KENYA COORDINATING MECHANISM

OVERSIGHT COMMITTEE MEETING HELD ON 6th SEPTEMBER 2022 BETWEEN 9.15AM TO 1.52 PM

Present

1.	Dr. Bernhards Ogutu	KCM Member/Chair Oversight Committee
2.	Ms. Margaret Ndubi	KCM Oversight Committee
3.	Mr. Philip Nyakwana	KCM Member/OC/ PLWD-TB
4.	Ms. Eunice Fedha	KCM Alternate/COG/Oversight Committee
5.	Ms. Eunice Omesa	KCM Oversight Committee/ TB ICC
6.	Ms. Joyce Ouma	KCM Member AYP/Oversight Committee
7.	Dr. Victor Sumbi	KCM Oversight Committee/Malaria HSWG
8.	Ms. Rosemary Kasiba	KCM Member/ OC/ PLWD-HIV
9.	Ms. Josephine Mwaura	KCM Secretariat (Taking Minutes)
10.	Mr. Samuel Muia	KCM Co-Ordinator

In Attendance

1.	Ms. Rose Muthee	Health Systems Strengthening Department
2.	Ms. Caroline Ngari	NACC
3.	Dr. Donald Apat	AMREF HA
4.	Mr. Gordon Aomo	KRCS
5.	Mr. Patrick Igunza	AMREF HA
6.	Ms. Dorothy Mibei	Health Systems Strengthening Department
7.	Ms. Gloria Okoko	AMREF HA
8.	Ms. Miriam Ngure	KRCS/ IGAD
9.	Dr. Steven Macharia	DNTBLP
10.	Mr. Miru Kamau	TNT
11.	Ms. Emily Muga	KRCS
12.	Mr. Kevin Ogolla	KCM Secretariat

Apologies

1.	Mr. John Kihiu	KCM Member/Private Informal Sector/OC
2.	Ms. Hellen Gatakaa	KCM Oversight Committee/Malaria HSWG
3.	Dr. Mirium Urasa	ECSA Regional Grant
4.	Dr. Andrew Silumesii	ECSA Regional Grant

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 4 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 Joint Oversight & Management Committee Workshop held on 9th June,2022 and matters arising
8. A.O.B

Min 1/1/9/2022 Introduction/Apologies
Meeting called to order at 9.15am. Opened with a word of prayer.

Members Introduced themselves as above.

Apologies as above.

Agenda highlighted and adopted unanimously

Min 2/1/9/2022 Opening Remarks by the Oversight Committee Chair
The Oversight Committee chair welcomed all in the call to the days meeting. He appreciated the meeting attendance and further noted that the meeting was very key to familiarize the committee on the progress made in Quarter 4 of implementation, C19RM Performance, Commodity stock statuses, address the members concern as well as the review of the RSSH Grant performance. He noted that it was important that we do not lose money meant for the common man. He welcomed members to make constructive engagements/ contributions and where necessary arguments in the days meeting.

Min 4/1/9/2022 Declaration of Conflict of interest.
Members of the Oversight Committee members were requested to declare a conflict of Interest. That a conflict of interest occurs where a member of the KCM and/ or his committees' uses his or her position to advance personal ambitions or interests, the interests of an institution with which he or she is affiliated, or those of a close associate, in a way that Kenya Coordinating Mechanism Conflict of Interest 2 disadvantages or excludes others or is otherwise detrimental to the overall effectiveness of the Global Fund programmes. Further it was important that members also declare a Conflict of Interest on event the status of the organization they represent has changed status and are currently an implementing organization.

No conflict of Interest was declared.

Min 4/1/9/2022 Update on implementation of IGAD GF Grant
Presentation by Miriam Ngure
Presentation Outline: - Project Description & Programmatic achievements. *Project Description:* **Grant Start Date:** April 01, 2022. **Grant Closing Date:** March 31, 2025. TB grant implemented in Dadaab and Kakuma 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. P*rogrammatic achievements:* All programmatic Indicators were above 95& to 187% except for the indicator on- Number of bacteriologically confirmed drug resistance TB cases (RR and MDR-TB) notified that was at 25% and Number of notified cases of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapses that had achieved 66% hence 41% bacteriologically confirmed. **Challenges:** Erratic supply of cartridges. Unsteady supply chain management leading to untimely procurement of nutritional supplements which affected provision of nutritional support to TB patients

Discussion

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

Concerns

1. What test was referred to when presenter noted that there was a test not accessed by children.
2. Whether Gene expert testing is opened to the host community especially where some of the health facilities have stockouts.
3. Whether the IGAD/ KRCS has other partners supporting with testing the health sector in the refugee camps?
4. Whether the IGAD team is able to cross reference with the National programs in the two counties in acquiring the much-needed supplies.
5. Whether the over achievement of the indicators was occasioned by the very low targets sets.
6. Whether PTP- a key prevention therapy is prioritized by the IGAD Grant.
7. With many implementers at the refugee camps, whether the IGAD team is aware of other implementers in the camp providing the PTP service?

Responses

1. The test referred to was the PCR Test for the children.
2. Gene expert services are open to the host community and fully accessible. When reporting the data is segregated to report on the refugee population.
3. There are other partners supporting the catalytic funding to support the health system example UNHCR. TB Services are not a priority to UNHCR. The KRCS team is working closely with the county and DNTLP to support the key functions.
4. The IGAD teams have continued to work with the county TB Head and communication was that they were to receive some supplies. They are also able to follow-up to the level of the National Government through the DNTLP. Hence the gap is being addressed.
5. The over achievement was occasioned by the KRCS IGAD teams undertaking of the training to CHVs to identify cases & refer the patients as well as prioritizing activities that would provide gains/yields. In addition, the health care workers earlier on did not recognize the CHV Referrals and were indicated as self-referrals. Now with the continuous DQAs, the role of the CHV has continued to be appreciated and recognized by all the health care givers.

The teams will also be looking at revising upwards the targets. That TPT was not part of the Key interventions within the Regional Grant areas of focus. A change in the grant dimensions would mean seeking approvals for the same from the donor due to cost implications.

6. That there were other partners implementing HIV Services in the camps, but she could not confirm what organization undertook the role of the provision of the PTP service.

Way forward

Meeting guided that the TB Guidelines stipulate that all facilities need to provide TPT services to children who are under 5 years of age, household contacts in contact with the bacteriologically confirmed TB Cases and HIV Positive patients. The intervention did not require additional resources and should be part of contact tracing. There is need to explore further on the gaps experienced by the KRCS/IGAD team. As this are bare minimum requirements for anyone carrying out TB Programming. TPT commodities were available and since the KRCS/IGAD team was working with CHVs and county TB Coordinators then

1. The KRCS/IGAD Team, TB HSWG, and TB Program to roll out TPT services in refugee camps. This will align current investments made with the current realities based on the policy available for TPT regarding TB Programming.
2. Future reports to provide baseline information on the changing dynamics/ population dynamics bearing the number of inflows, number of attritions, Number of people in the camps etc.

Min 5/1/9/2022 Update on implementation of ECSA GF Grant

The ECSA Team provided apologies for not being able to join the meeting as they were holding their Project steering Committee Meeting at the same time. They however provide a presentation and welcomed members to make comments that they would be able to provide responses to.

Min 6/1/9/2022 Review of period 4 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: APRIL TO JUNE 2022 - Q4 (USD)						
Principal Recipient			National Treasury (US DOLLARS)		KRCS	AMREF HA	
Grant	**HIV**	**TB**	**HSSD**	**MALARIA**	**HIV**	**TB**	**MALARIA**
Performance Rating	**C-1**	**C-5**		**A-2**	**D-4**	**B-5**	**A-5**
Grant Budget (USD)	187,685,444,	42,298,744	4,515,493	63,817,905	70,459,718	53,503,114	5,665,145

Budget as @ June 2022	81,741,773.53	-		12,501,624	24,766,055	20,923,817.28	-
Cumulative Expenditure	47,017,791.09	17,114,765	657,040	6,495,662	17,800,492	8,541,388.00	3,377,585
Variance	34,723,982.12	25,183,979	3,858,453	-	-	12,382,429.27	
Commitments		-		2,657,966			-
Obligations		9,618,139		1,877,846	0		
Absorption (Commitments + Expenditure)	58%	40.5%	15%	88%	72%	41%	59.62%

GRANT	BUDGET	FY 2021/2022	EXPENDITURE	OBLIGATIONS	COMMITMENTS	Absorption ((B+C)/A)
	A		B		C	
HIV	1,543,388,545.00	18,749,169	4,842,787	2,775,665	11,130,716	26%
TB	352,000,000.00	3,200,000	381,657	452,485	1,984,201	12%
MALARIA	416,000,000.00		238,335,509		175,788,210	64%

HIV- 78% contract value delivered by June 30
TB- 62% contract value delivered by June 30

COVID 19 GRANT AS AT JUNE 2022 (USD)

COVID 19 GRANT AS AT JUNE 2022 (USD)						
	TNT			**AMREF**		**KRCS**
	HIV	**TB**	**MALARIA**	**TB**	**Malaria**	**HIV**
TOTAL AWARD		26,941,760.25	577,091.78	54,458,263	3,069,667	20,762,658
Budget in USD to Date	7,543,469.37		577,091.78	39,561,786		14,117,607

Expenditure	720,158.27	10,021,002.60	239,168.82	11,162,683	821,780	2,051,037
Variance	6,823,311.10	16,831,265.87	337,922.96	28,399,103	-	-
Commitment			11,915.23		-	-
Obligation			-	-	-	
% Absorption (Expenditure only)	9.5 %	37%	44%	28%	27%	15%

NB AMREF HA TB Grant: - Total Amount Disbursed by GF is US$16,305,842. This includes $1,257,363.3 Wambo payments made directly by the Global Fund. Burn rate is 68%

Commodity stock statuses annexed

HIV HSWG RECOMMENDATIONS

HIV ICC Meeting was held on 29th August 2022. **National Treasury-PR1: -** Funds Absorption; Low funds absorption at still below 50%. Low utilization of budgets under NASCOP (postponed activities) & NACC attributed to delayed implementation of programmatic activities. Performance of some of the reportable indicators have gone down ie on PMTCT, VMMC, and the Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period. MOH/KEMSA to ensure a steady flow of commodities to address the low performance which can be attributed to shortage of HTS test kits. **Kenya Red Cross Society -PR2:-** Average performance of funds absorption (51%) was noted, and the ICC resolutions were as follows. Fast track grant implementation. Fast track the recruitment process and engagement of the SWOP sub recipient. Finalize and share the transition / exit plan for Siaya AYP programme and take up of Kajiado county for the AYP programmes-Identify if a nearby SR eg from Machakos county can take up Kajiado instead of recruiting a new SR which takes time and more costly in terms of programme Management. Request by the Non-State Actors to have a slot to give updates during the HIV ICC meetings.

No recommendations were made from the TB and Malaria ICC/ HSWG Meeting.

Discussions

The chair thanked the various Presenters for their elaborate presentations. He opened the meeting for deliberation.

HIV GRANT

CONCERNS

1. TNT to further clarify on the application of the new Grant rating.

2. TNT to Submit the CPF/Government Commitment Financial performances before end of the day
3. KRCS to provide Grant Rating in Both programmatic and financial grant rating.
4. KRCS- Good news the commodities under WAMBO under C19 are within the country, what were the challenges experienced as the contracting took over a year. What were the Quantities delivered?
5. A grant performance of C is unacceptable. Rating was shocking. All countries are encouraged to have portfolio optimization. PRs to highlight challenges experienced, actions taken to turn around the rating.
6. How to create demand for TPT?
7. Meeting to indicate what recommendations it was giving to KCM.
8. Oversight Committee is an interested party in the delayed C19 procurement under KRCS. KRCS to indicate when the commodities are arriving under WAMBO, provide the distribution list and keep the KCM informed so that it would flag off the consignment.
9. For the Innovation fund for AGYW and KP Population, whether these innovations would directly target and prioritize AYP and YKPs to lead in the innovation challenges.
10. AYP project transition from Siaya County to Kajiado County. What was entailed the ICC Recommendation for KRCS to work with existing SRs in taking up the functions of the SR Suspended and whether it would include an AGYW Organizations.
11. The ask by KRCS to approve the innovative challenge did have adequate supportive documentation to that effect.
12. Under absorptions, what was the relationship between great programmatic performance whereas the financial information continues to lag behind and vice versa /underperform point in case the TNT.
13. Whether there has been collaboration around VMMC Resources under NACC and NASCOP to ensure the maximizes uptake of services and demand creation.
14. Reviewing the grant performances especially on programmatic activities across the grants, whether there were acceleration plans to fast track implementation.
15. Are there bottle necks that would require the intervention of the Oversight Committee to unlock?
16. How do all the programs and PRs work together, leveraging on the strengths from each Sub section to unlock the grant issues at hand.

RESPONSES

1. The Counter fund deductions were erroneously missed in the presentation. To be shared before COB that day
2. The New Ratings were similar to the old ratings. The first part of the rating would represent the programmatic achievement running from A to E- where E signifies Excellent performance. The second part indicates the financial rating where 1- signifying Excellent performance and the cascade follows to 5- which means very poor performance.
3. On the question on Absorptions the TNT was able to bring forth procurements meant for December 2022 and was able to pay for it using the year one budgets. Attributor factor was procurement. Hence the discrepancy between the excellent financial performance and moderate Programmatic Performance.

4. That with the current Rating around the three grants apart from malaria grant presented a threat to not achieve the targets. Continuous Oversight is key.
5. Most of the challenges are related to the partners, programs, implementer delays and challenges within the day to day running/ Operational activities and really do not need the Oversight Committee interventions. The thing is to ensure that the loose strings are tied. Heads of Programs to lay focus and track grant implementation within their portfolios.
6. On demand creation for TPT, this is reliant to service provision. Need to strengthen/raise awareness to the service providers to provide good/optimum services, avert missed opportunities and rely in the available guidelines.
7. On postponed activities across the grants the PRs have come up with acceleration plans to deal with the delays realized and plans to avert the bottlenecks. PRs have disbursed the Funds and it was important that the activities are implemented within the work plans.
8. The **KRCS** rating was at D4 attributed their low programmatic performance to the period July to December 2021 where they received the Global Fund Disbursement late hence impacting the commencement of activities. Commodity shortages has also impacted implementation of activities. That the current performance is better than it is portrayed.
9. On the consignment received by WAMBO was a partial consignment. The second and final consignment to be received during this month.
10. On the question on, innovation fund, eligibility criteria is available and the AYP Organizations will be considered there in. The selection criteria is based on who is able to provide the best idea/Solution to the eminent challenge. AYP should be encouraged to be part of the Fund.
11. On the AYP project transition from Siaya County to Kajiado County, the ICC recommendation received was that instead of a competitive process that would further delay implementation, the PR goes ahead to identify an SR implementing in Kajiado county to take up the functions/ responsibilities in implementing the AYP Activities following a public advertisement. The same request was presented to the KCM Oversight Committee meeting in the days meeting.
12. For KRCS, the main challenge was on commodities example Condoms, HTS etc. they requested that the Oversight Committee to advice on availability of these commodities.
13. That the NASCOP and NACC were working together with counties and other stakeholders to ensure demand creation for VMMC is made. Aplan is available on how to address the issues on VMMC, and the activities have kicked off.
14. There is need for a clear plan. PRS to document all the issues/bottlenecks experienced where the Oversight Committee follows up on the implementation of the same.

MALARIA
CONCERNS

1. For IPT with a target of 50%, the pick-up has remained low, then would this indicator be a worth keeping as an intervention. whether the teams should consider transitioning off it.
2. That the Malaria Reporting rates are good. However how are the epidemiological variances in terms of number of new Malaria cases? On the increase or decline?
3. Stock levels at the central stores are doing very well. However, the PR was asked to account for commodities within the facility level as this equaled access to the commodities.

4. Performance is good programmatically however financially they are doing poorly. What were the reasons for the dismal financial performance? is it due to additional monies for C19, Delayed payments, lowered targets etc.

RESPONSES

1. A demonstration/ graph indicating the commodity stock levels at the facility and central levels highlighted and indicated that the stock levels were fairly good at both levels.
2. On IPT Programs, already had the performance framework and this indicator was one to be tracked. Trends have improved in this indicator. IPT 1 has an uptake of 80%. Whereas the low uptake in IPT2, 3 & 4 has received a low turnout in due to the low hospital/clinic attendance. Relevance to be determined by the next Kenya Malaria strategy next year.
3. On epidemiological malaria incidences that studies had shown that Malaria incidences had declines especially in areas that received PPO Mosquito nets. Overall Malaria incidences have reduced. An uptick in incidence noted in April but Outcome indicator best suited to answer the question on Malaria cases. However less and less medicines are in use currently.
4. That the current rating was received in December when most of the activities were beginning at the start of the grant period. Delays in disbursement, delays in Government approvals, and other delays in start activities occasioned by introduction of new activities. However, for the current period April to June 2022 the grant has greatly improved.

AMREF HA

1. The grant was affected by startup activities such as those indicated by PR1. Example one SR-World vision withdrew during the initial part of implementation hence reassigning those activities to other SRs, long Procurement processes amongst other reasons. However, activities have continued to be implemented and Grant performance is set to improve.

TB GRANT

CONCERNS

2. That Joint Supervision and Post Market surveillance were annual activities. Whether these activities were performed in conjunction with other implementers and what was the plan going forward?
3. The TB Grant performance was wanting. Whether there were any plans/strategies in place to fast track implementation and optimize performance.
4. What issues/ bottlenecks can be foreseen during this phase of transition of the leadership and what measures have been instituted to address the inherent challenges.
5. For the RSSH Grant, what plans were in place to develop the Kenya Health Strategic plan. Is the RSSH team keen to support this venture and how does the grant as whole leverage in this process?
6. Biggest challenge is in procurement. Teams need to reason together to do things differently and solve the procurement issues/ bottlenecks
7. Extend the invitation to the KCM Members and Oversight Committee members to participate in the review for the Kenya Health Strategic plan.

RESPONSES

1. AMREF HA would organize for a workshop to orient the Oversight Committee and KCM Members on ODS/CSS and other new key interventions. Amref to engage the CSS advisor. To identify a budget to support the engagement. AMREF HA to follow up with the secretariat on that matter.
2. Improvement of burn rate in the TB Grant is based on TB Case detection. Finding and diagnosing the missing cases should be area of focus. That this alone would help scale up and maximize grant performance.
3. Decisions on how to deal with the anticipated changes in leadership should be done during grant making both at the national and County levels. During this period, issues on organizational scope and scale would be answered in the context of changes in staff, staff motivation and leadership turn over.
4. RSSH- Grant on how the grant intends to implement the Joint Support Supervision and post market Surveillance, that on approval the quality assessment for service delivery will ensure. That this is planned for Quarter 2-year 2.
5. That the end term review for the Kenya Health Strategic plan had been slated in year one in the approved Global fund Budget, however this was not possible and was moved to year three based on planned targets and as stated in the strategic plan.
6. NFM 3 grants have few major challenges. Most procurement Budgets are best judged from the 2 Quarters before June. The best quarter to evaluate Absorption is around September/ October. The finances are however available and disbursed to support procurement and great need remains in establishing and maintaining a maximum of one year to turn around procurement.

Recommendations

1. PRs to share Acceleration plans before 12th September,2022.
2. PRs to provide/ share PUDRs for the period June to August 2022 with KCM OC
3. KCM Action points implementation tracker to be updated on monthly basis
4. Provide distribution lists for the WAMBO consignment. KCM/Oversight Committee/HSWGs to participate in the flag off exercise.
5. KCM to undertake a targeted oversight Field visit to all the PRs.
6. PRs to provide update on the progress made on implementation of OIG Audit recommendations
7. State PR, to make a formal communication to MOH on any areas that require urgent attention to ensure continuous improvement of grant performance.
8. AMREF HA to orient the Oversight Committee and KCM /HSWGs on CSS/ODSS Process/Tools/deliverables and Expected outcomes

Oversight Committee Action points

1. Need to find a way to review the whole grant and supply chains from the various partners affecting the over whole grant performance not just from the Global Fund support which constitutes to about 40% of the support.
2. Oversight Committee to prepare a brief and present to the Management Committee next week.
3. Concern on Non state member facilitation to participate on the KCM Oversight Committee meeting
4. The oversight Committee to continue reviewing grant performance on a monthly basis until all grants maximize.

Review of Oversight Committee membership for three members not able to continue serving in the capacities they have been serving at the Oversight Committee level. The status on the 3 members will be conveyed to the Management Committee and KCM for deliberation and final decision making. The member matrix is as highlighted below.

#	Member Name	Role	Reason	Recommendation
	Dr. Dan Koros	Co-opted Oversight Committee Member	Term of Tenure completed	Replace Member on the Oversight Committee
	Dr. Trizar Alwar	Alternate member representing HIV ICC	Term of Tenure Completed	Member to make an official Communication to the HIV ICC to provide a suitable replacement to the OC
	Dr. Victor Sumbi	Member representing the Malaria ICC	New roles	OC recommended he continue serving as a coopted members based on expertise.

Min 7/1/9/2022 Confirmation of minutes of Joint Oversight & Management Committee Workshop held on 9th June,2022 and matters arising.

Members were taken through the Minutes of the Joint Oversight & Management Committee Workshop held on 9th June,2022. The minutes were adopted as a true record of the days proceeding as

Proposed by Dr. Victor Sumbi
Seconded by Mr. Philip Nyakwana

Members in addition reviewed the KCM implementation tracker as matter arising for Quarter 4. Available as a separate template.

Min 8/1/9/2022 A.O.B
Members were reassured that the KCM work plan and budget would be able to cater for facilitation of the non-state KCM Members on airtime and bundles for members joining the meeting virtually, noting that the work plan and budget was awaiting Global fund approval.

The chair appreciated the participation during the meeting and wished all in attendance a great reminder of the day and week.

Being no other business, the meeting closed at 1.52PM with a word of prayer.

Sign: ..... **Date: 21/02/2023**

Mr. Samuel Muia
KCM Coordinator

Sign…… **Date: .....**

Dr. Bernhards Ogutu
Oversight Committee Chair