



**MINUTES OF THE KENYA COORDINATING MECHANISM MEETING HELD ON
22ND JUNE ,2022AT SAROVA WHITE SANDS HOTEL, MOMBASA**

Present

1. Mr. Lattif Shaban
2. Ms. Jacinta Mutegi
3. Mr. Titus Munene
4. Ms. Eva Muthuri
5. Ms. Joyce Ouma
6. Mr. Peter Njane
7. Ms. Rosemary Kasiba
8. Ms. Pamela Kibunja
9. Ms. Lucy Njenga
10. Dr. Anastasia Nyalita
11. Dr. Gathoni Ann
12. Mr. John Kihui
13. Mr. Samuel Muia

Chairing
Member FBO/KCCB
Member FBO/ MEDS
Member/PLWD/Malaria
Member/ AYP
Member/KP Rep
Member/KP Rep.
Alternate/NGO Constituency
Alternate PLHIV
Alternate Formal Private sector
Member COG Government
Member/Private informal sector
KCM Coordinator

In Attendance

1. Ms. Gloriam Kerubo
2. Mr. Vincent Obwanda
3. Mr. Ahmed said
4. Ms. Zilpha Samoei
5. Ms. Patricia Mwende
6. Dr. Eunice Omesa
7. Ms. Margaret Ndubi
8. Ms. Carol Ngare
9. Mr. Dennis Simiyu
10. Ms. Gloria Akoko
11. Mr. Patrick Iganza
12. Ms. Emily Munga
13. Mr. Miru Kamau
14. Ms. Josephine Kilonzo
15. Dr. Valery Obare
16. Dr. Newton Omale
17. Mr. Jonathan Mbului
18. Ms. Margaret Mundia
19. Ms. Josephine Mwaura
20. Mr. Kevin Ogolla
21. Mr. Peter Omondi

Alternate/ AYP
Alternate/KP Constituency
Alternate/KP Constituency
Alternate FBO/CHAK
Alternate/Informal Private Sector
KCM Oversight Committee/WHO
KCM Oversight Committee/UN
NACC/HIV ICC
NACC
AMREF HA
AMREF HA
KRCS
TNT
MOH
NASCOP
NASCOP
Consultant
KCM Secretariat
KCM Secretariat
KCM Secretariat
KCM Secretariat

Apologies

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Eunice Fedha	Alternate/COG
3. Ms. Khatra Ali	Alternate COG
4. Ms. Mebor Abuor	Alternate/COG
5. Mr. Philip Nyakwana	Member/PLWD-TB
6. Dr. Bernhard Ogutu	Alternate/GOK/KEMSA
7. Ms. Faith Ndungu	KCM Vice Chair
8. Dr. Medhin Tsehaiu	Member/ML/UNAIDS
9. Dr Pierre Bello	Alternate DP/BL

AGENDA

1. Introduction/Expectations/approach
2. Opening Remarks/Retreat Objectives
3. Declaration of Conflict of Interest
4. Confirmation of Minutes of KCM Meetings held on 6th April,2022/ Matters Arising
5. Discuss and approve Joint Management and Oversight Committee report -Presentation by MC and OC Chairs.
6. Appraisal of KCM/ KCM Secretariat Performance 2021/2022
7. Review and Approve KCM Workplan and budget 2022/2023
8. Review and Approve KCM Calendar of Activities July,2022 to June,2023
9. CCM Kenya Evolution Project: - Review, approval and launch Call for consultancy for TAs to support KCM Evolution prioritized interventions.
10. Strategies to improve Grant Performance -C19RM/Main Grant
11. Presentation by in country and regional PRs
 - The National Treasury
 - Amref Health Africa
 - KRCS
 - IGAD
 - ECSA

Min 1/1/6/2022 Introduction/Expectations/approach

Meeting was called to order at 9.35 am. Opened with a word of prayer.

Introductions and apologies are as above. Meeting nominated Mr. Latiff Shaban to Chair the Meeting.

Proposed by Mr. John Kihui

Seconded by Ms. Rosemary Kasiba

Min 2/1/6/2022 Opening Remarks

The acting chair began by appreciating the members for joining the retreat and further appreciated the secretariat for the arrangements.

He noted that the retreat would allow the members review the KCM progress over the year, appreciate the successes and build on lessons learnt. He asked that members contribute to the day's deliberations within the schedule/ program and ensure that the members have some time to refresh and carry out some outdoor/ team building activities. The acting Chair declared the meeting open.

Min 3/1/6/2022 Declaration of Conflict of Interest

The KCM Coordinator informed the meeting that under item 6, the KCM Secretariat Staff members were to recuse themselves during the appraisal of the KCM/ KCM Secretariat Performance 2021/2022.

Min 4/1/6/2022 Confirmation of Minutes of KCM Meetings held on 6th April,2022/ Matters Arising

Members were taken through the Minutes of the KCM meeting held virtually on **6th April 2022**. The minutes were adopted as a true record of the days proceeding. Ms. Pamela Kibunja's name was corrected.

Minutes confirmed as;

Proposed by John Kihui

Seconded by Zilpha Samoei

Matters Arising

Under the KCM Evolution Project Mapping existing health governance bodies and platforms is one of the activities aimed at Securing more purposeful commitments in terms of the strategic positioning of the KCM with the specific intent to improve the efficiency of investments.

Progress made on implementation of Oversight field visit recommendations captured on the KCM Recommendations Tracker shared earlier.

PRs invited to attend the KCM Annual retreat and present the OIG Audit Recommendations Plans implementation plans.

