kemsa warehouse construction. He requested PRs to connote a clear action plan that would guide the mass net distribution. He requested for the involvement of the Oversight Committee members in the net distribution.

Ms. Margaret Ndumbi thanked the team for the presentations. She noted that the presentations covered up to the end of September 2020. There was hence a 3 months gap that had not be covered. She requested the teams to provide an indicative figure on what has been absorbed within the three months. That now the grant was coming to an end, there was need to follow the grant at the period of presentation/ implementation in comparison to absorption at the end of the grant; find out what the challenges were presented and possible ways to unlock some of the issues at hand to help improve the absorption issues.

The chair welcomed the PRs to give the responses to the matters raised to forge a way forward

Mr. Simon Miru TNT responded that as pertaining to the malaria grant, that Covid-19 had negatively affected the procurement of the mass LLLINs and the Key challenge was shipment

of ALLINs and ALs in the greatest part of the year. An acceleration plan was connoted between the PR1 and suppliers which allowed for the commodities to be shipped into the country. He added that the malaria grant was strapped on the procurement laws that allows for payment processing once the commodities are procured. He clarified that apart from one component of the 6 million LLIN that was still lagging behind all the other LLINS commodities had been contracted and TNT was currently processing the payments. A discussion with the GF, PR, SR, Kemsa and supplier noted that the suppliers' contract had expired last year yet he had not supplied all the nets. He stated that the grant uses Impact indicators in measuring the performance of LLINs as a routine in nature. This means that the indicators are not directly linked to absorption. LLIN distribution has been a success as following an advisory from the GF, a pilot program for LLIN distribution in Kirinyaga was then instituted which paved way for GF approval for mass net distribution in November. That the program is also having microplanning meetings to address the LLIN distribution. The malaria program would also share an action plan/ Ghant chart which would allow the OC Members follow net distribution and even possible participation.

Dr. Githuka DNMP Lead stated that he will share the micro plan available to members for information purposes. He however noted a challenge on availability of PPES to teams involved in mass distribution. KMIS completed a successful data collection exercise on 19th December and currently the team was carrying out data cleaning and analysis. Projection is that a plenary report/data will be available by world malaria day. Final report is projected to be complete by July 2021. On MRDT on lot-to-lot analysis he stated that he will find out from the laboratory team on how far they were at and projected delay time in MRDT distribution.

Mr. Phillip Nyakwana thanked the PRs for the clarifications as stated. He how ever noted that one of the LLINS supplier had changed the contract agreement and asked for more money hence the negotiations are still on going. There was need to find out whether the issue was unlocked or not and whether the malaria commodities have been supplied.

Dr. Githuka noted that 6 Million of the 16 Million nets planned for distribution had a problem and as those issues were being sorted out the contract with the supplier and Kemsa. There was no commitment from the supplier on whether they would be able to institute the LLIN Mass net delivery within the life of the grant.

The chair wondered whether there were other options/ mechanisms that Kemsa could explore including using the suppliers with valid contracts, or by GF procurement mechanism or through the procurement channels by the non-state PRs.

Dr. Victor Sumbi added that by experience, retendering on Net logistic worldwide, lead time is approximately 9months so unless GF has made special arrangements with suppliers then certainly the money would be lost.

Dr. Githuka clarified, that even the GF would not be able to complete the procurement process through WAMBO within the remaining 6 months. That the risk of paying for the mass nets in

Mr. Phillip Nyakwana asked that the lessons learnt need to inform the grant making process to hence include PR2 in the procurement of the commodities. That it was not right to push the blame to the supplier and there is need to find out who takes the responsibility for the anticipated loss. He wondered why re-tendering was happening yet that would predispose the GF to further loss.

Dr. Dan Koros stated he had been in Oversight for 8 years and absorption had been a recurrent problem with huge sums of money remaining the closure of the grant. He agreed that there was need to spread the risk to better provide quality services to the intended beneficiaries.

Mr. Simon Miru TNT stated that this was an act of supplier not honoring their contract. Once a contract expires, then it becomes difficult to hold the supplier accountable. That re-tendering was a last result.

Ms. Margaret Ndumbi wondered whether PR2 would be able to turn around the procurement of LLINS in the 4 months. She wondered whether the team had explored- a no cost extension from the Gf.

Patrick Igunza Amref HA stated that that was not a feasible option and its organization would not be able to procure the nets and turn around the procurement in the life of the grant.

The chair asked the malaria PR to hence reevaluate the impact indicators to reflect the expected upsurge of the malaria infections. He requested the secretariat to find out where we were on malaria procurement; and on the projected loss who takes the legal liability once a contractor fails to honor the contact; how this affects the indicators and the ripple effects to the new grant.

Dr. George Githuka stated that the no cost extension option was explored with GF and they recommended that a documentation of what happened was very important so that decisions can be made going forward.

The chair asked the PR to clearly state the reasons for no cost extension very clearly and transmit the decisions/ documentations to GF early enough for GF consideration to hence make viable decisions.

Dr. Peter Kimuu added that the most viable option is a no cost extension. On event that this is not granted then the team should relook at reprogramming so that money is not further lost both in the current and upcoming grant. The option of retendering is in discussion in the highest level at the PS Ministry of Health. Kemsa has been asked to document what happened clearly so that legal liability is established. On the warehouse construction he stated that

completion date was 16th December 2020. The contactor has sought an extension to 25th January 2021 and by the 16th January 2021, 97% of the work was done leaving only minor touches. A report should be available on 25 January 2021. On the status of TLD he added that the supply was stable up to July 2021 and procurement was reliant on the GF funding as well counterpart funding. PEPFAR had been asked to aid in procurement but were however looking at using alternative modes of storage-MEDS.

Dr. newton Omale NASCOP stated that the HIV program had not received approval for their approximate 1 billion reallocation requests. The programs are hence not able to turn around the procurements in time. He hence requested the PR1 to analyze how much money we may be lost by the PRs due to grant closure. On the TLD update he agreed with the earlier speaker and added that patients had transitioned rapidly from TLE to TLD hence excess stocks of TLE with a risk of expiries. Transition has now been graduated to ensure no medicines are expired. Lessons learnt is that the next time there is a transmission of medication, that would be done in a phased manner. TLD stocks under GF are at delivery stage by march. The country had 2 months of stock and PEPFAR will give another 4 months of stock; reallocation request will also secure the TLD medications further for up to 9 months. That PEPFAR has decided to use MEDS as a storage platform and PR, PEPFAR, KEMSA security meetings have been made to ensure that the two pipelines have been managed appropriate.

Mr. John Kihiu stated that he looked forward to hearing a status update on the Kemsa construction; he asked that instead of losing the LLIN monies, they should be reallocated to capacity build the private informal sector.

Dr Elizabeth Onyango DTBL Lead clarified that the increased TB mortality rates was occasioned by the increased malnutrition in the TB patients hence the poor outcomes. The absence of nutritional commodities with the country has been a key contributor to the upsurge. She further stated that in 2019, 54% of the TB patients were malnourished and half of them died. Delayed diagnosis and delayed screening have also been a contributor. The program has set strategies to address the above issues. On the remittance of DRTB, she noted changes in the NHIF office as well as the modes of payment and the program was following up on the matter with NHIF hence a resolution.

Dr. Nazila Ganatra noted that on the testing of the non-laboratory staff, meetings have been undertaken and a report on the same will be made available to the team. she promised to share the update.

Dr. Kimuu restated that the focus of the PR was the unspent budget before the end of the grant and not per quarter focus. That Kemsa needed to turn around the requisition process on time and procurements carried out in time.

Dr. Newton Omalle stated that for HIV grant Absorption year 3 is good as all commodities contacted, procured and on delivery stage apart from the laboratory and nutrition components that are at contacting stage. had completed its procurement activities apart from Nutrition where the LFA and Kemsa are actively engaged in pre-award review. He asked that KEMSA expedites the conclusion of the matter hence procurement. CPF procurement on HIV commodities is still in the infancy stages and needs to be expedited.

Margaret Ndumbi UNAIDS recommended that the PRS may need to be obligated to provide the OC a monthly review/ status update on absorption, key issues and implementation.

The chair stated that the team needed to be result oriented and cure the absorption issues. He added that tracking was an important component that would help give visibility of important components of the grant.

Min 5/1/1/2021 Update on implementation of IGAD GF Grant.

The secretariat gave a background, of the TB IGAD Meeting that happened on 16th to 18th December 2021.

Presentation by Ms. Miriam Ngure: -

Presentation layout included Grant Overview, Project Goal and Objectives. Programmatic Achievements, Financial Summary, Programmatic Activities, Challenges and Way Forward. **Grant Overview:** Grant Title: IGAD Multi Country TB grant; Grant Number: QPA-T-IGAD; Grant Amount: 802,122 US dollars'; Grant Start Date: April 01, 2019; Grant Closing Date: March 31, 2022. **Project Goal and objectives;** *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. **Programmatic Achievements:** Number of notified cases of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapses Target 675 *Achievement* 369 (55%) *Comments* ACF and screening slowed down due to COVID. Number of notified TB cases (all forms) contributed by non-national TB program providers-Community Referrals *Target* 180 *Achievement* 261 (145%). # of new and relapse TB patients who had an HIV test result recorded in the TB register. *Target* 441 *Achievement* 366 (83) *Comments* The variance of 3 were already on treatment. Percentage of HIV positive new and relapse TB patients on ART during TB treatment. T*arget* 36 *Achievement* 26 (72%) *Comments;* All the new cases were initiated on ART. Number of cases with drug resistance TB (RR TB and or MDR TB) that began second line treatment *Target* 8 *Achievement* 5 (62%)

Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year *Target* 50% *Achievement* 198/369 (53%) TB treatment outcome (drug susceptible TB) Treatment success rate of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and relapse case *Target* 93% *Achievement* 107/116 (92%). **Financial Summary - Sep 2020** Cumulative Budget as at sep 443,795 USD Vs Disbursement USD 443,795 representing 100%. Cumulative Program expenditure as at 3oth Sept US$ 312,889. Overall Cumulative Program absorption 71%. Generally, Covid-19 restrictions hampered funds absorption in some activities, procurement of GeneXpert and exchange learning visit. **Programmatic Activities:** Deployed 183 CHWs and provided training on packages of community-based services with particular focus on community screening for TB. Engaged the trained 183 community health workers or volunteers to implement community screening of TB and packages of community-based services - existing workers. Facilitated annual mass screening of TB in the prioritized 2 refugee camps and settlements (Dadaab and Kakuma). Facilitated Garissa and Turkana county to conduct supportive supervision. Provided training to 30 health care providers on TB and MDR TB diagnosis and provision of integrated TB and HIV services 9128 Refugees received HIV testing and result between Jan-Nov 2020 987 refugees living with HIV currently on ART. 463 of notified new and relapse TB cases from 1 January- 30 November 2020. Conducted 2 intra-country (Kakuma & Turkana West and Dadaab) and 1 inter-country (Dadaab and Somali) cross border committee meeting. **Key Challenges;** Low turnout of patients at facilities for fear of COVID during the initial stages of covid pandemic. Shortage of cartridges. Erratic power supply for gene xpert in Kakuma. TB Defaulter due high mobility- cross border. **Way forward;** Plan to work closely with TB PR2 and identify areas of synergy. Continuous engagement of KCM, Counties, RAS and NTLP for supportive supervision

Discussions

The TB Program lead stated that the country had not experienced any shortages in cartridges from 2019 July. She asked the team take up the matter to resolve non reporting issues from the laboratory teams within the county.

The chair stated that the OC will need to visit the refugee camps and cross boarder populations to better understand the activities their in. this will help understand the regional grant.

Way forward

- Get in contact with KEMSA to seek clarification on outstanding commodity status and LLIN contractual agreement
- TNT to get back to the OC on the no cost extension. Request to be expedited within the two weeks.
- The COG to give responses on issues as raised during the oversight field visit.

- Reallocation requests are for information purposes and will be shared with the KCM for review-Enclosed find attached presentation made by Amref Health Africa-Malaria
- OC to plan for an oversight field visit to the refugee camps and cross boarder populations
- Request for monthly PR update on core matters as the country comes to the end of the grant.

Min 6/1/1/2021 Confirmation of minutes of Oversight Committee Meeting held on 15th September,2020 and matters arising

Members were taken through the minutes meeting held on the 15th September 2020 and Matters Arising. The Minutes were endorsed as a true record of the days meeting

Propose: Dr. Victor Sumbi

Seconded: Ms. Rose Kaberia

Min 7/1/1/2021 A.O.B

- On the monthly update with the PRs, it was agreed that Monitoring of Absorption needs to be done more frequently as need arises.
- Action points from the Oversight field visit should be followed and actioned and monitored for implementation.
- ICCs to share the documents and the rely on the HSWG Secretariat for review in good time for members to review ahead of the OC meeting.
- 3 persons committee including Ms. Margaret Ndumbi, Mr. Phillip Nyakwana and Dr. Victor Sumbi to help come up with a matrix on specific areas that need close supervision for members to input. Then share with members for review.
- Oversight Committee to plan for the EGAD TB Grant oversight field visit following the conclusion of the Grant negotiations processes.
- Kemsa and other PRs to give feedback on issues as raised.

Being no other business, the meeting closed at 2.15pm.

Sign: ..... **Date: .....**
Mr. Samuel Muia: KCM Coordinator

Sign: ..... **Date: 31 March 2021**
Dr. Bernhards Ogutu - Chair Oversight Committee