



KENYA COORDINATING MECHANISM

OVERSIGHT COMMITTEE MEETING HELD AT THE SAROVA STANLEY ON 2ND MARCH 2022 BETWEEN 9.10AM TO 1.45 PM

Present

1. Dr. Bernhards Ogutu	Chair Oversight Committee (Chairing)
2. Dr. Victor Sumbi	Member OC Malaria ICC
3. Mr. Phillip Nyakwana	KCM Member-PLWD TB -OC(CO-Chairing)
4. Mr. John Kihui	Member OC- Formal& Private sector
5. Ms. Evelyne Kibuchi	Alternate OC-TB ICC
6. Ms. Hellen Gatakaa	Member Malaria ICC
7. Ms. Margaret Ndubi	Member OC
8. Dr. Medhin Tsehau	Member OC
9. Ms. Joyce Ouma	Member AYP
10. Ms. Rose Kaberia	Member HIV ICC
11. Dr. Dan Koros	Member OC
12. Ms. Josephine Mwaura	KCM Oversight Officer –Taking Minutes
13. Mr. Samuel Muia	KCM Coordinator

In Attendance

1. Ms. Gloria Wandei	AMREF HA-TB Grant
2. Dr. Peter Kimuu	TNT
3. Dr. Douglas Bosire	NACC
4. Ms. Miriam Urusa	ECSA
5. Ms. Annette Msabeni	KRCS
6. Ms. Emily Munga	KRCS
7. Ms. Phirez Ongeru	DNMP
8. Dr. Githuka George	NDMP
9. Mr. Iban Rono	TB Program
10. Dr. Steven Macharia	TB Program
11. Mr. Francis Onditi	AMREF HA
12. Mr. Donald Apat	AMREF HA
13. Mr. Antony Miru	TNT
14. Ms. Caroline Ngare	NACC-HIV ICC
15. Ms. Miriam Ngure	KRCS-IGAD TB Grant
16. Ms. Dorothy Anjuri	KRCS-IGAD TB Grant
17. Mr. Kevin Ogolla	KCM Secretariat

Absent with Apologies

1. Dr. Nazila Ganatra	HSWG Chair
2. Dr. Terezah Alwar	Alternate OC-HIV ICC

3. Ms. Rosemary Kasiba
4. Dr. Eunice Omesa

Member Key Populations
Member OC TB ICC

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. Presentation and Review of Dashboards /ICC Recommendations for period 2/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants
7. Progress made on the realignment/Reprogramming of the KCM Dashboard
8. Review and approval of the Nandi and Kisii Oversight Field Visit Reports
9. Confirmation of minutes of Oversight Committee Meeting held on 23rd November,2021 and matters arising
10. A.O.B

Min 1/1/03/2022 Introduction/Apologies

Meeting called to order at 9.10am. Opened with a word of prayer.

Introductions were made on the chart box.

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

Min 2/1/03/2022 Opening Remarks by the Oversight Committee Chair

The chair welcomed everyone who managed to join the meeting and appreciated the meeting turnout. He was confident that the days meeting would be able to dispense off the agendas lined up and address bottlenecks. He also requested the Oversight Committee members be very vigilant with the recommendations made to ensure they can provide guidance and oversight the grant comprehensively especially on the bottlenecks that may be flagged off as important. With the few remarks he welcomed all members on board.

Min 3/1/03/2022 Declaration of Conflict of interest.

No Conflict of interest declared.

Min 4/1/03/2022 Update on implementation of IGAD GF Grant

Introduction: IGAD received 2nd Multi country grant: TB interventions among refugees in East Africa. Grant fund : US\$ 7.5 Million. Implementation period: April 2019- 31 March 2022.
Objective: Strengthen capacity for TB and MDR-TB diagnosis and TB (TB/HIV) service

provision in refugee camps. Strengthen in-country and cross border collaboration of NTPs/NAPs for improved TB (and TB/HIV) service provision among refugees. Address policy barriers and related national support to TB and MDR-TB services for refugees in the region. Programmatic results: Jan-Dec 2021 and Cumulative expenditure by module- Provided. **Disbursement and Absorption:** **Grant fund:** US\$7.5 M. Disbursement in 2021: US\$ 1,910,739. Total Disbursement @91% life span (Dec21): US\$ 7,158,093 (95.4%). Undisbursed fund: US\$ 341 907. Expenditure. **Outcome of the application C19RM.** Both the base allocation and above base allocation approved at once. US\$ 1.43 M approved and grant signed on Dec 2021. Preparation for procurement through PPM-WAMBO arrangement. Continuation Request. Continuation request of US\$ 5 M recommended. Grant making: Done. **Challenges:** Programmatic and PSM. Delay in making function of Gene Xpert machines and FM in the refugee health facilities. Stock out of paediatric formulation anti TB drugs, cartridge and HIV rapid test kits in some camps/settlements. Financial. Delay in submission of financial expenditure reports. **Way forward:** CCM: to support for uninterrupted TB and HIV supplies. Strengthen the SRs- NTP and National AIDS and STI control program -MOH collaboration to make Xpert machines function and address shortage of cartridge, Anti TB drugs for children and HIV rapid test kits. SRs need to support SSRs so as to submit financial expenditure report as per the agreed schedule.

Min 5/1/03/2022 Update on implementation of ECSA GF Grant

ECSA-Uganda SRL Regional TB Lab Project: - Countries under coverage: Kenya, Uganda, Tanzania, Rwanda, Burundi, South Sudan, Somalia, Eritrea, Botswana, Namibia, Mozambique, Seychelles, Mauritius, Zambia, Zimbabwe, Malawi, Eswatini, Lesotho Ethiopia, Angola and Liberia. **Project goal:** To Network and support National TB Reference Laboratories in 21 countries. Principal Recipient: ECSA HC; Sub-recipient: MoH Uganda (SRL). Grant Life: Phase 2 (2019 – 2022). Grant rating: A1. Total funding: USD 4,500,000. Grant absorption rate: 89%. **Project Objectives:** 1. Regional TB Lab networking. Strengthen the inter-state regional network of National TB reference Laboratories (NRLs). 2. Quality 1st and 2nd line DST. 3. Improved Laboratory service provision for quality assured phenotypic 1st and 2nd line Drug. 4. Improved capacity for DRS & PS- Consolidate capacity of NRLs for disease monitoring surveys. 5. Enhanced uptake of WRD: Enhance the impact of rapid WHO Recommended Diagnostics. Grant performance against indicators/Coverage indicators and work plan tracking measures across implementing Countries highlighted. **Key Project Achievements:** ISO 15189 Accreditation of NRLs: Uganda, Mozambique (Maputo & Nampula), Namibia, Tanzania, Kenya, Eswatini, Rwanda, Zambia, Botswana, Uganda & Kenya are also accredited under ISO 17043 accreditation. SRL candidature: Mozambique & Rwanda have achieved the WHO's SRL candidate status. TB lab strategic plans: 13 countries have SPs with TB lab components incorporated. Monitoring and reporting of TB cases among Lab staff: 15 countries reported to conduct **screening of lab staff**. Proficiency testing capacity: All project countries are receiving PT panels from Uganda SRL. Panels are provided for microscopy, GeneXpert and DST. WHO recommended diagnostics: All countries are capable of conducting 1st line Drug Sensitivity Testing (DST). 15 reported capacities for 2nd line DST. Capacity building: Through needs based onsite technical assistance visits in countries, Trainings, Benchmarking visits to the Uganda SRL and networking through various ECSA and Uganda SRL platforms. **Laboratory Information Management System (LIMS):** SRL's TBLIS has been adapted and implemented in Kenya, Malawi, Somalia, South Sudan, Eritrea, Tanzania. **Surveys:** Botswana, Burundi, Eswatini,

Lesotho, Malawi, Tanzania, Uganda, and Zambia have been supported in various stages of prevalence and drug resistance surveys. **Whole Genome Sequencing:** Technology & training available to countries at the SRL.

Discussions

The two regional grants noted that they had a good working relationship with their regional country representatives and SRs and did not experience any challenges yet and appreciated the support received by the KCM so far. *Next steps-* both the grants were successful in the continuation of the next grant that was endorsed by the KCM and looked forward to continue implanting within the country.

Min 6/1/03/2022 Presentation and Review of Dashboards /ICC Recommendations for period 2/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants

GRANT PERFORMANCE: OCTOBER TO DECEMBER 2021 Q2									
Principal Recipient			National Treasury (US DOLLARS)				KRCS	AMREF HA	
Grant	HIV	HIV GoK Co-Funding (KSH)	TB	TB GoK CO-Funding	MALARIA	MALARIA CPF	HIV	TB	MALARIA
Rating	Not yet Rated		Not yet Rated		Not yet Rated		A1	B1	B1
Grant Budget (USD)	USD 187,685,444	2,062,408,545	42,675,832	352,000,000	5,847,674.05	416,000,000.00	\$17,728,089	\$53,503,114	\$ 3,025,178
Budget as @ July-Dec 2021	2,373,358.85	-	4,791,783.54	-	-	AVAILABLE BUDGET 105,261,577.15	-	\$12,932,117.31	

Cumulative Expenditure	851,812.88	0	1,153,552.95	0	2,103,168.64		\$8,814,703	\$4,167,682	\$ 1,324,166
Commitments	16,374,447.59	C&O 857,704,215	567,629.02	26,136,281.00	2,568,103.67		0	0	
Obligations	20,911,777.93		767,830		1,105,920.00				
Absorption (Commitments + Expenditure)	36%	0%	24%	0%	36%		50%	32%	43.8%

No HIV, TB and Malaria ICC/HSWG Recommendations to the KCM were provided.

However, the HIV HSWG requested that the government/MOH fast tracks commodity procurement to ensure commodity sufficiency especially around Condom, RDTs and some reagents. Constitution of the HIV technical review committee based on the guidelines provided. Completed. Awaiting KCM Endorsement.

Discussion Malaria Grant

1. Clarification sought what the over achievement in some of the indicators really meant. There was need to attach targets in indicators that looked similar across the PRs. *Recommendation:* Where indicators were similar between the PR1 and PR2, then they would indicate the different targets ie differentiating numerators and denominators.
2. On the COVID-19 reporting: *Recommendation;* the PRs to provide a detailed COVID 19 update as per the template provided for member to fully synthesize the dynamics that explained the who, what and why of the COVID-19 grants.
3. Status update on the payment and disbursement of stipends for persons who took part in the LLIN distribution within the counties and what challenges were experienced. *Response:* LLIN Mass net distribution was completed in December. (Wambo Consignment). Payment to 5 counties had been completed. Remaining 5 county payments would be Completed by Monday 7th March 2022. DNMP team Lead would be providing a written confirmation on the same. Challenges realized because the NDMP was providing the payments through the M-PESA

Platform. The delay occasioned by the transcribing errors because of a mismatch between the Tel. Number provided and concurrent IDs.

4. Provision of Commodity stock status- *Response*: stock outs had been reported in the counties during the Oversight Field Visit. However, most Commodities under the procurement pipeline and had stabilized as commodities are both arriving under PMI, CPF and GF were at different levels of procurement. *Recommendation*: PRs to provide an updated Commodity status before close of the week. There is need for assurances by the partners and all stakeholders on commodity security. The meeting was informed that the GF, PMI, TNT and other partners will also be holding a joint meeting in the coming week to deliberate on commodity security, supply chain and procurement.
5. *The committee and other partners need to have clear strategies, policies and solutions as the parties that would guide the finance allocation from other the partners, MOH, SR, KCM and TNT. There is need to have visibility and coordinate other partner support which constitutes approximately 60% of the support.*
6. Whether the KEMSA pending bill issue was sorted. *Responses*: These are bills that had not been processed cumulatively since the beginning of the grant. The TNT is working to ensure that approximately KSH. 300,000,000 worth of pending bills are settled.

Discussion HIV Grant:

KRCS: On the fraud investigations/Other Updates: SR Management TGF conducted a fraud risk assessment for KRCS as a PR to increase risk identification and mitigation. Fraud audit conducted by GF through PWC forensic investigation unit. Special focus on two SRs namely NEPHAK and MAGI – whistle blowing. Following audits by the PR & PWC fraud assessment teams. Evidence by PWC similar to the PR audit reports submitted to GF CT. NEPHAK cleared with some weaknesses that the PR should focus on CB the SR MAGI evidence of gaps and irregularities noted. PR asked to relook engagement with the SR. Action taken by the PR. Conduct a meeting with NEPHAK SMT and Governance executives to discuss the findings and agree on actions from the recommendations. The PR considers the findings as lesson learnt – plan is underway to address the weaknesses with all SRs. Review the implementation in Kisii County to ensure full coverage of the 2-sub county by the existing SRs. N/B: Given the limitations in PM costs for SRs, it is not possible for the PR to open this to new tender.

7. Low achievement because of testing is related to commodity sufficiency. Matter received and deliberated on the HIV ICC. PRs to provide possible mitigation factors coined from that meeting.
8. Referencing the FMQ meeting, That the implications were on the Government reduction of achievements on clients under ART treatment by 150,000 based on new and available data especially now when commodity sufficiency was being stabilized, Rating and performance contacts signed with the GF. *Response*: New ratings for the NFM 3 grant had still not been provided by the Global Fund hence it would be inaccurate to state that there was a reduction in achievement.
9. Status update on the reconstitution of the HIV technical review committees: *Responses/Recommendations*: Nomination list received from the ICCs. KCM Partnerships structures filling in the remaining slots. KCM expected to endorse the TWG in the coming

days. The meeting was also informed that KCM recommended that on specific SR and PR selection processes the TWGs would be feedbacking directly to the KCM and not the ICCs as has been the practice to manage possible COI and information leakages.

10. AGYW targets seem low and the reasons as to why the targets had not been met and stop guard measures in place to address the matter. *Response:* the indicator on AGYW was 88% which was an improvement among the KRCS indicators. The challenges highlighted include commodity sufficiency, SR Engagement hiccups etc. Currently are fast tracking the process by ensuring activities within the 5 implementing counties are implemented to ensure as many AGYW as possible are reached during the holiday season.
11. Opportunity for provision of buffer stocks to cushion KRCS. *Response:* The KRCS received 77% of the disbursements for that period.

Discussion TB Grant

1. PRs to provide a comprehensive commodity procurement plan clarifying on MOS, expected dates of delivery and other important defining elements as relayed in the grant procurement tool and Organizational procurement plans example on the Gene expert cartilages highlighted as under procurement. *Response 1:* AMREF HA has had meetings with KEMSA. Cepheid already contacted and negotiations are ongoing. Cepheid asked permission to consult and get back to AMREF HA with a response/ way forward. AMREF HA awaiting response.
2. Status update on expenditure and Obligations under RSSH, Challenges experienced by the new grant entrant and what support the KCM would be required to provide. *Response 1:* AMREF HA- RSSH activities have slowly been onboarded, consultations ongoing, road map available, training materials to be disbursed soon and AMREF HA would be reaching out to KCM constituencies to help identify implementers to be capacity build on the ODS tool. Procurements are also on track. No course for alarm. Are currently fast tracking the on-boarding processes. *Response 2.* The MOH/PR1 - RSSH- the starter packages are ready and submitted to the Global fund. The work plans and the approved maps of GF are ready, HSWG systems in place, to soon agree on the meeting dates. PR has retained the team on GF Procedures. Funds disbursed in December. SR ready to start working. That Commitments and obligations had been realized especially on staff salaries.
3. Clarification on procurement of liquid Oxygen. *Response:* 76 % of the AMREF HA budget was on procurement of the liquid oxygen and this had been hampered by a few challenges. Example-reliance on availability of the Oxygen cylinders from BOC, slow rate of re-ordering from counties due to reduced demand, lack of oxygen tanks in counties placing orders, tender non responsiveness etc.

Min 7/1/03/2022 Progress made on the realignment/Reprogramming of the KCM Dashboard

KCM Oversight Committee January and March 2021: The KCM Oversight Committee as well as PRs flagged out the need to set up new dashboard in line with the anticipated changes within the new grant. ***Joint Management & Oversight Committee meeting; 20th & 21st May 2021.*** KCM Oversight Committee addressed the Set Up/ Alignment /Configuration of PR Dashboards/ CCM Summary/ Selection of Key indicators/ critical success factors July 2021 to June 2024 Grant. **Challenges** highlighted included: - Current Master file that generates the feed files/ dashboard does not have Quarter 13/14. Customization to accommodate emerging needs from the PRs, eg

No. of SRs under a PR. Data safety and security. Reviewed/ Change of Indicators. Entry of a new SR/RSSH/Introduction of new indicators. *Compartmentalization of the current dashboards/ different elements do not talk to each other. Time and Trend creation from one cycle to the next. Information is in silo form- there is need to integrate information from one period to another. Co-Financing component needs to be better reported and followed upon properly. Also reported in Ksh. Not same Currency as the rest of the grants. Need to have information from one source. Need to explore other web based dashboard as excel dashboards limit Visualization of information/need to not impose on end user/should not be tied to availability of APPs by user. Need to interrogate all sources of information in one go. ie Covid 19, HIV, TB Grants etc.*

Following this Highlight 2 of the Non-State SRs were able to use the dashboards abet the new challenges. State PR was unable to adapt/ realign their dashboards. *Matter flagged off as a matter of concern at the KCM and during the evolution project. One of the four core responsibilities of the CCM was **Active oversight of investments to ensure impact**.* Reprogramming of the dashboards was marked as an area of importance. The Global Fund -CCM Hub has finalized the process of reviewing the KCM evolution work plan and budget and recommended / identified priority areas and interventions for improvements in core KCM responsibilities. The broad areas include positioning and engagement and a strategy to improve the oversight function and designing new tool/platform/dashboard. This was endorsed by the KCM. ***The KCM Secretariat together with the GF consultant developed a -KCM Business case on the set up of Oversight Dashboard. Matter submitted to GF, GIZ and Front lines.*** Results: GF advised on reprogramming of savings realized to address the Reprogramming of the dashboard GIZ and Front-line Ads had changed area of focus/support to other areas. **Next steps/ ASK.** KCM Secretariat to identify savings/ partners to offer support for set up new dashboards. Oversight Committee to develop TORs / a call for Consultancy services for the set-up of new dashboards.

Discussions

- 1.** On whether the KCM had savings to help acquire the new dashboards Response:- *response:* That the KCM years' work plan is ongoing and the secretariat in the next 1 or 2 months will review the budget and work plan for possible savings that could be reprogrammed to achieve the end goal.
- 2.** The Oversight Committee requested to develop TORs and make a call for Consultancy services for the set-up of new dashboards. Opportunities for partner support are available.
- 3.** There are emerging needs with the current dashboards, however the KCM provided the guidance that the PRs would continue using the dashboards as they were until new dashboards are made available.
- 4.** Consider getting a consultant to develop the TORs and possibly work in conjunction with the PRs in the development of the TORs.

Min 8/1/03/2022 Review and approval of the Nandi and Kisii Oversight Field Visit Reports
KCM Oversight Visit- Report/ Kisii County: -

