



**KENYA COORDINATING MECHANISM
OVERSIGHT COMMITTEE MEETING HELD VIRTUALLY ON 23RD NOVEMBER
2021 BETWEEN 9.10AM TO 1.15 PM.**

Present

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

In Attendance

- | | |
|-----------------------|--------------------|
| 1. Ms. Gloria Wandei | AMREF HA-TB Grant |
| 2. Dr. Peter Kimuu | TNT |
| 3. Ms. Ann Kerubo | AMREF HA |
| 4. Ms. Emily Munga | KRCS |
| 5. Dr. Githuka George | NDMP |
| 6. Mr. Donald Apat | AMREF HA |
| 7. Mr. Antony Miru | TNT |
| 8. Ms. Caroline Ngare | NACC-HIV ICC |
| 9. Mr. Gordon Aomo | KRCS |
| 10. Ms. Miriam Ngure | KRCS-IGAD TB Grant |
| 11. Mr. Kevin Ogolla | KCM Secretariat |

Absent with Apologies

- | | |
|-----------------------|-----------------------|
| 1. Dr. Nazila Ganatra | HSWG Chair |
| 2. Dr. Terezah Alwar | Alternate OC-HIV ICC |
| 3. Dr. Victor Sumbi | Member OC Malaria ICC |
| 4. Dr. Eunice Omesa | Member OC TB ICC |
| 5. Ms. Margaret Ndubi | Member OC |

AGENDA

1. Introduction/Apologies
2. Opening Remarks by the Oversight Committee Chair
3. Declaration of Conflict of interest.
4. Adoc Committee presentation
5. Update on implementation of the Regional Grants
6. Presentation and Review of Dashboards /ICC Recommendations for period 1 NFM3 /Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants
7. Confirmation of minutes of the KCM Oversight Committee meeting held on 12th August 2021 and matters arising
8. Planning of Oversight Field Visits
9. A.O.B

Min 1/1/11/2021 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 2/1/11/2021 Opening Remarks by the Oversight Committee Chair

The Oversight Committee chair was pleased that all the stakeholders were meeting just after the first quarter of the 2021/2024/NFM3 grant to review PR Presentations, Dashboards, ICC Recommendations, subsequent Updates on implementation of previous recommendations and appreciate updates on implementation of GF C19 Grants. He noted that the country was at a strategic position to kick start grant implementation early and on a timely manner, solve bottle necks and maximize grant impact to the beneficiaries.

The chair requested the meeting to objectively review the grant performance and provide guidance on the next steps. With those few remarks, he wished the meeting fruitful deliberations

Min 3/1/11/2021 Declaration of Conflict of interest.

No conflict of Interest was declared.

Min 4/1/11/2021 Ad hoc Committee presentation

Background: Genesis: 21st January 2021- Oversight committee expressed the need to track grant implementation. Members of the Oversight Committee were tasked with the responsibility to come up with a matrix on specific areas that need close supervision for members to input. Then share with members for review. O/C Meeting received and adopted the grant monitoring tool, set the

thresholds for application, constituted a smaller committee to review and provide recommendations on a monthly basis. Feedback mechanism has been maintained since then: - between the O/C, Adhoc Com., PRs and other stakeholders. **Information Reviewed:** ADHOC OC has held 8 meetings and have reviewed Procurement, Financial, Programmatic and Management aspects of the grant and positively impacted grant performance. They have reviewed and provided guidance around application of the Covid 19 grant- received the most recent updates; ensured commodity sufficiency by solving procurement bottlenecks, identified main grant challenges and their subsequent mitigation factors amongst many other factors. **RED FLAGS/AREAS OF CONCERN: Programmatic-** Low absorption rates in the NFM3 Grant Q1. Court ruling on HIV testing by non-medical laboratory personnel/task sharing. **Financial;** long turnaround time (TAT)for processing tax exemptions. **Management;** Delays in rolling out and implementation of the HSS Grant. **Procurement;** Inadequate stocks- nutritional supplements, ARV Commodities, Cartilages. Delays in procurement and distribution of commodities. Late initiation of procurement requests by some of the programs to KEMSA. **Recommendations:** PRs to share bottlenecks immediately they occur/ at the critical time. PRs and KEMSA to fast-track procurement activities under their mandate. PRs to fast-track grant implementation so that beneficiaries access the required support. MOH to fast-track resolution of the HIV testing by non-medical laboratory personnel/task sharing. Undertake Oversight Field visits. To review grant implementation for the Covid 19 grant as well as main grants.

Min 5/1/11/2021 Update on implementation of the Regional Grants

Presentation by Ms. Miriam Ngunire- KRCS IGAD GRANT: -

Presentation Outline: Project Description; Programmatic achievements; Financial updates. **Project Description Grant Start Date:** April 01, 2019. **Grant Closing Date:** March 31, 2022. 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. Their programmatic indicators were all performing well and on track. Programmatic achievements against targets were all over achieving apart from the indicator: - Number of bacteriologically confirmed drug resistance TB cases (RR and MDR-TB) notified which achieved 25% performance Low due to case identification and Low DST coverage. Financially: - Modules on Program management, TB care and prevention and MDR-TB had a budget of **717,867.71; Expenditure- 609,264.35; Variance- 108,603.36; Absorption- 85%. Challenges;** Private clinics- Some accredited and some not; HIV test kits stocks and Erratic supply of cartridges and falcon tube.

DISCUSSIONS

The chair appreciated the presentation made by the IGAD team and congratulated them for the work and accomplishment realized so far. He further informed the meeting that it was a KCM Role to Oversight all the Global Fund Grants both within the country and in the regional front. He welcomed members to make comments and further contributions.

The Oversight Officer agreed with the chair and stated that the Oversight Committee would review and make recommendation on the ECSA Grant from the next Oversight Committee Meeting since they had signed their new Grant a few weeks prior.

Min 6/1/11/2021 Presentation and Review of Dashboards /ICC Recommendations for period 1 NFM3 /Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants

GRANT PERFORMANCE AS AT 30TH JUNE 2021- (PERIOD 14)

Principal Recipient			National Treasury (US DOLLARS)			KRCS	AMREF HA	
	Grant	HIV GoK Co-Funding (KSH)	TB	TB GoK Co-Funding	MALARIA	HIV	TB	MALARIA
Rating	B1		A2		BI	A1	B1	B1
Grant Budget (USD)	USD 179,384,28 <i>Covid 19 Budget</i> 10,911,542	2,246,925,000	USD 46,603,938.19 <i>Covid 19 Budget</i> USD 15,015,946.58	465,000,000	74,063,824	76,852,690	40,324,780	\$16,059,469
Cumulative Budget as @ June 2021	190,295,823	2,246,925,000 <i>Revised Budget</i> 1,854,408,545	61,619,884.77	<i>Revised Budget</i> 400,000,000	74,063,824	76,852,690	40,324,780	\$16,059,469
Cumulative Expenditure	132,593,571	1,473,376,553	34,336,125.00	373,863,719	42,587,943	72,870,741.88	33,964,507	\$12,614,772
Commitments	30,167,636	232,533,311	4,398,367.24 <i>Covid 19 commitments</i> 4,300,998.91	26,136,281.00	11,981,310		6,360,273	\$600,936
Obligations	15,449,829	288,296,200	924,642.72		15,925,627			
Absorption (Commitments +)	86%	66%	83%	80%	95%	95%	84%	82%