Citizen accountability Audit scope shared with members via email

Discussion

Members in the meeting agreed that.

The PR perspective and inputs are very critical to all Global Fund Grant implementation processes, however, their involvement especially during the KCM Oversight Field Visits should be guided.

Min 5/1/6/2022 Discuss and approve Joint Management and Oversight Committee report - Presentation by MC and OC Chairs. Management Committee Report: **Presentation Outline** KCM Performance 2021/2022, KCM Expenditure 2021/2022, Key decisions made/ Accomplishments, Progress made on implementation of KCM Evolution Prioritized interventions /Activities, KCM Work plan and Budget 2022/2023, KCM Calendar of Activities July 2022 to June 2023, Key Recommendations to the KCM. **Oversight Committee Report-** Grant performance –Main Grant/ C19RM, Oversight committee membership, set up of new dashboards, Update on progress made on implementation of Oversight field visit recommendations, Emerging frauds/Risk Treatment/ Mitigation. **Introduction:** Joint Management and Oversight Committee meeting held on 9th June,2022 to discuss and prepare KCM Performance report and plan for the year 2022/2023. Other Management Committee meetings held on 15th July,12th August,24th August,30th November,2021 and 30th March,2022. 6 out of 4 quarterly meetings held. Oversight Committee Meetings held on 2nd July,6th September,4th October,12th November,2021 ,10th Feb,2022 and 21st March,2022 7 out of 4 quarterly meetings held. KCM Meetings held on 22nd July,1st September,6th October,2021, 19th January,2022 ,6th April,2022 and 22nd June,2022 6 out of 4 quarterly meetings held. Ad hoc meetings held as per the attached calendar of activities/implementation status. **KCM Performance 2021/2022:** So far 55 out of 59 planned activities for the year 2021/2022 have been accomplished -82%. 6 remaining activities to be done before 30th June ,2022. 4 activities (Review of guidelines) differed to 2022/2023 based on GF/KCM Evolution project recommendations. 10 activities not initially planned for 2021/2022 emerged, prioritized and Accomplished-Highlighted in Red in the matrix. Below find 1. Detailed report/ KCM 2021/2022 implementation status [KCM Performance July 2021 to June 2022.doc](#). 2. Duly completed CCM Kenya Performance Framework year 3. [CCM Kenya Performance Evaluation Reports 2021.2022- Copy\CCM Kenya Performance Evaluation year 3 KEN-CFUND-1907 PerformanceFramework year 3 2021 2022.xlsx](#). 3.KCM Work plan/budget/expenditure report/reprogramming request. **Key Decisions Made/Accomplishments:** HE the President lead the Kenyan delegation during the High-level 7th GF Replenishment preparatory meeting held virtually on 23rd and 24th February,2022. NFM 3 Funding Request application submitted successfully, GF Grant USD 441,509,321, secured for the July 2021 to June 2024 implementation period. GF Grant signing ceremony held successfully on 6th July,2021. The Kenya Coordinating Mechanism (KCM) collaborated with the National COVID-19 Task Force and other key stakeholders and submitted requests for multiple rounds of funding from the Global Fund COVID-19 Response Mechanism (C19RM). The Global Fund ultimately approved a total of US\$ 139.2 million in funding across the six grants to support covid 19 response in Kenya. Selection of Non state sub recipients (SRs) to implement the new grant finalized and SRs Contracted. Appeals reviewed and appellants satisfied with the outcome /KCM recommendations. PRs Grant performance Reports interrogated/Oversight Monthly grant tracking

tool developed/ KCM/Oversight Recommendations Implementation tracker developed. KCM Evolution plan and budget developed and approved. Additional Funding provided. KCM work plan and budget 2021/2022 finalized and approved by the Global Fund. County Health leadership and CHMT members sensitized and oriented on the new Global Fund. Visibility, ownership, sustainability, reporting, accountability and Continuous improvement of GF performance and Role of County Health departments in NFM 3 discussed. KCM Oversight field visits conducted in Kisii, Nandi, Nakuru, Narok, Taita Taveta, Isiolo and Narok Counties implementation of recommendations ongoing. Non-State SRs inducted and oriented on NFM 3 grant. KCM Members oriented. Joint meetings held between GF, USAID, PEPFAR, PMI, TNT and MOH to review the procurement and supply of HIV, TB and Malaria commodities. MOH and KCM hosted a party in appreciation of the outgoing senior Fund portfolio manager and the outgoing senior Programme officer for Kenya. Incoming Senior Fund portfolio manager welcomed to Kenya. Information sharing/engagement with Constituencies/key stakeholders. PRs invited to the KCM Annual retreat 22nd/23rd June, 2022 to present strategies in place to ensure continuous improvement of Grant Performance

Evolution Project: TORS /Call for Consultancy/Status Updates

Positioning, Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Map existing health governance bodies and platforms (Locally-sourced consultant), Local Consultant, **Source of funds** Additional resources- **Amount (USD)** 4,800. 2. Positioning- Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Develop positioning options and a Positioning strategy plan (Locally sourced consultant). Local Consultant. **Source of funds** Additional resources, **Amount (USD)** 5,200. 3. Positioning- Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Allocate international accompaniment to Regularly review the implementation of the positioning plan, International Consultant, **Source of funds** international accompaniment, **Amount (USD)** 0. 4 Engagement- Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Train civil society rep pre- and post- CCM meetings Local Consultant **Source of funds** Additional Resources **Amount (USD)** 4,800. 5 Engagement Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Train on Community Based Monitoring (CBM) data tools and analysis. Civil Society Regional Platform **Source of funds** international accompaniment **Amount (USD)** 0. 6 Engagement Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Review CCM composition. International Consultant **Source of funds** international accompaniment **Amount (USD)** 0. 7 Operations Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Review framework documents and align them with the evolved model principles International Consultant **Source of funds** international accompaniment **Amount (USD)** 0. 8 Operations Interventions; **TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Conduct CCM orientation - Guidance Note / Online Orientation. **Source of funds** Without

additional resources-CCM Funding Agreement. **Amount (USD) 0.** 9. Oversight- **Interventions; TORS /Call for Consultancy finalized, see attached, to be reviewed and approved during the KCM Annual Retreat** Hire local consultant to develop Dashboard, including C19RM indicators. Guidance Note / Online Orientation*. **Source of funds** Without additional resources-CCM Funding Agreement. **Amount (USD) 0. Amount (USD) 14,800.**

GRANT PERFORMANCE: JANUARY TO MARCH 2022 Q3

Principal Recipient	National Treasury (US DOLLARS)			KRCS	AMREF HA	
Grant	HIV	TB	MALARIA	HIV	TB	MALARIA
Grant Budget (USD)	187,685,444,	42,675,832	63,817,905	\$30,857,918.16	\$53,503,114	4,190,779.63
Budget as @ January-March 2022	5,876,178.18	8,451,238	9,432,702	-	\$17,349,634	-
Cumulative Expenditure	32,915,040.44	2,091,776	4,702,843	\$13,296,940	\$5,085,606.61	1,900,245.99
Commitments	4,971,898.15	1,422,522	5,170,995		\$12,264,027.39	-
Obligations	22,355,167.69	767,830		0		
Absorption (Commitments + Expenditure)	560.14%	32%	50%	43%	29%	45%

CPF

GRANT	BUDGET	EXPENDITURE	COMMITMENTS	Absorption Absorption(B/A)((B+C)/A)	
	A	B	C		
HIV	1,543,388,545.00	865,018,054.00	316,116,113.33	56%	77%
TB	352,000,000.00	22,499,803.00	202,181,250.43	6%	64%
MALARIA	416,000,000.00	202,941,454.25	64,059,573.65	49%	64%

COVID 19 GRANT AS AT MARCH 2022 (USD)

	TNT		AMREF	KRCS
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	HIV	TB	MALARIA	TB	Malaria	HIV
TOTAL AWARD	3,077,108.46	14,312,527	577,092.00	\$54,458,263	1,130,096.50	14,117,607.00
Budget in USD	3,077,108.46		577,092.00	As Q3 \$11,618,128	1,130,096.50	
Expenditure	726,756.85	464,901	-	\$1,914,390.67	436,367.22	1,628,649.20
Variance		-	-	\$9,703,737.56	-	-
Commitment	726,756.85	3,547,463.64	236,478.00	-	-	-
Obligation	184,636.76	14,501,639.18	-		-	
Variance	-	-	-	\$9,703,737.56	0	-
% Absorption (Expenditure only)	24%	25%	41%	16%	22%	12%

Oversight Committee Membership

	MEMBER NAME	AFFILIATION	ORGANIZATION	POSITION	Term of Office
1.	Dr. Bernhards Ogutu	KCM	KEMRI	Chair	Recommendation to KCM Based on KCM Evolution Project recommendation extend the term of Office until the process of reviewing KCM Governance
2.	Mr. Philip Nyakwana	KCM	PLWD	Member	
3.	Dr. Medhin Tsehaiu	KCM	UNAIDS	Member	
4.	Ms. Rosemary Kasiba	KCM	KEY POP	Member	
5.	Mr. John Kihui	KCM		Member	

					documents is finalized to inform KCM Membership and next steps
6.	Dr. Dan Koros	Outgoing KCM	USAID	Co-opted Member	Requiring replacement
7.	Dr. Ancent Kituku	KCM	COG	Member	Requiring Replacement
8.	Ms. Joyce Ouma	KCM		Member	Based on KCM Evolution Project recommendation extend the term of Office until the process of reviewing KCM Governance documents is finalized to inform KCM Membership and next steps
9.	Dr, Vincent Sumbi	Malaria ICC	USAID	Member	
10.	Ms. Hellen Gatakaa	Alternate Malaria ICC	ICF	Member	
11.	Ms. Rose Kaberia	HIV ICC		Member	
12.	Dr. Trizar Alwar	Alternate HIV ICC	UNICEF	Member	
13.	Dr. Eunice Omesa	TB ICC	WHO	Member	
14.	Ms. Eveline Kibuchi	Alternate TB ICC	STOP TB Kenya	Member	
15.	Ms. Margaret Ndubi	Co-opted	UNAIDS	Member	

SET UP OF NEW DASHBOARDS: Flagged out as an area of importance at the OC meeting held in January & March 2021/ Joint Management & Oversight CM held in May 2021. in view of FM3 Grant externalities & emerging needs. *The KCM Oversight Committee/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. KCM Savings to be reprogrammed for the realization of the dashboard. Call for Expression of Interest/ Consultancy Service: Set Up of Oversight Dashboards finalized; reviewed by Oversight Committee, Management Committees and Evolution taskforce. Next steps: KCM approval of the reprogramming request/ tender advice for consultancy **services.**

Emerging fraud risks among CBOs: Mitigation Measures: Key trainings/sensitisations done for all SR CEOs. PR Staff trained on fraud related issues/ enhanced its oversight support especially on report reviews and spot checks to focus more on fraud related issues. PRs looking into the possibilities of engaging fraud experts on a need basis for complex issues. PRs to report bottlenecks as they occur. **KCM/Secretariat continue to provide Oversight. SR Management:** KRCS

conducted an investigative audit of EMAC following an alert from a whistle blower o. The PR level investigation findings have provided evidence that the intention and actions were against the donor requirements. The PR has quantified the loss due to this and will be demanding that the SR should refund the misappropriated Kshs 1.2M to the PR. The PR recommended to continue with the steps for termination. HIV ICC APPROVED. KRCS to terminate EMAC and recover the amount owed. Blacklisting of the organization. Presentation of the file to DCI for prosecution. **ASK TO THE KCM; ADOPT/ ENDORSE THE ICC/PR Request. ASK/Recommendations:** KCM Oversight Committee membership due for renewal 1st July,2022. In line with KCM Evolution outcome and KCM recommendation made on 19th January,2022, ***extend the term of office for the oversight committee members until the process of reviewing the KCM Governance guidelines/KCM Membership is finalized to inform next steps.*** Approve KCM Reprogramming request/ Expenditure report. Set up of Oversight dashboard. Printing of Governance and Framework documents. 1. Appraisal KCM Secretariat/KCM Performance 2021/2022-See CCM Kenya Performance Framework. 2. Approve KCM work plan/Budget 2022/2023. Adopt KCM Calendar of Activities July 2022 to June 2023. 3. Approve TORs/ Launch the Call for Consultancies for KCM Evolution prioritized interventions-find attached call for consultancies. Nominate Technical Review Committee members to Evaluate CVs. PRs and C19RM Funding request writing team to start the process of refocusing C19RM Investments to Maximize Impact and thereafter present the reprogramming or reallocation request to the KCM.

Discussion

Members in the meeting agreed that.

1. The KRCS continues to terminate EMAC and recover the amount owed.
2. In order to ensure that services are not interrupted, The HIV Technical Review Committee and KRCS to review the performance of existing implementers and recommend a suitable replacement to take over from EMAC. The HIV TRC should present the detailed report to the KCM.
3. Fill in all vacant slots in KCM Committees.
4. Select/ identify alternate members in all the slots in KCM Committees other than the KCM Ethics and Appeals Committee.

Min 6/1/6/2022 Appraisal of KCM/ KCM Secretariat Performance 2021/2022

The KCM Coordinator presented the KCM Performance report for the year 2021/2022. This included report on the achievement of CCM indicators and CCM Secretariat indicators. **The Secretariat staff members recused themselves from the meeting to allow the KCM rate the KCM Secretariat performance.** The Consultant was to document and share feedback with the KCM Secretariat.

Discussion

The members approved the KCM Performance report for the year 2021/2022 for submission to the Global Fund.

The members rated KCM Secretariat as ‘performing well’. Members stated that there has been steady progress in efficiency, responsiveness, proactiveness and friendly atmosphere. They however requested that:

- a. Documents be presented to members 14 days in advance.
- b. Orientation for new members should take at least 3 days.
- c. Annual retreat needs to revert to three days.

Min 7/1/6/2022 Review and Approve KCM Work plan and budget 2022/2023

KCM-WORKPLAN & BUDGET YEAR 2022—2023

The KCM Expenditures for the year 2021/2022 and work plan and Budget for year 2022 to 2023 was presented detailing the various activities/ budgets as annexed.

Discussion

The meeting agreed that

1. The KCM had expended 90% of the budget and this was commendable.
2. KCM approved the realized savings to be prioritized in the setting up of the new Oversight dashboard.
3. During the FY 2022/2023 members to be facilitated with Airtime / Bundles /Facilitated to attend /join KCM meetings.

Min 8/1/6/2022 Review and Approve KCM Calendar of Activities July,2022 to June,2023

The KCM reviewed and approved KCM Calendar of activities for July 2022 to June 2023.

Min 9/1/6/2022 CCM Kenya Evolution Project: - Review, approval and launch Call for consultancy for TAs to support KCM Evolution prioritized interventions.

The KCM Coordinator highlighted the call for applications for the Ethics Officer position, set up of the Oversight Dashboard, Mapping existing health Governance platforms and development of KCM repositioning plan and training of civil society members pre and post KCM Meetings. These had been developed, reviewed and approved by the KCM Evolution taskforce, Oversight Committee, and Management Committee.

Discussion

Members appreciated the work that had gone into developing the calls. In addition, they further agreed that: -

1. All the four TORs were unanimously adopted with amendments. Specifically, concerning the dashboard, members resolved that the qualifications of the consultant need to include:

- Monitoring and Evaluation Expert
- Literate in Computer science and ICT
- A Public health expert
- Actuarial science

2. That the dashboard should be integrated and operable.

3. The KCM selected and appointed a Technical Review Committee to evaluate CVs to be submitted by applicants. The Considerations made while selecting the TRC included; experience in Public Health, Health Systems, Leadership and Mediation Skills, Computer Science, ICT and development, Community Health, social science, law and Civil society engagement and constituency representation. The TRC membership was approved as follows;

1. Mr. Peter Njane
2. Ms Meboh Abuor
3. Ms Margaret Ndubi
4. Dr Joseph Sietenei
5. The National Treasury Representative
6. Amref Health Africa Representative
7. KRCS Representative
8. Procurement Specialist -Amref Health Africa
9. KCM Secretariat to provide administrative support

Min 10/1/6/2022 Strategies to improve Grant Performance -C19RM/Main Grant

Presentation by in country and regional PRs

The National Treasury: Strategies to improve Grant Performance -C19RM/Main Grant. A presentation by Mr. Miru Kamau.

Roadmap for addressing 2021 OIG Audit AMAs (2021 Audit AMAs, identified stakeholders, past initiatives, and draft Roadmap): Agreed Management Actions (AMAs).

1. The Global Fund Secretariat will work with the Principal Recipients to develop a framework document that outlines all the different steps throughout the procurement process and that makes clear the responsible stakeholders, the deliverables they are responsible for to move to the next step, and the reasonable time / KPI within which the steps can be reached. **Due date-** 30 June 2023.

2. The Global Fund Secretariat will work with the National Treasury, the Ministry of Health, and KEMSA to develop an action plan to provide enhanced assurance oversight of in-country distribution of Global Fund commodities. The action plan should cover both (i) existing supply chain controls that are in place but require corrective action, and (ii) any new controls that should be established - with SOPs for implementation within set timelines. **Due date-** 31 December 2023.

3a. The Global Fund Secretariat will support the Principal Recipients, the MOH, and technical partners, under CCM, to: Tuberculosis: Undertake an in-depth desk review analysis to identify the reasons for sub-optimal TB case notification rates. An action plan should subsequently be developed with strategies to address the challenges identified in the desk review, including building on ongoing implementation of TB case finding strategic initiatives. **Due date** 30 June 2023.

3b. The Global Fund Secretariat will support the Principal Recipients, the MOH, and technical partners, under CCM, to: HIV: Evaluate implementation of targeted testing strategy (2018) and use lessons learnt to inform development of an action plan to address existing gaps. **Due date-** 30 June 2023. **Identified stakeholders;** County Departments of Health, 2. Ministry of Health – Directorates (Preventive / Promotive Health & Medical Services; Health Services & Health Sector Coordination), Departments & Divisions, 3. Global Fund grants Sub-Recipients, 4. Principal Recipients, 5. Kenya Medical Supplies Authority (KEMSA). 6. Council of County Governors, 7. Health Sector Working Groups (HIV, TB, Malaria & HSS-SWG), 8. KCM. **Past initiatives-** 1. Action plan on 2018 OIG Audit Recommendations, 2. Quality Improvement / Active Case Finding (QI-ACF) Action Plan 2019 (TB), 3. Procurement Tracking Tool 2019

Procurement Process Tracking: - Forecasting & Quantification; **Responsible** Programs; **Latest date due** End January; **Remarks** Informed by consumption. 2. Submission of revised LoHPs to The National Treasury; **Responsible** Programs; **Latest date due** Mid-February; **Remarks** Informed by F & Q. 3. Submission of revised LoHPs to Global Fund. **Responsible** The National Treasury; **Latest date due** End February; **Remarks** Done annually. 4. Approval of revised LoHPs; **Responsible** Global Fund; **Latest date due** Mid-March; **Remarks** Approved LoHPs informs gaps for CPF prioritization. 5. Approval of procurement plans; **Responsible** MOH; **Latest date due** End June; **Remarks** Approval as part of MOH AOP. Includes CPF. 6. Submission of requisitions to TNT (Items, quantities, specifications & budget); **Responsible** MOH- **Latest date due** Mid July; **Remarks** GF & CPF. 7. Authorization to KEMSA to undertake procurement; **Responsible** the National Treasury; **Latest date due** End July; **Remarks** Items, quantities, specifications & budget. 8. Advertisement of tenders; **Responsible** KEMSA; **Latest date due** Mid-August. **Remarks** International Competitive Bidding (ICB). 9. Evaluation of bids. **Responsible** KEMSA- **Latest date due** End October, **Remarks** Finalization of bids evaluation. 10. Award of contracts. **Responsible** KEMSA, **Latest date due** End November, **Remarks** Allow time for notification of awards. 11. Receipt & acceptance of goods. **Responsible** KEMSA, **End April following year**, **Remarks** Contracted goods delivered to KEMSA. 12. Validation of invoices. **Responsible** KEMSA; **End April following year**; **Remarks** Invoicing for accepted goods. 13. Submission of invoices to Programs, **Responsible** KEMSA, **Mid May following year**. 14.

Submission of invoices to The National Treasury. Responsible Programs, End May following year, Remarks Includes supporting documents. 15. Payments; Responsible TNT, End June following year, Remarks End of Financial Year. 16. Feedback to KEMSA on payments, Responsible TNT, Mid July following year, Remarks Invoices received and paid

(Draft) Roadmap for addressing 2021 OIG Audit Agreed Management Actions: - Submit draft concept note to GF for inputs; **Responsible PR/TNT; Due data 24 June 2022.** 2. KCM endorsement of Concept note and Roadmap; **Responsible KCM Coordinator; Due data 30 June 2022.** 3. Stakeholder meeting: dissemination of audit findings and constitution of thematic groups, including specification of tasks for each group: Procurement management, Distribution of commodities. Finding missing people with TB. HIV Testing Strategy. **Due data 29 July 2022.** 4. Thematic group activities; **Responsible Group Leads, Due data 30 July – 30 November 2022.** 5. Stakeholder meeting: Review thematic groups deliverables (drafts); Procurement management framework, In-country distribution oversight action plan, Action plan on finding missing people with TB; Evaluation report on targeted HIV Testing Strategy, **Responsible PR/TNT; Due data 09 December 2022.** 6. Incorporation of inputs to draft documents; **Responsible Group Leads; Due data 10 December – 13 January 2023.** 7. Submission of draft documents to GF for feedback; **Responsible PR/TNT; Due data 31 January 2023.** 8. KCM endorsement of documents (final versions); **Responsible KCM Coordinator, Due data 28 February 2023.** 9. Submission of final documents to GF; **Responsible KCM Coordinator; Due data 31 March 2023.**

Amref Health Africa- Strategies to improve Grant Performance -C19RM/Main Grant: - A presentation by Ms. Gloria Akoko

Global Fund Malaria and TB Project: Principal Recipient: Amref Health Africa (PR 2). Grant No.: KEN-M-AMREF-2063. Total Funding: USD 23,224,210. Regular Grant - USD 17,148,070. C19RM - USD 6,076,141. Implementation period: 1st July 2021 to 30th June 2024. Coverage: 12 Counties. Sub Recipients: 8. **Overview of GF TB 2021 – 2024 (NFM 3) grant; Goal-** To ensure provision of quality care and prevention services for all people in Kenya with Tuberculosis. Contribute to attainment of universal health coverage through comprehensive TB/HIV prevention, treatment and care for all people in Kenya. **Coverage:** 47 Counties. **Sub Recipients:** 34 (30 communities/PPM, 4 KIC-TB). **Project implementation period:** 1st July 2021 to 30th June 2024. **Budget:** USD 107,961,377. **TB NFM3 grant:** 53,503,114; **C19RM:** 54,458,263. Implementation is in collaboration with MoH, DNTLD-P, counties, partners, FBOs, CSOs and communities. **KEY ACTIVITIES/MALARIA Activities contribute to the National Strategic Plan goal: To reduce malaria incidence and deaths by at least 75% of the 2016 levels by 2023; Case Management:** Community Case Management of uncomplicated malaria by trained CHVs

Specific prevention Interventions: Malaria prevention and Control in schools. MIP: Support CHVs to sensitize community and to identify IPTp-SP missed opportunities during routine household visits for referral to the ANC. **RSSH:** CHU supportive supervision. Printing and distribution of CHV CCMm and MIP reporting tools. **Programme Management:** Mapping and development of malaria CSO database. Malaria matchbox survey. **Key intervention**

areas/activities/TB: SR Activities: Community TB activities: Contact investigation, tracing TB treatment interrupters, targeted TB screening outreaches, KIC-TB, awareness creation in schools, community awareness on TPT, screening in congregate settings, TB champions, reimbursement of X-ray costs for DR TB contacts. Facility based ACF: PPM, linkage assistants, ACF meetings, QI meetings. Building resilient and sustainable systems for health: Community systems strengthening (MoH and civil society), integrated sample networking. COVID-19 Response Mechanism: awareness creation and sensitization of community actors on TB & COVID-19, X-ray costs for presumptive children, training HCWs on bi-directional screening for TB/COVID-19. **PR Activities: SR technical and financial management:** Capacity building, mentorship, technical support, oversight. **Procurements:** GeneXpert cartridges, TrueNat, LF-LAM kits, CBTC tools, BSL III, TIBU expansion, **Health Systems Strengthening:** Laboratory, Division of Family Health, Division of Community Health, Ministry of Finance, HMIS (SORTIT training)

Social support: DR TB patients & DOT workers, DS TB patients with SAM & MAM. **Malaria Grant: COVID-19 response Mechanism:** Oxygen, PPE, support to KEMRI lab staff; KAP survey, bi-directional screening outreaches, strengthening diagnostics including genomic sequencing, CLM, CLAR. **C19 RM activities: - Procurement of PPEs for mass LLIN distribution.** Assorted PPEs procured and distributed to 27 counties. **Conduct Covid-19 KAP survey** to gather new information on COVID 19 Knowledge Attitude and Practices including Vaccine hesitancy, myths and misconceptions to inform targeted interventions. **Train 2 Community COVID 19 Champions** in each of the 6890 Community Health Units in the country to promote COVID testing, Vaccination and other control and containment measures. **Support facilitated referrals by CHVs in malaria endemic areas** and high burden COVID-19 Counties for pregnant women and children under 5 years and sick people with fever to link health facilities to increase care seeking. **Engage Private Retail Pharmacies to adhere to malaria treatment guidelines.** **TB Grant: C19RM Programmatic/HPMT updates: - 1. CSS-** Social mobilization, Community-led monitoring, Community-led advocacy and research. **Update:** Staff to support CSS implementation on board except CSS coordinators, EANNASO consultant for technical assistance on improving CLM systems to include COVID-19 on board, Identification of consultants to support development of documents for the three areas. Hiring of CSS coordinators to be approved by GF. **2. Mitigation to ensure continuity of TB program activities. Update** Cash transfers to DS TB patients with SAM/MAM resumed in Jan 2022 but was halted due to operational challenges reported by counties. Distribution of reusable masks to community actors, TB patients and their contacts done. Community level implementation to begin in June 2022. **3. Oxygen support to counties. Update:** 315 facilities targeted with different oxygen support. As at end of April, a total of 4,354 cylinders and 31,612 kgs have been supplied to the facilities. 80 supported as at end of April 2022. Due to the change in the COVID-19 pandemic, identify areas other where the oxygen funds can be reallocated. **4. Laboratory activities; Update;** HR support to staff offering Covid-19 testing at KEMRI ongoing; Procurement of laboratory reagents for genomic sequencing, GeneXpert cartridges and LIMS deployment initiated.

Strategies to improve performance for both grants (TB and Malaria): - Planning activities together with counties: including SR work-plans in the county work-plans for timely implementation especially for time bound activities e.g. supportive supervision, County and Sub

County DQA. Advocacy to counties to improve access to malaria testing and treatment commodities by CHUs – In Oct 2021, ongoing based on KHIS data extracted monthly. Support re-distribution of malaria commodities in the counties – e.g. Kisii County in Feb/Mar 2022. Close monitoring of SRs whose performance is low to mitigate bottlenecks – weekly catch-up meetings discussing financial and programmatic performance. Weekly PR Project Implementation Team meetings to review progress on activities to address burn rate challenge. Weekly catch-up meetings for senior management teams with project managers to support in addressing any bottlenecks. Engaging relevant MOH Officers for joint planning of activities – DCHS, DNMP, DNTL_P. Preliminary activities (i.e. development of training materials, assessment for TrueNat, modalities for PPM and CT scan reimbursement among others) undertaken before actual budgeted activity is rolled out. Extensive in-country consultations with various stakeholders to ensure inclusivity especially for RSSH CSS activities. Oxygen support: challenges in getting cylinder deposits; currently negotiating with counties and MOH to guarantee security of the cylinders. Imported cylinders from Tanzania (250) and South Africa-1,000; expanded the scope of targeted facilities. Engaged VAT officer to support in fast tracking VAT issue. Dedicated staff to follow-up on procurement; Service Level Agreement (SLA) covering the open tender process has been developed. Supplier appraisal module incorporated in ERP –Navision to address TAT.

- **KRCS/ TB and Malaria**

KRCS as PR II for HIV for Non State Actors: Principal Recipient (PR): - A local entity nominated by the Country Coordinating Mechanism (CCM) and confirmed by the Global Fund to be legally responsible for grant proceeds and implementation in a recipient country. **Grant Title:** HIV Grant, July 2021- June 2024. **Grant Number:** KEN-H-KRC. Total Grant Amount: 76,678,956 USD. The Goal: Contribute to attainment of universal health coverage through comprehensive HIV prevention, treatment, care and support for all people in Kenya. **Program Objectives:** Reduce new HIV infections by 75%. Reduce AIDs related mortality by 50%. Reduce HIV related stigma and discrimination to less than 25%. **Program Intervention Areas:** - increasing access and uptake of HIV prevention services and commodities. promoting community-based approaches to HIV service delivery. improving initiation and adherence to treatment; reducing human rights-related barriers to HIV service. **Target beneficiaries:** Key populations (FSWs, MSM, TGs, PWIDs & Truckers), People living with HIV, Pregnant and Lactating Mothers, Adolescents and young people, Men in high risk settings, Discordant Couples, Fisher-folks, PWDs.

ACCELERATION STRATEGIES: Implementation Strategies: Discussion with SRs on what can be accelerated and what cannot be accelerated. SR developed acceleration plans for June semester. Held meetings with SRs (per module) to accelerate implementation

P4P approach in tracking services among CVs. SRs are represented in County Quantification Committees. Continuous engagement with Counties. Cross-support where possible. Support the national programme in fast tracking implementation – supporting meetings. Working on other modalities esp. coordinating TOT trainings for SR staff and county teams. The program has already developed risk mitigation plan. **General Election Preparedness:** KRCS has developed contingency plan for the Kenya General Elections. Vigilant and monitoring campaigns.

Monitoring the election process unfold with special focus on the potential hotspots. **PR Plans to Support SRs in the Prevailing Circumstances:** Focused the SRs in accelerating June work plan (end of April 2022). Support SRs to develop BCPs for the election period (May – August 2022). Monitor hotspots to help facilitate response to the needs. Profile SRs in hotspot zones by May and support them to develop contingency plans. Plan for continuity of essential services in case of Pre/Post Election violence. **NB: The PR is vigilant in monitoring C19 the surge from June 2022.** **Procurement Strategies:** Development of the procurement plan per year. Starting procurement at least **6 months before** the due date. Initiating the PR with a distribution plan. Performance framework with all Awards – performance bond. Tracking performance of all Awards. **PR AUDITS: Key Finding:** - Between 2018 and June 2021, the Kenya Red Cross Society (KRCS) awarded 69% of procurements for conference facilities (valued at US\$836,000) to Boma Inn Hotel, a subsidiary of KRCS, without a competitive procurement process. Furthermore, a framework agreement for the provision of conferencing facilities was only issued to Boma Inn, rather than to the three lowest bidders, as stipulated in the KRCS procurement manual. **Actions Taken:** Review the engagement to include 3 additional hotels in both Nairobi and Eldoret. Seeking alternative conference facilities for activities. Plan- Developed a framework of agreement with all. Distribute allocation of activities. Neither KEMSA, Amref nor KRCS have a defined procurement performance monitoring framework to analyze supplier performance. **Actions Taken:** Develop a framework document that outlines all the different steps throughout the procurement process and that makes clear the responsible stakeholders, the deliverables they are responsible for to move to the next step, and the reasonable time / KPI within which the steps can be reached. Fraud risk assessment done by PWC on the grant and significant areas of improvement highlighted as below: Fraud risk awareness in the program is low trainings have been recommended for both PR & SR staff. management of Terrorism Financing – Weak monitoring of terrorism financing & weak or lack of policies on the same. Cyber security gaps. SR oversight and supervision through adoption of periodic risk assessments, incorporation of SR level risks to the PR project risk register, and proactive management of identified risks such as through spot checks on specific risk areas. **Actions Taken:** KRCS has undertaken to train all GF staff and SR CEOs on Fraud risk – planning to cascade to all SR staff under GF grant. KRCS undertakes checks on anti-terrorism funding checks particularly in our procurement and recruitment processes. SRs have been sensitized on anti-terrorism and how to check on their suppliers on the UN platform. KRCS will undertake annual checks of all the SRs is done using the above platforms as well as the National Counter Terrorism Centre of Kenya and other platforms to ensure compliance. Cyber Security Incident Response Plan has been developed with support from IFRC and security Assessment done.

- **IGAD: Programmatic achievements, Milestones and Lessons learnt: A presentation by Ms. Miriam Ngunjiri**

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. **Major accomplishments and Results:** - HIV testing to TB patients and TB diagnosis in HIV patients. Early detection and effective treatment are essential to preventing TB-associated deaths. **Intensified TB case-finding-** regularly screening for TB symptoms at the OPD and community **leading to** early diagnosis and treatment for all DS-TB and DR-TB. Increasing TB knowledge- Training of HCWs and CHVs. Community engagement in ACF. Procurement and prepositioning of 1 gene-Xpert and 2 micro-scopes. Supported cross border facility assessment-SARA tool. Budget absorption at 98%. **Lessons Learnt:** Mass screening has proved to be a good strategy in identification of missed TB cases. Conducting screening at the border point/reception and providing information about presumptive TB allows those with symptoms to minimize risk of transmission to close contacts. DOTS for refugees administered by HCWs in the camps increases TB treatment success rate. High percentage of malnutrition and lack of sufficient nutrition support for patients hinders TB patient treatment outcome. **Challenges** Malnutrition remains a major challenge in TB control. Unsteady supply chain management leading to untimely procurement of nutritional supplements which affected provision of nutritional support to TB patients. Low uptake of TB services in health facilities due to COVID-19 disruptions. Mushrooming of accredited and non-accredited private clinics. Stock out of cartridges and HIV test kits. Human Resource at the Laboratory. **Strategies of improvement of grant performance:** - Strengthening ACF at community and facility level. Youth and men friendly services at all the facilities to enhance uptake of TB services. Engagement of the private sectors i.e. clinics, pharmacy. Utilization of the GeneXpert. Mass screening strategies that result to high yield

ECSA: -Strategies to ensure continuous improvement of GF Regional grant performance. A Presentation by Dr. Miram Urasa.

ECSA-Uganda SRL Regional TB Lab Project: 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 3 (2022 – 2025); **Previous Grant rating:** A1; **Total funding:** USD 4,000,000. **Laboratory objectives for the End TB strategy:** - Increase access to rapid and accurate detection of TB. Reach universal access to DST. Strengthen the quality of laboratory services. **Objectives set to achieve set targets-** Strengthen the inter-state regional network of National TB reference Laboratories (NRLs) for improved TB management in the ECSA region. To improve uptake of WRD, QMS, and TB Sample Referral systems (TSRS) to enhance impact of diagnostics in TB control. Consolidate capacity of NRLs to undertake epidemiological/national level- disease monitoring surveys such as DRS, TB disease prevalence and Routine surveillance. To strengthen partnerships for sustainability. **Planned activities (2022-2025):** - TA to strengthen Lab specific strategic plans, Support WGS of MTB strains and other diseases at the SRL, Training on TSRS , PT panel preparation and shipping (Microscopy, GeneXpert, LPA, DST, culture). TA to implement new diagnostics for detection TB/MDR-TB, TA & training to improve QMS in NRTLs (ISO 15189 and ISO 17043), TA for TB DRS and Prevalence Surveys. **C-19 RM activities:** Provision of proficiency testing panels for SARs CoV-2 Antigen RDTs & PCR to laboratories in project countries. TA & training on PT preparation & support EQA performance.

Strategies to ensure continuous improvement of performance: - Ensure good communication & timely sharing of information on country needs

- Strengthening of partnerships (linkages with GF CCMs & other IPs). Leveraging of in-country resources (training, PT panels)
- Utilization of the Uganda SRL's online platform. Selection of appropriate staff for training

Discussion

The meeting appreciated the presentations and further agreed that

1. Amref HA: -

- ✓ The PR will need to enhance engagement with the communities- In response, AMREF HA indicated that Communities will be involved in CSS Implementation through North star.
- ✓ Under CSS Communities and NGOs to be capacity build
- ✓ **Concerning the involvement of children:** AMREF HA indicated that they have followed the law and engaged the ministry of education, and the process is well thought through.

2. KRCS: -

- ✓ All PRs to undertake Grants risk assessment and share with the KCM the Risk Mitigation plan/ treatment Register, all issues related to fraud to be managed expeditiously

3. TNT: -

- ✓ need source for commodities locally: The process to sources for commodities initiated but challenges on the capacity of local suppliers / WHO Prequalification
- ✓ Lack of condoms and lubricants among the key population: procurement ongoing
- ✓ RRSB Grant performance reports should be part of the TNT and Amref HA Report to the KCM in a quarterly basis.
- ✓

Min 13/1/6/2022: Closure

The Meeting ended at 5.15pm.

Sign:

Mr. Samuel Muia
KCM Coordinator

Date: 18/10/2022

Sign:

Mr. Latiff Shaban
Chairing

Date: 18/10/2022