Oversight Field Visit Objectives: Establish the progress of grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices. Establish HIV/TB/Malaria commodity status and progress made in strengthening supply chain systems. Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects. Engage with stakeholders/ beneficiaries and share / document information/ experiences regarding GF Programming in Kenya. **Entry Meeting/ Sites Visited:** Oversight Team well received by County Director, Public Health and CHMT. High level entry meeting with CHMT/ accompanying oversight Team. 12 sites visited ,100% Coverage as per the initial plan. Sites Visited include i.e. KTRH, IRDO,Daraja mbili,Keumbu/Nyaribari Chache, Gucha,kiogoro Subcounty Hospital ,Tabaka Mission Hospital, KNEAD/Bomwanda CHU/ Kiaruta H/C/ 5 Beneficiaries **General Observation:** The county has passed the Community Health Service Bill. Ksh 20million had been allocated in 2021/22FY to support CHVs. However, It was noted that there was delay in the payment of CHVs/ health workers/actors Allowances. Whereas the county has prioritized on the three diseases, there is need to allocate more resources/enhance ownership and visibility. There is no clear Plan to operationalize within the health sector partnership coordination framework in the county. The is need for capacity building for the healthcare workers including CHVs, mentor mothers and peer educators. The NMCP to urgently finalize validation and verification of payments and ensure that all stakeholders who participated in LLIN Mass net distribution are paid before the end of this month. **Kisii County –GF Investments July 2021 to June 2024:-** TNT HIV -KES 391,662,780, TNT TB –KES 40,223,884, TNT Malaria-KES 45,372,960. (**Total Commodities 447,259,624**), TNT Programmatic HIV KES 579,680, TNT Programmatic TB KES 10,604,206. TNT Programmatic Malaria, KRCS-388,919,607.61-IRDO, DarajaMbili, Dauwoye, Amref Health TB- KES 21,467,037-Daraja Mbili, Amref Health Africa Malaria KES 85,353,834-KNEAD- **Total KES 954,183,988.61.** **Key Findings:** Grant implementation; bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance/Best practices. The implementation of NFM3 in Kisii county ongoing. Most of the indicators for the three diseases are on target other than a few that are related to inadequate supply of some commodities e.g Malaria - RDTs and ACTs , HIV - HIV test kits, early infant diagnosis and viral load testing. TB - Gene Xpert machines, cartridges and the laboratory personnel to support the testing. TPT role out currently ongoing in the country but not yet rolled out in Kisii County. **Strengthening sustainable commodity access:** Kisii County to work closely with Programs and KEMSA to ensure a stable supply chain for HIV/TB /Malaria/C19. To stabilize the commodity supply pipeline for the three diseases, domestic financing is critical at both levels of Government. Invest in commodity warehousing /distribution. Consider local manufacturing of critical health commodities. **Progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.** It was evident that the county has continued to receive C19 supplies from different partners including MoH, AMREF, KRCS, KEMSA, Missionaries among others who have supplied PPEs, Test kits, hand washing facilities, support for the vulnerable, oxygen concentrators, thermoguns, community sensitization/infection control programmes. Community members need to adhere to infection control measures especially handwashing/ putting on masks. **Communication, collaboration and partnerships:** The county needs to work closely with all the stakeholders to galvanize the support

for the sector. Key actors in the sector including the faith-based hospitals are providing critical services and investment into their facilities will enhance service delivery. The County needs to operationalize the health partnership and coordination framework. **Recommendations:** Development, implementation and monitoring of acceleration plans to fast track implementation of pending activities. Increase budget allocation support across the three diseases. Develop a Plan to operationalize the health sector partnership coordination framework. There is a need to ring-fencing finances for strategic commodities within the County budgets. Innovation around sustainable capacity development is required. Explore opportunities for local manufacturing of diagnostics. As the county government transitions, there is a need to align the priorities of the health sector in the third generation of CIDP, and link to the national health priorities. The NMCP to urgently finalize the validation and verification of payments and ensure that all stakeholders who participated in LLIN mass net distribution are paid before the end of this month (Feb. 2022). NMCP/NT to urgently communicate to counties on the status/progress made in processing the payments. KRCS to follow up and ensure payment are made for all participants who took part in AYP intervention activities in Gucha Subcounty. KRCS/GF to finalize investigations on Magi/ ensure an SR is available to support AYP activities in Gucha subcounty.

KCM Oversight Visit Report Nandi County:- Objectives as above. Entry Meeting/ Sites Visited. GF Support to Nandi County: July 2021- June 2024. National Treasury- 354,890,710, Non-State Actors- 74,079,241, total 428,969,951. **Areas Visited:** Courtesy meetings with the County leadership. *Places Visited* CECM for health, Chief Officer for Health & CHMT (day 1). Governor, Country Secretary and County health leadership (day 2). 2. Review of HIV, TB, Malaria and COVID-19 service provision & health commodities. *Places Visited.* Kapsabet County Referral Hospital (day 1). Kaptumo sub-county hospital (day 2). Kabiyeet health center (day 3). 3. Monitoring Global Fund sub-recipients *Places Visited.* FASI - KRCS SR for general population (day 2). IRDO - KRCS SR for key populations (day 2). NEPHAK - Amref SR for TB (day 3) CMMB: Amref SR Malaria (day 4) 4. Meetings with CHVs and beneficiaries (PLHIVs). *Places Visited-* Kapkangani HC - CHVs, and beneficiaries (PLHIVs) supported through FASI (KRCS SR). Kapsabet C.R.H- NEPHAK- DRTB, Linkage Assistants, TB Champions, CHVs. **Strengths: County Debrief:** Good collaboration and commitment from the county leadership. Significant investments in health infrastructure, equipment, human resources, health information systems, and HPTs. Strong partner coordination for maximum impact/ sustainability of health interventions, the county co-creates & jointly implements work plans with partners. Facility Improvement Fund (FIF) bill approved by the Cabinet and awaiting county assembly to pass. Interconnectivity from the top management levels to the facility level. Integration of TB and HIV services in the facilities visited HIV & TB performance vs targets are on course. **Key Findings/Gaps: County Debrief – HIV:** Some HIV commodities not available i.e. DBS filter papers, HIV test kits/ Dual Kits, VL testing reagents. EID monitoring, testing and computing 3rd 95% performance at PMTCT difficult. DC affected due to lack of VL reagents. Most defaulters are adolescents and young people. Defaulter tracing not sufficient. Few mentor mothers supported by NASCOP/County. Low uptake of FP and cervical cancer screening due to staff turnover. HR Gaps to run CCCs eg Kabiyeet, Kaptumo. Insufficient integration of Key Population services. Gap between patient testing and ARV initiation. **Key Findings: County Debrief – Malaria: Strengths-** Successful mass net campaign in 2021 led to high coverage in Nandi. Overall stock levels for all commodities (except RDTs) above max (6 MOS). *Gaps-* IPTp provision in 2 sub-counties (Aldai and Tinderet) with high malaria transmission delayed but set to start in the current quarter- Inadequate MIS tools required to capture/ report key malaria indicators (e.g. OPD registers & reporting tools, lab tools);

MIS tools, where available (e.g. Kabiyiet SCH), were not being filled correctly. **Gaps;** Persistent poor commodity management practices at Kabiyiet Sub Health Centre. Extensive use of RDTs for malaria diagnosis at Kabiyiet HC (with round the clock microscopy services) contrary to national guidelines (this was said to be due to gross oversupply to lower-level facilities). At Kaptumo SCH, lack of a standby power generator necessitates use of RDTs for malaria diagnosis when there is a power outage. **Key Findings: County Debrief – TB: Strength-** Nandi County had an increase of 14% in active case finding (2021)- Robust Contact and defaulter tracing. **Gaps.** Co-infection among TB patients at 28%. Lack of nutritional supplements has impacted tx outcomes. Erratic supply of GeneXpert cartridges (Sep 2021 - Jan 2022). Inconsistent & delays in relay of GeneXpert results to peripheral facilities. Low diagnosis of childhood TB- 4% against a target of 15%. Commodity insufficiency. Recommended >3 MOS. **Key Findings: COVID-19:** Global fund support for Oxygen supply, cylinder manifold, Oxygen kits, masks, sanitizers, face shields, PPEs and gloves to health facilities and CHVs. County has invested significantly in critical care structures including ICUs. Mass vaccination is ongoing. Various vaccines available and currently in use. Plans underway to scale up vaccination in schools. COVID-19 active testing in health facilities especially for admission cases. 80% of Government staff trained on COVID-19. Hand washing facilities available **Gaps-** Inadequate COVID-19 IEC Materials. **Recommendations – HIV:** County to redistribute HIV test kits/ dual kits while restricting for MCH use. County to enhance adolescent/ youth-based services by strengthening their support groups & provision of youth friendly services. The county to support health facilities by engaging CHVs to do home visits for defaulter tracing. County to engage partners/ NASCOP for more mentor mothers. Capacity built and retained staff for FP and cervical cancer screening at the CCC. The county should address HR Gaps in the CCC by engaging more clinicians & nurses. County to provide a container and a site accessible to KPs while KRCS will do the refurbishment to ensure it is KP friendly. **Recommendations – Malaria:** Capacity building of healthcare workers in malaria case management. *MOH Nandi/ partners.* Strengthen support supervision by county and sub-county health management teams to address gaps in case management, commodity management, data capture and reporting etc. *MOH Nandi/ partners.* Strengthen surveillance to determine causes of fever of non-malaria origin. *MOH Nandi.* Assess stock levels of short expiry inj artesunate and redistribute any excesses to the lake endemic counties there there is a shortage. *Nandi MOH/ County Pharmacist.* **Recommendations – TB:** County to support nutritional supplements for malnourished patients. Redistribution of excess stocks (Rifampicin 75 mg/ Isoniazid 50mg). TB Commodities should at least be > 3 MOS Strengthen reporting from facilities. Installation of GeneXpert machine at Aldai (Kaptumo). Relay of GeneXpert results to be streamlined. Deployment of nurses to chest clinics. Strengthen childhood TB diagnosis by exploring all diagnostic options. County to support ACF sensitizations at peripheral facilities. **Recommendations to KCM and PRs:** Need for inclusion of counties in the boards of KEMSA & NHIF to address counties' concerns and priorities in commodities procurement and health financing respectively: *KCM.* Expedite delayed outstanding 2021 mass net distribution payments to CHVs, health workers and other services providers: *DNMP.* Strengthen surveillance to determine causes of fever of non-malaria origin. Print and provide job aids for diagnostics: *TNT & DNMP.* **Acknowledgements:** The County Government: HE the Governor and his team. The County Health Leadership: CECM Health and COH. The CHMT. The sub-county teams. Health facility staff. KCM members and GF stakeholders (PRs and SRs).

Discussion

1. Whether the various teams verified the details from the county budgets, hence reviewed key gaps and indicated what recommendations were county specific and which ones were National Government specific. *Response:* verification processes were undertaken. feedback on the recommendations were provided to the county leadership following the oversight field visit as an exit strategy.
2. Nandi and Kisii counties had indicated an increment of the health budget allocation example Nandi County which had increased the budget from 60 million to 300 million. Need to establish how the three GF funded diseases had benefitted from the increased health budgets. *Response:* For Nandi County, the increase in funding went to the health commodity procurement, however the team was not able to isolate specific budgets for each disease component. Partners had also supported some of the health processes, staff remunerations etc however quantification of the specific disease areas was not indicated.
3. That the recommendation for local manufacturing to Kisii county was a general recommendation to be taken up by the whole country.

The reported adopted for transmission to the KCM as

Proposed by Dr. Victor Sumbi

Seconded by Ms. Rose Kaberia

4. *Members were informed that the KCM was organizing for an Oversight Field Visit to Nakuru and Narok counties for the 21st to 24th March 2022. The PRs, stakeholders and SRs were requested to prepare accordingly.*

Min 9/1/03/2022 Confirmation of minutes of Oversight Committee Meeting held on 23rd November,2021 and matters arising

Members were taken through the Minutes of the KCM meeting held virtually on 23rd November 2021. The minutes were adopted as a true record of the days proceeding as

Proposed by Mr. John Kihiu

Seconded by Ms. Hellen Gatakaa

Members in addition reviewed the KCM implementation tracker as matter arising for Quarter 2. Available as a separate template.

Min 10/1/03/2022 A.O.B

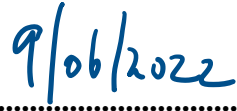
Members unanimously agreed that the adoc committee would meet to review action points generated from the Oversight Committee and would in turn provide the feedback to the Oversight Committee for deliberation and additional recommendations. The Implementation tracker would be shared with the KCM for final decisions and further ensure the circle of review is complete.

Being no other business, the meeting closed at 1.45pm.



Sign:

Mr. Samuel Muia: KCM Coordinator



Date:

Sign:

Dr. Bernhards Ogutu – Oversight Committee Chair

Date: