KENYA COORDINATING MECHANISM
MINUTES OF THE JOINT MANAGEMENT AND OVERSIGHT COMMITTEE MEETING HELD ON 24TH AND 25TH MAY 2023

PRESENT

1.	Mr. Lattif Shaban	KCM Alternate FBO/MC(Chairing)
2.	Ms. Pamela Kibunja	KCM Alternate NGO/MC
3.	Mr. Phillip Nyakwana	KCM Member PLWD/TB/OC
4.	Dr. Serawit Bruck-Landais	KCM Alternate/DP/BL/MC
5.	Mr. Douglas Bosire	KCM Alternate NSDCC/MC
6.	Dr. Medhin Tsehaiu	Member/ML/UNAIDS/MC/OC
7.	Mr. Brian Rettmann	Member DP/ML/MC
8.	Ms. Eva Muthuuri	KCM Member PLWD Malaria
9.	Mr. John Kihiu	Member I Private sector
10.	Ms. Evelyne Kibuchi	Alternate TB ICC /Oversight Committee
11.	Ms. Hellen Gatakaa	Member Malaria ICC
12.	Ms. Margaret Ndubi	Co-opted Member OC-UNAID
13.	Ms. Rose Kaberia	Member HIV ICC
14.	Ms. Joyce Ouma	Member AYP/Oversight Committee
15.	Ms. Faith Mwende	Member NGO/MC
16.	Ms. Rosemary Kasiba	Member Key Pop. /Oversight Committee
17.	Ms. Josephine Mwaura	KCM Secretariat –Taking Minutes
18.	Mr. Samuel Muia	KCM Coordinator

INATTENDANCE

1.	Dr. Samuel Kinyanjui	Alternate HIV HSWG/OC
2.	Ms. Patricia Kilonzo	KCM Alternate/Private Informal/OC
3.	Mr. Ahmed Said	KCM Alternate Key Pop/O.C.
4.	Dr. Newton Omale	GF Manager/Chair FRA.
5.	Ms. Brenda Opanga	NASCOP
6.	Ms. Caroline Ngare	NSDCC
7.	Ms. Sophie Njuguna	KRCS
8.	Mr. Antony Miru	TNT
9.	Dr. Peter Kimuu	TNT
10.	Mr. Patrick Igunza	AMREF HA
11.	Ms. Gloria Wandeyi	AMREF HA
12.	Dr. Elvis Oyugi	Head DNMP
13.	Dr. Waqo Erjesa	Head RSSH
14.	Ms. Margaret Mundia	KCM Secretariat
15.	Mr. John Kamigwi	KCM Secretariat
16.	Mr. Kevin Ogollah	KCM Secretariat
17.	Mr. Peter Orwa	KCM Secretariat

Apologies

1. Dr. Bernhards Ogutu — Chair Oversight Committee
2. Dr. Victor Sumbi — Member Oversight Committee

Agenda

1. Registration/prayers /introduction
2. Remarks by the Management Committee Chair
3. Remarks by Oversight Committee Chair
4. Purpose, objective & Logistics
5. Declaration of conflict of interest
6. Receive update on the GC7 Funding Request development process
   - Presentation by FR Core Team
7. Demonstration of KCM Dashboards/ CCM Summary
   - Presentation by the Consultant
8. Review and discuss the performance of Regional PRs implementing GF Grants.
   - Presentation by IGAD and ECSA

Plenary

9. Review and discuss the performance of in Country PRs.

Presentation by PRs and HSWGs on GF Grant period 7 Programmatic and Financial performance/ G19RM /status update on Implementation of previous recommendations made by the KCM;

Day Two, 25th May,2023

1. Update on Map Existing Health Governance Bodies and Platforms
2. Presentation by the Consultant.
3. Confirmation of minutes of Oversight Committee Meeting held on 21st February 2023 and matters arising.
4. Confirmation of Minutes of the Management Committee meeting held on 4th April,2023.
5. Discuss the KCM Annual performance Report/EPA /KCM evolution project implementation status.
6. Plenary
7. Discuss joint Management and Oversight Committee report to the KCM
8. Next Steps/ Closure

Min1/1/05/2023 Registration/prayers /introduction

Workshop called to order at 9.30 am and opened with a word of prayer.

Introduction and apologies were noted as listed above. Meeting nominated session chairs as follows: -

Day 1:	Day 2
Morning session chair – Mr. Latiff Shaban *As Proposed by Dr. Dr. Medhin Tsehaiu* *Seconded by Ms. Faith Ndungu*	**Morning Session chair**- Ms. Faith mwende *As Proposed by Dr. Dr. Medhin Tsehaiu* *Seconded by Ms. Faith Ndungu*
Afternoon Session Chair – Dr. Samuel Kinyanjui	***Afternoon Session chair***- Ms. Joyce Omondi

As proposed by Ms. Rosemary Kasiba *Seconded by Ms. Patricia Mwende*	*As Proposed by Mr. Ahmed Said* *Seconded by Ms. Jacinta Mutegi*

The agenda was adopted anonymously.

Min2/1/05/2023 Remarks by the Management Committee Chair
Dr. Medhin Tsehaiu on behalf of the management committee chair appreciated the workshop invite and further stated that the meeting was Key at reviewing the current grant performance, GC 7 Funding Request Application process and other KCM related matters. She noted that the meeting was an important opportunity to follow through in the various processes within the Global Fund grant.

She added that the KCM took note of the media highlights on important matters regarding procurement, Global Fund Programming, human rights challenges, and Changes in leadership in the Ministry of Health. It was hence important to not leave anyone behind, and ensure all entities and stakeholders come together in a transparent and accountable manner. This would guarantee that the gains realized so far are not negated.

She noted Kenya was a frontier and widely respected due to the progress made in implementation of the Global Fund Grants in ending TB, Malaria and HIV diseases. She informed the meeting that May 17 was an important Human Rights Day regarding safeguarding LGBTQI welfare. That this day is an important juncture to reflect on investments made around access to health and ensure value for money to the vulnerable population. She was happy about the Progress made by Government and other stakeholders in solving the current LGBTQI issues. Lastly, she asked the members present to deliberate and contribute on all the agenda items and purposely leave the meeting venue with concrete way forward.

Min3/1/05/2023 Remarks by Oversight Committee Chair
On behalf of the OC Chair, the chair non state actors appreciated the days meeting and members both in the physical and online platform. He highlighted that the meeting came at a very important phase of grant implementation. This was because the grant was 1 year away from grant closure, hence there was need to rethink the kind of Oversight the KCM was conducting at this important phase. This means Strengthening and rethinking the Oversight field visits and functions. The KCM may require to seek additional resources to support the Oversight functions.

The country was in addition, at a unique period where the country was writing the GC7 Funding Request Application, there was hence need to prioritize key interventions into the grant writing process in an inclusive and transparent manner to all, particularly the non-state actors. It was very unfortunate that community members were complaining of inclusivity in the Funding Request Writing process. That this was a matter that the FR Core team needs to solve before it became a hindrance to the writing process.

Lastly, he cautioned the PRs on presenting requests for realignment of the grants particularly now, when it was too late in grant implementation. Reprogramming and reallocation requests would only be considered if the KCM is convinced that the PRs will be able to implement the grant as requested.

He wished all members in attendance a productive meeting.

Min4/1/05/2023 Purpose, objective & Logistics

- Meeting objectives and purpose are as follows: -
- Receive update on the GC7 Funding Request development process
- Receive a demonstration on the KCM Dashboards/ CCM Summary and receive an update on the Mapping of Existing Health Governance Bodies and Platforms
- Review and discuss the performance of Regional PRs implementing GF Grants.
- Review the financial and Programmatic elements of the grant.

Min5/1/05/2023 Declaration of Conflict of Interest

No Conflict of Interest declared.

AGENDA	DISCUSSION	RECOMMENDATION
Min6/1/05/2023 Receive update on the GC7 Funding Request development process. **Presentation by FR Core Team**	Members were taken through the update on the GC7 Funding Request development process. *(Presentation annexed)* **Questions/concerns/inputs** The timelines shared. From own assessment, does the team foresee completion of assignment within the specified timelines? With some of the timelines of the GC7 engagements elapsed, the members sought to understand whether engagement had been comprehensive? Regarding Civil Society annexes- what was the structure adopted in consultation with the Civil Society. Will the consultants on boarded in the writing process, have opportunity to have consultation with the communities? What is the direction the country was taking with LGBTQI conversations across the country? *The meeting was informed that it had been reported that the GC 7 processes are not community friendly. Example the documents versions shared by the TB teams are not easily accessible and incorporated by the communities. In regard to the stiff timelines the communities need additional time to consult and provide meaningful feedback. The writing processes required to be flexible.* There is need for continuous dialogue and buy in by all the constituents. All FR processes to be as accommodative as possible. Whether there are TORs for the Consultants that are being onboarded?	Communication and engagement are key between the various stakeholders During the FR Application KCM Non-State actors Constituencies to discuss and the Community /Civil Society priorities. All stakeholders to collectively look at the gaps and forge next steps which will be key at defining the processes. All priorities to be supported by the strategic plans. The FR Core team and FR Secretariat to have a follow up meeting on Friday that week to specifically speak into the issues raised by the meeting.

	On the GC 7 meetings, more information is required on the nature of meeting, schedules and expected outcome to ensure inclusivity. Whether the Incorporation of key population inputs by the consultants was onboarded? Comment on the available Oxygen Support to the Faith Based Organizations. Whether there is provision for the Informal Sector consultant? Are Private informal Sector Interventions considered in the FR Application document? Why issues raised by the communities are not reflected on documentation as raised? Their opinions should not be shut down. Communities are frustrated by the GC7 Process. Consideration to community input through engagement is key. The funding request teams should seek areas of collaboration and leveraging within the grant. Example on Sample transportation can the team leverage on available mechanisms i.e., Integrate Sputum Sample transportation and IED sample transportation. **Suggestion/Responses** The funding Request Writing teams were working very closely with communities. The TORs and review documents to have a shared drive to ensure all individuals can review and input into the documentation. All feedback to be received by the core team and secretariat, deliberated, and acted upon as required. The documents are overwhelming. Challenges appreciated. All participants to be mindful and considerate of each other. Identified priorities by the constituents are also liable to the limited funding available. Priorities should hence be highly impactful and integrated including consideration on all other partner support in areas that are underfunded. Participation by constituencies within the funding request process is very key, member non-responsiveness or nominees not taking part in the processes should be reported to the relevant KCM members for next steps.	The constituency dialogue reports, gaps and priorities should inform the ongoing GC 7 conversations. The GC7 Core team to review all the Gap analysis tables to better understand the constituency needs and priorities. The Funding Request Core team, FR secretariat and community representatives, are required to work as a team. And further ensure an elaborate Feedback system from the modular leads to the FR Core team and vice versa hence inclusivity. There may be need to adopt an in-country review team to specifically review the draft documents. The core team to further explore this possibility. Integration of Grant activities and proposed services is key to focused programming. Payment of claims to be undertaken before end of June.

	The GC 7 has a roadmap available and shared with constituents. The team was on track. There is hence need for early communication of dates especially when activity dates change for optimum participation. All FR processes should have a feedback mechanism to the chair to ensure the issues emerging are addressed promptly. KCM to suggest the areas to be improved and those bottlenecks will be addressed. The GC 7 was taking in all the inputs and these will form the next steps. The KCM representatives to also ensure their constituencies are well resourced in terms of obtaining information and feedback into the FR Processes. Regarding consultants TOR, each consultant has a TOR. The Lead TOR is supporting all the processes. Country Dialogues were mapped out, and a template was used to identify the gaps and priorities. Deliverables were 16 reports. The GC7 Team is currently translating these, into gaps and priorities narrative. The Funding Request Core team was however exploring the feasibility of holding an additional Constituency dialogue meeting which would provide an opportunity to verify the on boarding of the remaining member concerns. The Private Informal Sector has representation on the Funding Request Secretariat who should provide feedback to the constituents. The Informal Private sector identified as a vulnerable population, with interventions targeting he fisher folks, truckers etc. There are several other modules that address their concerns. Example the TB strategic initiatives and collaboration with other actors, sectors, and providers.	
tMin7/1/05/2023 Demonstration of KCM Dashboards/ CCM Summary Presentation by the Consultant	Members were taken through a presentation on the setting up of the KCM Dashboard as well as the demonstration of the KCM Dashboards/ CCM Summary *(Presentation Annexed)* **Question** How would information be populated using the dashboard? These should be aligned to what happens to the Oversight committee and ICCs. Is it able to pick ICC recommendations as well? Is the dashboard able to pick any red flags that would enable the oversight Committee takes a proactive stance?	Dashboard needs to capture information on the Counter fund financing. To the level possible, an escalation matrix to be formed to trigger action within the various levels.

	On the issues the dashboard can highlight, are they linked to the various programs, institutions, and directorates in order to prompt action on the same and attract responses, for example in addressing the procurement challenges experienced. Who is supposed to input the dashboard, how often, and how promptly will the information be used to make key decisions? Would it be providing real time data? Does the dashboard follow up to implementation and oversight of SRs, SSRs. What recommendations on maximizing the utility of the Global Fund provide to the grass root level. The dashboard should be ready before July this year. Members should be able to interact with the raw data as at the time of the KCM Retreat. Commodities stock status tracking is very important, for the purposes of a cause and effect, is the dashboard able to answer the question how, when, and where? Even up to the subrecipient and beneficiary level. **Responses** Data is entered at the PR level. On the concern on how the system can be utilized maximumly across the country. The team factored in levels at which the data would be captured at the granulated levels. Currently the team had worked on the national outlook however as the KCM looks to have expansion of the picture, then with additional investments will be required to be made regarding addressing functionality issues such as Quality assurance, data monitoring and availing valid data. There are provisions for expansion. The system is support to project real time data. Once inputted, then the data will be available to tell a story. The dashboard will be available by the next financial year and the team looks forward to testing its capabilities by the end of June. PRs are responsible to the SRs, the information received and inputted by the PRs would hence be emanating from the SRs. In regard to triggering communication/responses to various stakeholders, especially on where there are red flags, the dashboard will be accessed through a portal, comments boxes are available and will be able to analyze the data presented to qualitative information which will ensure the dashboard communicates to the relevant stakeholders.	The dashboard is to be available for piloting by the next financial year. A joint multisectoral meeting to be held with the consultant before the dashboard is adopted.

	The dashboard can pick challenges within the grant, it has however not been linked to the other digital systems. The reviewer will hence be required to highlight the systemic challenges noted. The tabs were color coded to highlight areas needing various interventions.	
Min8/1/05/2023 Review and discuss the performance of Regional PRs implementing GF Grants. Presentation by IGAD and ECSA	*The meeting was informed that, the days meeting would not be receiving updates from the ECSA Grant as they did not present their presentation at the HSWG Level for review ahead of the days meeting*. The meeting was taken through the Regional Grant presentation by IGAD/KRCS. A presentation made by Ms. Miriam Ngure. **Discussion** What is the level of partnership between IGAD/KRCS and UNHCR and IOM in the refugee camps and cross border populations? How does the Regional Grant ensure it works together with the County and Government leadership in serving not only the refuges but also the host community? How has the grant been able to incorporate the EMR in aligning support from all partners hence averting Duplication? Who provides Oversight over implementation of the Regional Grants? **Responses** UNHCR within the refugee camps is the camp manager, they coordinate all partners implementing health services within the camp. The IGAD Grant is working with UNHCR and through their mechanisms, they ensure there is no duplication. IOM's major support is around immigration and repatriation of refugees from the refugee camps to other areas. IGAD works closely with the Department of Refugee Services as well as IOM to ensure the migrant is well catered for. IGAD's TB program is anchored within the National TB Program. Capacity building and training for health volunteers emanate from the National Level as well as the county Government. The training Curriculum, and supportive supervision is as approved by the NLTP. Regarding EMR, it available in both Camps, however the team has not been able to incorporate the TB questions herein. They are waiting for a	The IGAD team to continue working with all implementers and regulators of the refugee camps to solve some of the outstanding challenges/Bottlenecks highlighted. The KCM was in support for the same.

	consultant to support the incorporation. To operationalize this, the teams are working closely with the TB Coordinator and county teams. In terms of support supervision, Regional Oversight Teams with representation of at least three of the KCM Oversight Committee Members, oversight. The vice chair of the Regional Grant was Mr. Philip Nyakwana. Technical and support supervision was conducted by the County and National TB teams.	

Min9/1/05/2023 Review and discuss the performance of In Country PRs.

Presentation by PRs and HSWGs on GF Grant period 7 Programmatic and Financial performance/ G19RM /status update on Implementation of previous recommendations made by the KCM

	GRANT PERFORMANCE: JANUARY TO MARCH 2023 – Q7 (USD)						
Principal Recipient	**National Treasury (US DOLLARS)**				**KRCS**	**AMREF HA**	
Grant	**HIV**	**TB**	**HSSD**	**MALARIA**	**HIV**	**TB**	**MALARIA**
Performance Rating	**C-1**	**C-5**		**B4**	**C-5**	**B-5**	**B-5**
Grant Budget (USD)	187,685,444	44, 876,344.10	9,920,389.05	63,817,905	70,459,718	53,503,114	17,148,070
Budget as @ March 2023	90,699,628.88	10,898,174.48	7,237,982.73	18,506,308.85	58,660,537	35,910,407	10,356,822

Cumulative Expenditure	70,292,938.12	6,698,478	1,341,675.71	13,611,958.22	43,643,605	20,455,690	6,536,270
Variance	20,406,690.75	4,195,167	*Postponed Out Flows* 4,188,421.16 *Savings* 1,604,888.19	4,492,280.48	-	15,454,717	3,820,552
Commitments	21,291,214.01	-	137,106.54	362,251.61	0		-
Obligations	10,322,830.96		0	39,818.54			
Absorption (Commitments + Expenditure)	101%	61%	18.54%	77%	74%	57%	63.1%

Discussions & Responses

HIV Grants

Need to highlight the Denominators and numerators in the targets, Performance, and achievements to contextualize the actual numbers involved.

The grant is almost coming to an end yet some of the interventions and indicators under the KRCS are still underperforming. What could be the challenges?

The same indicators have an over achievement by the national Treasury, yet performance under KRCS is dismal. Why the discrepancy? Does the National treasury and KRCS have progressive conversations on unlocking the bottlenecks either of the teams may have?

Regarding adolescents and young people, triple threat has been applied targeting prevention strategies regarding teen pregnancies, teen HIV and LGBTQI. A lot of people have been onboarded, yet the performance of that indicator has remained dismal. What are the reasons for this? How can we learn from already established programs?

Need to look at the targets applied. Were the targets, too high, hence underachievement? Concrete decisions are required to be made early in implementation, and not at the tail end.

Why do PMTCT indicator targets appear to be low?

The interpretation of the PMTCT targets for number of pregnant women tested and number of HIV positive pregnant women on ART. The targets for number of pregnant women tested Year 1= 84%,

Year 2= 88%, Year 3=92%. Targets for number of HIV positive pregnant women on ART Year 1= 93.6%, Y2=95.2%, Y3=98.4%. The targets were divided into two semesters in a way that at the end of the year we achieve the overall yearly target. interpretation: for half year, 50% is considered as 100%, so 44.5% for example translates to 88% achievement for that reporting period. The PR was requested to update the performance of the PMTCT indicators in the PR dashboard.

Why does Performance of EID appear below targets yet there were sufficient commodities?
This is due to facility level, Programming, and client issues that the program is cognizant of and working towards addressing them during the RRI.

Programming issues experienced: -

1. Mop up of missed opportunities on going after stocks were availed and will continue through the RRI period which will end in September 2023
2. Sample networking challenges especially in ASAL counties and health facilities that are not partner supported- The program plans to leverage on TB sample networking infrastructure, scale up of point of care testing in GC7 application.
3. PMTCT program that is responsive to the structural and cultural differences that affect retention of mother baby pair in the program across the counties - this is being considered in GC7 application

Health facility issues:

1. Client flow issues at the health facility especially where mothers are sent to the lab for sample collection leads to miss opportunities- discussions during the RRI for health facilities to address client flow issues to address missed opportunities.
2. Data capture well done on mother baby booklet by service providers but not in the registers which contributes to what looks like missed opportunities
3. Vertical service provision at health facility targeting the same mother contributing to missed opportunities during Penta 1
4. Reshuffle of health care providers providing PMTCT services which leads to capacity issues at MNCH especially for the new staff that are assigned to the PMTCT department

Client based issues"

1. GBV which leads to mothers and baby pair dropping off PMTCT program
2. Caregiver apathy

NASCOP was cognizant of the importance of client voices and will leverage on existing structures and community led monitoring to incorporate their feedback. The RRI will address issues of data capture, mop up of missed opportunities such as HEI screening at Penta1, capacity building of HCWs, integration of GBV in PMTCT, advocacy, among others
TPT uptake: - There was a change in definition of the indicator in NFM 3 to capture PLHIVs initiated on TPT out of those eligible for TPT. Currently we cannot get the data in KHIS so the program is utilizing data from EMR sites. Not all health facilities have EMRs and therefore the data presented is just a proportion of the services that were provided.

TB screening: -Data in KHIS captures TB screening for all PLHIVs on ART. However, the indicator requires data for PLHIVs newly initiated on ART screened for TB which can only be captured from EMR sites. The program revised the tools to align to the revised guidelines which will also capture data for TPT and TB screening indicators. Roll out of the tools is expected to start in September 2023.

Low absorption: - Late approval of workplan delayed implementation thereby spilling over activities for year 1 into year 2. Human rights module which is currently at 0% absorption - reprograming for the module was done and approved in April 2023. Implementation to start in Q8. Big budget movers such as:

- The AYP survey whose reprogramming request was approved in April. Protocol currently submitted to AMREF for approval
- IBBS survey where the steering committee appointed. Currently budget harmonization is ongoing.
- Integrated SQA that was done and completed in Q7. The pending payments were captured under the postponed outflows
- Pending procurements of computers for ASAL counties which has delayed subsequent activities in the HMIS module- tender evaluation done awaiting GF no objection.

- Training of HCWs on ART guidelines. There was a delay in the launch of guidelines. This was done. HCW training was concluded in Q7. pending payments are part of postponed outflow.
- Activities in the private sector-Private sector engagement framework to guide implementation of activities in the private health sector space was done and validated in Q8. This now created a framework for implementation of the activities which will commence in Q8
- Reprogramming requests for IPC and VMMC were approved in Q8. Activities are being planned to start in Q8.
- RRI which also combined budget lines in HTS, Care and treatment and PMTCT modules in the main grant also being implemented in q8 and through to Q9

NASCOP undertook a work planning workshop the week of 15th May and looked at postponed as well as pending activities that can be undertaken up to Q11. Savings were released to cater for gaps in procurement as advised by the GF mission.

TB and RSSH Grants

What steps had been taken to address the on boarding of the MDR patients onto the NHIF capitation?

The RSSH absorptions are very low, what are the acceleration plans available to fast track implementation of the grant activities and hence optimize performance.

Are the three indicators under RSSH the only ones available for tracking? Was RSSH providing all the information?

With the low absorptions, can the RSSH team conclusively indicate it has Savings of 1.4 million?

Would be possible to get the full picture of the grant across the PRs and RSSH Grants?

Responses
Regarding MDR patient's capitation, Official communication done to N HIF/Awaiting Response. The parliamentary process is ongoing as well.

The frequent changes in TB leadership at the NTLP Program has been highlighted as a gap and affects full delivery of the leads mandate. KCM to evaluate the possibility of making a recommendation on the same.

The RSSH Grant has indicators under follow-up. The three indicators presented around HMIS units/other reporting units submitting timely reports, health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting and % of public financial management system components used for grant financial management.

Regarding Savings, the absorptions were 18% because most activities had been moved to the third year of implementation. Quite a lot had been accomplished in the current quarter and it would be evident when KCM will be reviewing the current quarter evaluation.

The Head RSSH, noted he was only three weeks old in the program, and was ready to support the performance of the RSSH. He noted that, whereas there were glaring gaps, going forward, the RSSH performance and work plan will improve and deliver services and activities to beneficiaries.

Malaria
Discussion/Queries

What is the commodity stock levels at the facility and National Stores. How long would the stocks serve the country?

What is the current update on the year 2020 LLIN payment? What are the steps taken to address the pending payments?

What is the status on the challenges as detailed in the media on the proposed loss of revenue in mass net distribution?

What is the most recent update on the new Malaria strain Anopheles Stephensi?

What is the plan with the onboarding of the community volunteers by Government?

Responses
The program had not completed the 2020 LLIN Payments. The program completed the verification process about 2 weeks earlier and the claims should be paid by end of June. In the upcoming Malaria Campaign, the program looks forward at adopting lessons learnt and guarantying seamless processes by digitalizing all the payment processes.

Regarding commodities, the Country has experienced a stable malaria commodity supply both at the Facility level and National levels. Additional supplies are procured and distributed by other partners.

The National steering Committee is currently being put together and its main mandate would be to discuss and run all aspects of Mass LLIN campaign.

Service delivery should be integrated being that it's the same client receiving the individualized services. Integration of Health Care Services is key to the next steps.

The ongoing LLIN situation in the country is currently undergoing investigations and the PR will be able to provide further feedback once information is available. Procurement of LLIN is however coming through WAMBO.

The RBM Vector Control Working Group (VCWG) and Multi-Sectoral Working Group (MSWG) are pleased to issue a joint consensus statement on the Global Vector Control Response to invasive Anopheles Stephensi. In the past decade, the malaria vector An. stephensi has spread to Africa and Sri Lanka and there are concerns about its impact on malaria transmission. Urgent efforts are needed to prevent further spread and reduce the impact of An. stephensi where it now exists. With this Consensus Statement, the RBM VCWG and MSWG seek to complement the work of WHO, UN-Habitat and others by facilitating the exchange of knowledge and best practices to address this invasive species to build a common understanding and identify gaps in our collective response. The RBM Working Groups and their diverse membership of malaria control programmes, representatives of other ministries, the private sector, implementing partners, and research and academic organisations stand ready to contribute to this fight

ICC Recommendations

HIV ICC: The HIV ICC meeting was held on the 18th of May 2023. Online meeting with Participation of 70 Pax. **KRCS:** In liaison with the MOH to address Inadequate and late supply of commodities – RTKs, condoms, Lubes. NSDCC leading the advocacy on the anti-LGBTQ conversation in the country to address the issues facing the KVP program. Fast track and complete the Kenya mentor mothers program (KMMP) tools with NASCOP before printing. **National Treasury**; Fast track implementation and funds absorption. Identify and declare savings that can be re-allocated to other gaps ahead of end of grant date. Put mechanisms in place to fast track the poor /underperforming indicators e.g., TB /HIV and community reporting.
Malaria ICC: No recommendation or requests from the KCM. Notable pending payments of previous CPF procurement (AL 24 and Artesunate injection). KEMSA is negotiating with the suppliers. PMI to fast-track procurement of Artesunate Injection (3 MOS) as a mitigation measure. Approved reallocations request likely to improve implementation and financial performance in the next quarter. There was a request to the program to share the reallocation request with KCM, but they indicated this was shared. HSWG chair requested members to nominate (via email) the alternate member for the KCM oversight committee.

No TB ICC Recommendations were provided.

Cross Cutting Recommendations

NSDCC to continue leading the multi response in regard to Key population programing jointly with other stakeholders and regularly provide feedback to the KCM. Going forward, there was hence need to sensitize Counties during their inception in Regards to Global Fund Programming.

It was time to reflect on the responsibility of the KCM members in reviewing the dashboards that are received and deliberated upon on the joint Management and Oversight Platform. Need to critically reflect on what works and what is not working to ensure the committee is able to provide the required support. Joint feedback could be provided to the PRs, hence ensuring a well-rounded strategy.

Grant Oversight is the role of the KCM structures whereas the PR undertakes the Monitoring and evaluation role. The point at which the KCM Oversight role then interacts with the Monitoring and evaluation teams needs to be clearly defined. This is key at understanding all the data behind the percentages received at the Oversight Committee level.

It would be important for the GC7 writing team to understand the core challenges experienced in the writing process; key issues that contribute to the dismal performance of the grant. This would help institute new strategies to address the bottlenecks and solutions going forward in the 2024-2027 grant.

The PR and programs review what is still pending for implementation, evaluate what can feasibly be reprogrammed and reallocated, closely track grant implementation and follow through on the acceleration plans hence optimization of the grant absorption.

All PRs and SRs to package and highlight all core challenges experienced in the current grant in the GC 7 writing process. Solutions and efficiencies to be factored in the upcoming grant.

All HSWGS/ICCs provide a report following the HSWG Meetings. In addition, the HSWGs identify bottlenecks, strengthen, and guide all the Global Fund Programming challenges.

PRs to provide updated grant implementation statuses as well as stock status as @ May 2023 ahead of the KCM annual Retreat.

The PRs should ensure that the dashboard presentations are standardized across the board in view of the shared templates. This should include the updated logos. In addition, programmatic targets should have numbers as well as percentage performances to allow for contextualization of the performances. PRs were requested to update all presentations and share with the KCM Secretariat before end of that day for subsequent steps.

In regard to Community Health Persons (CHP), team to Follow-up with the MOH on the new structure of CHP.

TB Program affected Communities and rother relevant stakeholders to review the MDR Patient social Support and revert back to KCM in a months' time. On event a desirable response is not reached, then a counter proposal to be provided to the KCM for consideration.

AGENDA	DISCUSSIONS	RECOMMENDATIONS
Min10/1/05/2023 Update on Map Existing Health Governance Bodies and Platforms Presentation by the Consultant	*Members Update on Map Existing Health Governance Bodies and Platforms* *(Presentation Annexed)* **Questions** What were the challenges experienced in contacting the resource persons? What is the best way to fast track the interviews and agree on the timelines. How does the structure look like? What structural changes are expected? What is the Road map? What are the expected policy changes regarding this assignment? What are the next steps? **Responses** The KCM to facilitate the interviews with KCM leadership, National Treasury, CoG, Private Sector, and NSDCC. Consultant to continue to provide various options to receive response i.e., file responses, have a one in one meeting and virtual interactions. Interviews with the senior staff at the ministry level was important as this was Policy changes.	Consultant to share the draft 0 document with the KCM for review once ready. Consultant to schedule and aim to complete the interviews by 7th of June 2023. KCM secretariat to facilitate the meetings with the remaining resource persons. ***Next steps*** Consultancy is part of the Evolution Road Map. Management committee to look at the steps and guide on the question on what next/ next steps.
Min11/1/05/2023 Confirmation of minutes of Oversight Committee Meeting held on 21st February 2023 and matters arising.	Members were taken through the minutes of the Oversight Committee Meeting held on 21st February 2023 and Matters Arising. The Minutes were endorsed as a true record of the days' meeting. **Proposed by Ms. Patricia Mwende** **Seconded by Ms. Rosemary Kasiba** *Matters arising were as per the Quarter 6 implementation tracker. (See Annex)* **Discussion** Further Discussion on capitation of the MDR patients to continue between all the stakeholders regarding NHIF payment.	Minutes Adopted Members were happy that the KCM was able to follow through on all past recommendations including Field Visits Action points.

Min12/1/05/2023 Confirmation of Minutes of the Management Committee meeting held on 4th April,2023.	Prior to review and confirmation of the Minutes of the Management Committee meeting held on 4th April,2023, Members requested to declare Conflict of Interest in view of the update on PR Selection discussions. The following members declared a Conflict of Interest as their Organizations were prospective bidders for the GC 7 grant. 1. Ms. Faith Ndungu – Member NGO/World Vision 2. Ms. Gloria Wandeyi- AMREF HA 3. Ms. Sophie Njuguna -KRCS ***Recommendation*** *Meeting guided that the three meeting participants recuse themselves from the meeting during the discussion of this agenda item. To rejoin once the agenda was concluded.* Members were taken through the minutes of the Management Committee meeting held on 4th April,2023and Matters Arising. The Minutes were endorsed as a true record of the days' meeting. **Proposed by Ms. Pamela Kibunja** **Seconded by Ms. Patricia Kilonzo** **Discussion/Questions** 1. Was declaration of conflict done during this meeting? 2. What is the status update on the nomination of the IRP Members. 3. Now that the government/ Ministry of Health. seems to take charge of the process. Where does it leave the KCM Independence as well as the IRP? **Response** Declaration of Interest was a standing agenda in this meeting and followed to the later. At the time of the meeting, the call to launch the PR selection/As independent. Advertisement would be carried out on the 16th May 2023 and close out on 31st May 2023. Tender opening to follow immediately after tender period closure.	Minutes were adopted as a true reflection of discussions Inherent. Non-State PR Selection process to be as seamless as possible filled with integrity.

	Evaluation committee- DPHK nominated the members on this committee. Official committee constituted. Six experts are available to start the assignment. Bids to be handed over to them for consideration. The experts are independent and will work as such to ensure the process integrity is preserved. The KCM Secretariat will be providing administrative support to the IRP. Members of the IRP to have its inception meeting/Orientation meeting on Monday 29th May 2023. The KCM is the one advertising for the bids. Evaluation to be done	
Min13/1/05/2023 Discuss the KCM Annual performance Report/EPA /KCM evolution project implementation status. Plenary	KCM Calendar of activities are on track. All pending activities will be accomplished before closure of the current year. KCM Secretariat proposes to reschedule the KCM retreat to 26th to 28th June 2023 from the earlier date of 5th to 6th June 2023. Regarding the performance framework, based on the performance agreement with the Global Fund, the tool has changed. The performance areas touch on Evolution- they include Oversight, Engagement, positioning, and Operation. The KCM has 6 Indicators that they are following up on. These include: - Requirement to have an Oversight Plan, Skills, and Expertise of the Oversight Committee members, signed Minutes, Presence of Non implementers on the Oversight Committee, Implementation tracker, pending is the finalization of the Oversight dashboard. The KCM is required to demonstrate the engagement of Key and Vulnerable Populations, Gender Representation, 40% of KCM composition is drawn from the Non-State Actors. KCM is compliant in all these areas. The KCM budget activities were all on track with most meetings supported and completed. All other budget lines will also be completed.	Compliance demonstrated. KCM members to accelerate compliance of the E-learning Platform on Ethical Code of Conduct. KCM Secretariat to avail physical forms of the Code of Conflict and Ethical Conduct during the KCM Retreat. Member Airtime facilitation to be completed before end of the week. Members were pleased that All KCM Communication copies communication to alternate members. To allow for inclusivity and improved meeting participation.

Min14/1/05/2023 Discuss joint Management and Oversight Committee report to the KCM	KCM Secretariat to share draft report for review by members for review.	KCM Secretariat to work on a raw draft for members to review and make contribution

Min15/1/05/2023 Next Steps/ Closure

Members requested that the KCM Retreat is held in Machakos on 26th, 27th and 28th May 2023.

Being no other business, the meeting closed at 4.30pm with a word of prayer.

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

Sign……. Date: .....
Mr. Latiff Shaban
Chairing