Expenditure)								
--------------	--	--	--	--	--	--	--	--

The National Treasury C19RM updates as at Sept 30, 2021

Grant	Budget (USD)	Expenditure as at Sept 30, 2021	Commitments	Obligations	Absorption %	Comments
KEN-H-TNT	6,746,264	3,292,663	301,956	648,498	49	Savings: USD 928,770; Postponed outflows: 1,574,377; support activities - 330,898 (All postponed)
KEN-T-TNT	15,015,938	10,941,461	259,046	345,876	73	Savings: USD 1,838,459; Postponed outflows: 1,631,096; Support activities - 134,983
KEN-M-TNT	45,454	0	0	0	0	Postponed outflow: USD 45,454
Total C19RM	21,807,656	14,234,124	561,002	994,374	65	
Grant Flexibilities: KEN-H-TNT	4,165,278	2,571,639	276,709	8,606	62	Savings: USD 3,236,453; Reallocation: 2,327,534; postponed cash outflow: 417,511
Grant Flexibilities: KEN-M-TNT	999,999	118,125	0	0	12	Savings: USD 558,900; postponed outflow - 322,974

KRCS Performance /Status of the C19RM grant: - KRCS has received Flexibilities, CRM 1 and CRM2. CRM Grant Flexibilities – 100%. CRM1 2020 – 35%. All community interventions were completed by 30th June 2021. The balance of USD 3,893,275 has spilled over to CRM2021 to pay for PPE and the continuation of Cash Transfer to HIV positive beneficiaries. CRM2 2021 – Approved in November 2021 and implementation starts in January 2022 – December 2023. KRCS has received approval for Flexibilities, CRM 1 and CRM2. All planned community sensitizations were completed reaching various community actors in the 21 counties allocated to KRCS. By the end of the grant period (June 2021), the community actors reached were as follows; **51,210** people were reached with covid sensitization, training and messaging across 21 counties. **435** Psychosocial First Aid sessions were conducted reaching out to **23,545** beneficiaries across 21 counties. **12,632** COPRS including PLHIV SGL, KP and AYP Peer Educators, community champions, CHVs, opinion leaders and police were sensitized and trained on Covid 19, vaccines and prevention. **15,033** community members who included *boda boda* riders, PLHIV, Matatu

Operators and Border Point Operator were reached with Covid 19 messaging. **2,630** PLHIV benefited through the cash transfer. Payment was done in July 2021.

AMREF HA- Malaria Grant: C19 RM Updates: 1. 500 MI hand sanitizers; Hand dry towels. *Progress:* Received and distributed in 27 Counties. 2. non-powdered gloves- *Progress:* Medium gloves-Tender awarded. Large gloves-GF approval (18/11/2021) to proceed with procurement.3. Surgical masks, Coveralls, face shields, biohazard bags, Bar soap, Hand wash stations, marking chalk, Face shields; Infrared (IR) Clinical Thermometer (Digital handheld Gun). *Progress:* Restarted process of getting tax exemptions for face shield expected latest 30th November. All other items received. Then proceed with distribution.

TB Health Sector Working Group (HSWGs) Recommendations:

No Recommendations were made during the TB ICC Meeting.

HIV Health Sector Working Group (HSWG) Recommendations.

The meeting was held on the 16th of November 2021. **Key emerging issues:** HIV Commodity stock status needs to be handled with urgency to address the current stock outs which is hurting implementation. Address issues of Partner coordination – PEPFAR & Global Fund Emerged from the Siaya county profile presentation. To address the slow Grant implementation, start up (Quarter 10 especially the COVID 19RM grants. PR, MOH and programmes to monitor commodities stocks keenly during the current situation with the KEMSA. **KRCS.** KRCS to Fast track the process of engaging and disbursing funds to the new SRs. Two (2) Sub-Recipients Ratification; Endorsed - Provide concurrence letter on the ICC decision from the County MOH – (Malindi and Lamu).

Malaria Health Sector Working Group (HSWG) Recommendations

Ongoing KEMSA Reforms- **HSWG recommendation** KCM should escalate supply chain concerns to the KEMSA Board of Management committee. Stock levels at KEMSA **HSWG recommendation** Address anticipated impact on commodity pipeline, procurement, and commodity distribution.

Discussion

The chair appreciated the presentations made by the various speakers and ICC/HSWG representatives. He opened the floor for comments and deliberations on the presentations made.

The KCM Coordinator sought clarification on the matter regarding the availability of some of the commodities especially on the stock levels and wondered whether these stock levels reflected on the stocks at the Central level or whether this translates to unavailable services at the beneficiary level. He further requested the PRs to provide most current Grant Absorptions rates, commitments, and absorptions as October 2021 and provide an explanation on when the commitments are required to be expended to improved absorptions. Noting that this information would be provided as feedback to a KCM Meeting. He also enquired on the implication of the over performance of some indicators despite the Covid 19 pandemic.

Dr. Peter Kimuu representing the TNT clarified that the TNT dashboard presentation was updated as at end of the quarter 30th September 2021. That the TNT reporting systems were manual in nature and these reports were arrived at following the TNT QRM. On the issue on stock levels, he informed the meeting that the information provided was on the central stock levels which meant that there weren't adequate stock levels to replenish the health facilities and were most likely experiencing stock outs. The TNT had however fast tracked the procurement of these commodities. On the indicator on contact management and tracing he agreed that the indicator had underperformed in the state entities but over performed by Amref HA and noted that this discrepancy was Based on the fact that minimal patients had been diagnosed hence the decline in case finding.

Alternate Member representing the TB ICC was excited that the predicament on the tax waiver on gene expert cartilages issues had been resolved and wondered what the expected timelines were for the final arrival of the cartilages in the country.

Ms. Gloria Akoko-Amref Ha, agreed with the previous speaker but also noted that the NFM2 targets were revised down wards from a target of 4 persons per household to 3 in view of the census findings hence the over performance. She assured the meeting that her organization would provide a write up on the most current Grant performance as of October 2021. On procurement of Gene experts, she further noted that Amref Ha had received an approval to use custom bonds and had initiated the procurement of the gene experts' cartilages. She requested to lease with KEMSA as the procurement agency on the expected dates of delivery.

Member representing the AYP enquired on what the plans had been instituted to fast track the Commodity and drug stock outs on essential medicines currently experienced.

The chair requested the PRs to treat all Global fund investments as emergencies as they affect human life. There is need to synchronize all activities including procurement to ensure the beneficiaries access the required support.

The KCM Coordinator highlighted that it was important that the PRs reassure the members on the raft of measures taken to address the low stock statuses which are inherently affecting the program indicators and grant performance example around Early infant diagnosis and IPT. That there was need to highlight not only the measures undertaken to fast track procurement and distribution of commodities but also the alternative/ Plan B as we await what was in the pipeline. In addition, under counter fund financing he opined that in reference to the approved work plan and budget, all the procurement activities were underway as per the agreement, commodities would be in the country from Quarter 2 of grant implementation and should not hence report zero margins. It was not feasible to report what had not been commenced. In the C-19 RM absorptions, it was very important to highlight what key commodities were in regard to the pipeline, what had been accessed and distributed. He requested that the PRs provide an updated write up on the C-19 Commodities, define the postponed-out flows. The KRCS and ICC was equally requested to share a write up on the specific considerations for transition of its SSRs to the Capacity of the SR.

The Oversight officer noted that from the malaria dashboard presented malaria stock level sufficiency at the National level was wanting. She enquired on what actions/measures were taken to ensure the stock level were maintained inter-dem with the needs on the ground and avert further stock outs. She additionally requested the Division of Malaria team Lead to make comments on

whether there were any pending action plans that required the intervention of the Oversight Committee in reference to operations of the grant at the DNMP.

Member representing the TB Constituency noted a challenge especially with the TNT on mass net distribution. He sought clarification on why the mass net distribution took so long to undertake unlike previous years. In addition, he sought a status update from AMREF HA on the two SRs that had continued to be under suspension and what time frame is required to resolve the SR suspensions.

The Chair noted that the Non state PRs had provided dashboards all the dashboards to date and requested them to provide their thoughts and deductions on the use of the dashboards especially on the new grant. He also noted that the TNT had not provided a dashboard for the three Quarters and wondered what challenges were faced by the PR and how the Oversight Committee could be of help.

TNT clarified that in terms of cases, the TNT had received a reprogrammed template from the Global fund. Malaria team to provide the absolute numbers through the DHIS. Regarding the USAID/GOV. Kenya agreement on distribution of the ARVs, he noted that the agreement had been signed hence the ARV medicines were under distribution through a private firm.

DNMP Lead noted that the mass net distribution was on going. That at the close of last year the country was yet to receive 6 million LLINs procured through WAMBO. That currently the nets received were allocated for 8 counties and 3-4 counties had already received their nets. Distribution was on going and would be concluded in 2-3 week hence successful conclusion of the exercise. All other issues on pending payments had already been resolved. Regarding the milestones achieved in regard to challenges faced with the community case management he added that, through a multistakeholder engagement they have been able to develop, guidelines and training curriculum for community case management for malaria and implementation framework on the same. He clarified that there were stock outs regarding malaria commodities, and they had initiated all procurements in good time. That the documents had been approved by MOH and training of CHWs was ongoing. He affirmed that there were no major setbacks at the DNMP that required the intervention of the Oversight Committee.

AMREF HA noted that regarding the suspension policy, all SRs passed the desk review on SR selection apart from those organizations that failed to get approval from the county leadership. There were also SRs who had passed the desk review but had financial misappropriation queries under the NFM 2. These issues were heard and determined by the KCM and the KCM recommended disciplinary measures for the errant SRs example the refund of disallowed or erroneous costs. It is until they comply with this directive that they will be considered for implementation into this grant. That AMREF HA would however provide capacity building for a period of 6 months on financial matters and strengthen their internal mechanism to these SRs.

The KCM Coordinator highlighted some of the challenges with the current dashboards especially around inputting / including more than 45 SRs / new objectives. He sought clarification from the PRs on their experiences on use of the dashboards especially in realignment and reconfiguration of the new dashboards.

Member representing the TB Constituency added that it was important that KCM Understood the challenges faced by the PRs especially TNT and how the Oversight Committee would be of help.

KRCS noted that the greatest challenge they experienced with the dashboard was in the incorporation of all its 65 SRs into the 49 slots available, but they had been able to maneuver and work with what was available. He additionally noted that implementation of some of the programs in Q1 had a slow start due to various reasons example on the AYP Programs, which were of interest to the Global Fund Programming. they had been able to develop an acceleration plan to revise and address the challenges experienced with the indicators. In regard to KRCS SR Management, The Tuvumiliane Witu CBO had changed their name as they were renewing their registration for 2021. The name change required the endorsement by the HIV ICC and the Oversight Committee. Whereas 2. Q-Initiative & Amkeni Malindi (both are MSM networks) had been engaged as SSR since 2017 and have grown with the program. In the last TRC review, they scored **93.75%** and **81.25%** respectively and requested Approval for the PR to engage the network as an SR hence requiring approval by both the HIV ICC and Oversight Committee.

The Oversight officer appreciated the members in attendance for gracing the Oversight Committee meeting. She noted that the secretariat would be reaching out to the PRs on the next action points. She further requested that the ICCs ensured they held their meetings at least 5 working days before the Oversight Committee meeting to allow the Oversight Committee enough time to review the documents before the scheduled Oversight Committee Meeting.

The Oversight Committee Chair appreciated the meeting in attendance and was happy with the progress made by the PRs in grant implementation. He called for active bottleneck identification and conveyance of the same. He hence asked the meeting in attendance to leave the meeting to allow the members deliberate in other inhouse matters.

Min 7/1/11/2021 Confirmation of minutes of the KCM Oversight Committee meeting held on 12th August 2021 and matters arising

Members were taken through the minutes of an oversight Committee meeting held on 12th August 2021/Matters arising. The minutes were adopted as true reflection of the meeting as

Proposed by Mr. John Kihui

Seconded by Ms. Hellen Gatakaa

Matters Arising

Time barred tax exemption & long turnaround times ***Oversight Committee Recommendation*** Resolve the time burred exemptions and long-term turnaround time in processing country tax waiver ***Update*** Generally harness tax waiver processes as well timely submitting the requests. TB ICC constituted a small committee to look into the matter. 2. documentation of lessons learnt and best practices from the current Grant. ***Oversight Committee Recommendation*** KCM to fast track the documentation of lessons learnt and best practices from the current Grant. ***Update*** KCM documented the grants achievements for the 2018/2021 grant through a documentary. Shared with all stake holders. Oversight. 3. Timely Sub recipients selection process ***Committee Recommendation*** Sub recipients selection process and address emerging issues from the process. ***Update*** The 5 counties are at different levels in defining the Community Health Service Bill prior to budgeting. Considerable developments have been made. 4. Court ruling on HIV testing by non-

medical laboratory personnel/task sharing ***Oversight Committee Recommendation*** way forward on the Court ruling on HIV testing by non-medical laboratory personnel/task sharing which is affecting the HIV programmes especially HTS and PMTCT. ***Update*** The MOH and NACC legal teams following up on the Matter. MOH spear heading the process. 5. Complete Uptake of CHVs by counties ***Oversight Committee Recommendation*** Status update on the counties that had not yet taken up stipend payment for CHVs that were supported through the grant. ***Update*** The 5 counties are at different levels in defining the Community Health Service Bill prior to budgeting. Considerable developments have been made.

Discussion

The chair appreciated the KCM Secretariat for the presentation and was happy that the Implementation tracker had been rolled out, was more comprehensive and he looked forward to receiving feedback through this mechanism. He invited members to make contributions on the matter.

Member representing the Key population noted that the implementation tracker was capturing and providing answers on areas where members had queries on. She welcomed its usage as a feedback tool and as time went along any adjustments required would be made.

Member representing the HIV ICC Lauded the implementation and piloting of the implementation tracker. She asked that with time it will constitute a rich source of follow-up information.

Member representing the Informal private sector was happy and very optimistic that the tool would help answer all the queries at hand.

Min 8/1/11/2021 Planning of Oversight Field Visits

The meeting was informed that the Oversight Committee would begin to plan for the Oversight field visits for the year 2021/2022 to validate the information received on the floor of the Oversight Committee.

The meeting was further informed that they would undertake at least 8 Oversight Field Visits; 4 oversight Field Visits being the routine visits whereas the other 4 – as COVID-19 Oversight Field visits.

The members proposed that the maiden planning meeting be held on the 15th of December to deliberate on the sites, Oversight Field Visit dates, Develop Programs, Objectives and other tools.

The invitation will be extended to the whole of the Oversight Committee members for the initial meeting.

Min 9/1/11/2021 A.O.B

Members sought clarification on when the member airtime support for the year 2021/2022 would be ready as the lack of airtime was affecting member participation of the KCM Meetings.

The KCM Coordinator clarified that the 2021/2022 support was on the Global Fund desk and the secretariat had been following up with the Global Fund on the same. He was optimistic that the Airtime disbursement would be available before the next KCM Meeting. He called for patience on the same.

The chair appreciated the member support and meeting attendance and the secretariat for hosting the meeting and the continued support and facilitation of all the processes. He wished members a good rest of the day.

Being no other business, the meeting closed at 1.05PM with a word of prayer.



Sign:

Mr. Samuel Muia: KCM Coordinator



Date:

Sign:

Dr. Bernhards Ogutu – Oversight Committee Chair

Date: