



**KENYA COORDINATING MECHANISM
MINUTES OF SPECIAL KCM MEETING HELD VIRTUALLY ON 30TH MARCH 2021
BETWEEN 9.15AM AND 1.13 PM.**

Present

1. Mr. Peter Njane	Member/KP Rep-(Chairing)
2. Ms. Faith Ndung'u	Member/Vice Chair-NGO
3. Dr. Ruth Masha	Member/NACC
4. Mr. Philip Nyakwana	Member/PLWD-TB
5. Dr. Medhin Tsehau	Member/BL/ML
6. Ms. Maurine Murenga	Member/ PLWD-HIV
7. Ms. Eva Muthuri	Member/ Malaria-NSA
8. Mr. Titus Munene	Member/FBO
9. Ms. Eunice Fedha	Alternate/COG
10. Mr. John Kihui	Member/Private informal sector
11. Ms. Joyce Ouma	Member/ AYP
12. Ms. Zilpha Samoei	Alternate FBO
13. Dr. Pierre Bello	Member/BL
14. Mr. Ahmed said	KCM Alt Member- Key Populations
15. Mr. Samuel Muia	KCM Coordinator

In Attendance

1. Ms. Patricia Kilonzo	Alternate/Informal Private Sector
2. Mr. Vincent Obwanda	Alternate/KP Constituency
3. Ms. Pamela Kibunja	Alternate/NGO Constituency
4. Ms. Caroline Gichinga	KEMSA
5. Ms. Caroline Mugo	KEMSA
6. Dr. George Walukana	KEMSA
7. Mr. Douglas Onyancha	KEMSA
8. Ms. Elizabeth Meassick	USAID
9. Dr Sospeter Gitonga	NASCOP
10. Mr. Peter Mwangi	KEMSA
11. Mr. Douglas Onyancha	KEMSA
12. Dr. Nazila Ganatra	HSWG Chair
13. Dr. Valeria Makory	MOH
14. Mr. Washington Omwomo	USAID

15. Dr. Catherine Ngugi	Head NASCOP
16. Mr. John Kuehnle	USAID
17. Mr. Antony Wamatu	AMREF HA
18. Dr. Meshack Ndirangu	Amref HA
19. Dr. Bernard Langat	Amref HA
20. Ms. Clare Obonyo	TNT
21. Mr. Muiruri Nyakinyi	Alternate/Malaria Constituency
22. Dr. Dan Koros	PEPFAR
23. Ms. Annette Msambweni	KRCS
24. Dr. Peter Kimuu	TNT
25. Ms. Josephine Mwaura	KCM Secretariat
26. Mr. Kevin Ogolla	KCM Secretariat
27. Ms. Margaret Mundia	KCM Secretariat

Apologies

1. Ms. Susan Mochache, CBS	Chair/KCM
2. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
3. Ms. Jacinta Mutegi	Alternate FBO/KCCB
4. Dr. Stanley Bii	Member/DP-ML

Agenda

1. Introduction/Apologies
2. Opening Remarks by the Chair
3. Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by the KCM Ethics Committee Chair.
4. ARVs stock Status/Situation
 - Report / presentation by The National Treasury, NASCOP and KEMSA
5. Response on the concerns raised by Community Initiatives Concern (CINCO)
 - Report/Presentation by AMREF Health Africa
6. Approval of TORs for the development of KCM documentary/ constituting the Technical Evaluation Committee/ launching the call
7. Approval of the KCM Reallocation Request

Min 1/2/3/2021 Introduction/Apologies

Meeting was called to order at 9.15 am. Opened with a word of prayer.

The KCM Coordinator informed the meeting that the KCM Chair was held up in an urgent meeting that had started earlier in the morning. The Vice Chair was also held up in another meeting and she was to join the KCM meeting at 9.45am.

Members appointed Mr. Peter Njane to Chair the meeting and hand over to the Vice Chair immediately she joined.

Proposed by Mr. John Kihiu
Seconded by Mr. Ahmed Said

Agenda was projected and adopted as

Proposed by Mr. Phillip Nyakwana
Seconded by Mr. John Kihiu

Apologies are as above.

Min 2/2/3/2021 Opening Remarks by the Chair

The chair welcomed members to the days meeting and requested them to register their presence on the chart boxes. He wished them good deliberations

In addition, he welcomed new members and alternates to the KCM. The Chair invited Mr. Titus Munene, new member representing the FBO Constituency to greet members.

Min 3/2/3/2021 Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by Ms. Patricia Mwende- Member Ethics Committee: -

Code of Ethical Conduct for CCMs: *Misconduct Affecting Global Fund Grants in Ghana.*

No conflict of interest was declared. Executives at the Ghana Network Association of People Living with HIV (NAP+), a Global Fund implementer and sub-sub-recipient of grant funds, abused their positions of power **and fostered a culture of sexual and financial exploitation, demanding sex acts and money from people living with HIV as a condition of access to benefits** ``OIG Report of 19th March,2021. ‘‘ What is Sexual Exploitation? Sexual exploitation refers to the actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes. Sexual abuse refers to actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Global Fund Guidance to CCMs: The Global Fund has zero tolerance for sexual exploitation and abuse – and for coercive, collusive or corrupt behavior of any kind. Sexual exploitation and abuse are appalling violation of a person’s rights and completely contrary to the Global Fund’s values and mission. That sexual exploitation and abuse has occurred in a sub-sub-recipient of a Global Fund grant shows that GF partnership is not immune to such abhorrent behaviors. CCM s need to prevent, detect and respond to such abuses of power. promote and protect human rights in all aspects of our work and encourage all partners, from implementers to program participants, to report any abuse, including through the existing [*ISpeak Out Now!*](#)

Declaration of Conflict of Interest: members were informed that a conflict of interest occurs where a member of the KCM and/or its committees uses his or her position to advance personal

ambitions or interests, the interests of an institution with which he or she is affiliated, or those of a close associate, in a way that disadvantages or excludes others. Conflicts of interest, whether actual, potential, or perceived, may diminish public confidence in the KCM as an institution.

No conflict of interest was declared.

Members agreed that the presentation from the Ethic committee was very timely and some of the issues highlighted related to violation of human rights and needed to be communicated with Constituency Members. A request was made for the Ethics Committee to package the information on what constituted sexual violations and guidance on what to do when sexual violations happen.

Min 4/2/3/2021 ARVs stock Status/Situation Report / presentation by The National Treasury, NASCOP and KEMSA

HIV Commodities Stock Status- A presentation by Dr. Catherine Ngugi: -

The meeting was taken through the transition of HIV Patients /TLD scale up vs TLE Scale down Trends (TDF + 3TC + DTG_ TDF + 3TC + EFV), TLD Quantities by county and gender and TLE by county and gender.

Update on TLD forecasting and Quantification 2020/21: GF- 1,320, 200 packs of 90's. CPF- 93,154 packs of 90's. PEPFAR USAID- 1,781,500 packs of 90's (Awaiting communication on procurement and delivery status. First consignment was due in October 2021). In January health facilities were holding 5-8 months of stocks but without any guidance they issued 6 months of TLD to clients thus depleting stocks at HF. Only 3 months MMD is allowed by MOH. Quarterly County and MOH have Virtual engagements to discuss any updates and review performance. There was break in Quarter 1 due to GF grant negotiations. The next is due in Mid-April 2021.

GF ATM HIV NFM - 20/21 OIT – 001, *Item Description*, Tenofovir/Lamivudine/Dolutegravir (300/300/50mg),90's; *Quantity Contracted*; 1,320,200; *Delivery Status*; 1st Shipment 248,400 – Delivered; 2nd Shipment 248,400 – Delivered. 3rd Shipment 207,000 - Under shipment ETA 18th April 2021, 4th Shipment 207,000 - Goods are ready, Documents will be shared latest tomorrow expected delivery by 10th May'21 exact ETA date will be confirmed at the time of sharing final BL copies. **Awaiting shipping documents** 5th Shipment 207,000 – Goods will be ready by 28th March and the same invoice documents will be shared by 30th March. ETA will be confirmed by first week of April along with BL copies. **Awaiting Shipping documents** 6th Shipment 202,400 –Awaiting shipping documents; Goods will be ready by 30th March and invoice documents will be shared by first week of April. ETA will be confirmed by first week of April **Awaiting Shipping documents**. KEMSA/GOK-CPF/HIV -20/21 OIT 01; *Item Description*; TLD; *Quantity Contracted*; 93,154; *Delivery Status*: Consignment in country under clearance. GF ATM HIV NFM - 20/21 – OIT – 001 *Item Description*; TLD; *Quantity Contracted*; 215,000; *Delivery Status*: At Notification stage. Notified on 17th March 2021. To sign contract from 30th March 2021 (Today). **What has occasioned the stock outs and rationing is?** Implementing partners actively transitioning PLHIV to TLD from TLE even after the timeline had expired. We have enough stocks of TLE, and clients were virally suppressed on them but Implementing partners transitioned the clients. Last year two guidance's were issued against these directives one from NASCOP and another from Ag. DG to the Counties. Non delivery of PEPFAR-USAID delivery of TLD

commitments from October 2020. Implementing partners issuing 6 MMD against 3 MMD guidance in January 2021, despite calls by County Pharmacists, KEMSA and NASCOP. **Measure put in place** to ensure no client misses TLD Distribution of KEMSA stocks is ongoing. Facilities have been issued with One month of stock in the February and March 2021 order cycle. The optimal refill is 3 months. This should resume once adequate stocks have been received in KEMSA from suppliers. Expedite deliveries of remaining balances from manufactures as per contracts. Initiation of procurement of new stocks of TLD with NASCOP GF savings. The current pipeline stocks are sufficient for 5 months optimal stocking. But will be exhausted by end of October 2021. There is an urgent need to initiate new procurements to be optimally stocked in September 2021. This will be actioned in July 2021. Counties have just put in measures to ensure PLHIV do not miss drugs.

The presentation highlighted the graphic representation of the Months of stock Adults- with scale up, Months of stock pediatrics- with scale up and Months of stock of Opportunistic Medicines- with scale up.

CONSOLIDATED ARV PROCUREMENTS REPORT UNDER GF, CPF and GOK - 2020/2021. As presented by Dr . George Walukana: KEMSA

GOK CPF Tenofovir/Lamivudine/Dolutegravir (300/300/50mg); *UNIT OF ISSUE* Pack of 90; *QUANTITY 93,154* was *Fully* Delivered. **GF** Tenofovir/Lamivudine/Dolutegravir (300/300/50mg); *UNIT OF ISSUE* Pack of 90; *QUANTITY 1,320,200*. *CURRENT STATUS* 496,258 delivered; 207,000 - Under shipment ETA 18th April,2021; 207,000 - 23rd April,2021 - 4th April,2021 Awaiting shipment documents. 207,000 - 10th May,2021 - 18th April,2021 Awaiting shipment documents; 202,400 - 28th May,2021 - 28th April,2021 Awaiting shipment documents.

He confirmed that a consignment of Cotrimoxazole had been delivered and distribution to facilities was ongoing, a local manufacturer had already been contracted to supply additional Cotrimoxazoles.

Discussions

The chair thanked the presenters for their time and well thought out presentations that brought clarity on issues raised previously regarding ARVs stock status. He opened the meeting for deliberations.

Alternate Member FBO thanked the presenters for their elaborate presentations and highlighting the ARVs stock status in the Country. She congratulated the country for the progressive transition of HIV Clients from TLE to TLD. she noted that the TLD stock status was inadequate. She expressed a concern on the apparent breakdown of communication between PEPFAR and GOK/MOH adding that this needed to be addressed through a consultative process between PEPFAR, NASCOP, KEMSA AND MOH to address the stated concerns. She wondered why some partners would not adhere to guidelines issued by MOH/NASCOP

Mr. John Kuehle representing the USAID thanked the previous presenters for their informative deductions. He was delighted by the transition of HIV Clients from TLE to TLD drug regimens. He assured the meeting that USAID remained committed to delivery of all the 75-Million-dollar commitments to Kenya. He apologized on the breakdown of communication between the MOH

and USAID but unlike alluded earlier, he was convinced that the USAID had communicated their work plans and tentative budgets to a Technical Working Group meeting in October 2020.

He added that USAID has imported 760,000 bottles of TLD in the country and were either awaiting Pharmacy and poison board clearance or custom clearance. He clarified that KEMSA/MOH had already notified the US Government that they were required to use KEMSA's distribution channel for all commodities supplied to Government institutions and not other private entities.

He informed the meeting that the USA had new leadership and discussions were on going at that level and that a determination of the matter was awaited. On the current consignment of laboratory commodities, that the USAID was working with KEMSA and MOH to ensure distribution is on track and services are not disrupted

Chair Non state actors reminded the meeting that the previous year MOH reassured the KCM that HIV drug and commodity buffer would last the country for up to 2 years. The buffer stock seemed to have been exhausted less than a year later. He highlighted that partners should adhere to guidelines issued by MOH. He requested PEPFAR and MOH to provide an urgent solution and ensure adequate stock status of ARVs to the beneficiaries.

KCM Member representing the Informal Private Sector thanked the team for the presentations, he noted that from the presentations he felt comfortable that there were no ARV stockouts. He requested that the development partners should give the KCM chair and Government at least a 2 month notice on event of change or withdrawal of support to allow the Government to re-strategize to ensure sustained service provision.

KCM Alternate Member representing the Key populations agreed with the previous speakers. He noted that there was need to have an amendment in the laws or even develop guidelines that would allow for a flexibility in terms of finding immediate solutions to ensure continued service provision.

Dr. Catherine Ngugi representing NASCOP thanked members for their questions. That on the question of available buffer stocks- she clarified that when forecasting and quantification happens all the partners providing specific support hold a meeting to agree on what support was to be offered, schedules of support receipt and specific timelines. It was in this meeting that USAID committed to provide 1.7 Million packs of 90s by April 2020 which did not happen. On the Active transition of client from TLEto TLD, she acknowledged that MOH gives the guidance on drug adherence however things on the ground are different with implementing partners supported by USAID flouting the recommendations and guidance by MOH. On the question on tax waivers, she informed the meeting that processing of tax waivers are guided by laws, rules, and regulations of the land.

She informed the meeting that MOH was willing and had secured a budget to clear the taxes for the ARVs procured by PEPFAR however as per the Government regulations the consignee / distribution needed to be done by a Government approved entity. She reassured the meeting and USAID that MOH was commitment to account to all ARVs. She requested. USAID to give a formal communication to the Principal Secretary and Cabinet Secretary of intended COP 20 support and all future commitments.

KCM Member representing the Multilaterals and Bilateral Partners Dr. Medhin Tsehau thanked the teams for their presentation and plauded Kenya as one of the Countries to effectively manage

the transition of patients from the TLE to TLD. That it was commendable and had been achieved following collaborations between the various partners. She acknowledged that the KCM may not be best placed to give guidance on the matter. That discussions and negotiations needed to happen in very high levels of leadership/political level.

KCM member representing the AYP constituency noted that the situation was bad, and it was sad that the communities were suffering due to bureaucratic processes they were not aware of. She opined that there was need to institute a complementary procurement and distribution mechanism. That the clients were panicking due to the drug shortages and she hoped the meeting would find a lasting solution as other out of pocket financial implications are subjected to the patients.

Dr. Dan Koros representing PEPFAR agreed with the previous speaker from USAID and added that discussions on the distribution mechanism depended on the will and flexibility to forge a way forward. That *Mission for Essential Drugs and Supplies* (MEDS) had in the past distributed medical commodities to the counties and their competency was not in question. That if laws need to be changed to reflect matters on the ground then all that was required was the willpower. For Multi Month Drug dispensing (MMD) he asked KCM to appreciate the benefits of drug issuance to 6 months or more as it improved drug adherence, reduced patients out of pocket costs, and reduce drug defaulting. That scientifically and technically issuing the MMD drugs does not affect buffers stocks as it simply moves the medicines from the stores to the patients. That transition of clients from TLE to TLD is driven by NASCOP and mishaps cannot be blamed on the donor and in any case the momentum for transition needs to be speed up even further. That in terms of delivery timelines, there was a past agreement that the counter fund was to procure the first consignment of ARV Medicines, then Global Fund was to procure the next consignment and lastly USAID. Hence USAID was within the confines of time delivery.

Mr. John Kuehnle clarified that the current ARV Consignment of TLD was stored under controlled temperatures in the warehouses that are even used by KEMSA. That USAID was working round the clock and Consulting further to ensure the commodities are distributed.

KCM Member Gov, reflected that following the discussions there were two challenges. One is the challenge of drugs being withheld by the donor because the donor was not comfortable with the Government distribution mechanism and the change the legal framework to help incorporate a private distribution plan. She further informed the meeting that the law established KEMSA with the legal mandate to distribute the medical commodities to public institutions. She requested the partners to focus on the core matter as she still did not know what the problem was as there were no documented or evidenced loss of ARVS during procurement and distribution. She acknowledged that all institutions had challenges as they discharge their duties. However, these institutions are not closed but strengthened to ensure delivery of services. She asked the leaders on call to find a lasting solution as majority of the patients were served in the public hospitals and that a dismissive language is not helpful to the people. She stated that donations are very important to the country, but they should however respect the country autonomy and institutions therein.

Chair acknowledged that the matter in discussion was way above the KCM scope, but he appreciated the presenters/speakers for their wealth of information and solutions therein. He requested the meeting to forge a way forward.

The KCM Member representing the TB Constituency stated that the various entities needed to convene a meeting in less than a week to iron out outstanding issues and communicate back to KCM Onwards forward.

Mr. John Kuehnle representing USAID in response stated that USAID was awaiting clearance of the TLD Components from the US government. However, the donor was committed to consult further with MOH on the question of amending the law he stated that the MOH amendment Act of 2019 allowed the MOH to identify organizations that can be used instead of the prescribed distribution pathway. That this change would not require a change of the law.

KCM Member representing Gov, took note of the comment that there were other ways to amend the law. She highlighted that when institutions have problems, they are not shut down, but a change of guard is instituted, and institutional strengthening undertaken. That the government was available for continued discussions.

The KCM Chair informed the meeting that as a way forward, there were two solutions, a short-term solution that would ensure that the commodities were delivered to the beneficiaries and a long-term solution was a review of PSM Framework. He requested USAID and MOH top leadership to meet and finalize discussion on the pending issues and ensure adequate ARVs supplies to beneficiaries. He requested MOH and USAID to share feedback within the next two weeks.

Min 5/2/3/2021 Response on the concerns raised by Community Initiatives Concern (CINCO)

- **Report/Presentation by AMREF Health Africa**

The Chair thanked all the members who participated in the discussions. He requested that non KCM Members drop off from the call to allow Amref HA and KCM Members continue with the next agenda of the day's deliberations.

KCM member representing the TB Constituency noted that the KCM had referred an earlier matter to the appeals committee and the review process was on going. He opined that KCM needed to send the matter back to the appeals committee for deliberations.

The KCM Coordinator clarified that the appeals committee was reviewing the concern raised by Kinda Women Group.

Amref Health Africa was invited to the Special KCM to Clarify /state facts on the Concern raised by Community Initiatives Concern, this was based on the request made by KCM members for AMREF to provide clarity on the increasing number of concerns raised by SRs.

The meeting agreed it was important to listen to Amref HA and get clarity on the matter.

Dr. Meshack Ndirangu representing AMREF HA appreciated the partnership they had continued to enjoy with the Global Fund as the PR and continued support by the KCM. That their role as the Non-State PR was focused and built on 3 major pillars performance- where results are delivered;

the pillar of capacity building and lastly compliance. That the pillar of compliance was governed by a strong internal control environment resulting from a PR and SR contractual agreement which ensured that resources are accounted for. That there was need to Respect the agreements signed between, PR & GF, and PR & SRs. That Amref HA carried out an expanded audit scope/investigation on eight SRs not just the mentioned SR that resulted in the discovery of the financial breach by the stated SR. This resulted in CINCOs suspension. The PR requested the SR Management to respond to the issue and following their response then the PR will be able to respond and make a final determination guided by the tenets of fairness for all. That when called upon, by the Appropriate organ of KCM to state the facts and do a deep dive on matters raised it would avail itself.

Member representing the Informal Private sector noted that it was clear that the matter had been addressed by the PR and was awaiting the response from the SR. He asked KCM to wait for a completion of the matter from Amref to be able to conclusively deal with the matter.

The chair thanked Amref HA for the informative brief. He requested them to drop off the call to allow members deliberate on the matter and opened the meeting for deliberations.

Alternate Member representing the Key Populations appreciated the presentation and the concerns raised by Amref HA as the bonified PR. He noted that the issue carried a lot of weight as a contractual agreement between the PR and SR and that the decisions derived there in would sit well with the 2 parties. He reminded the KCM that it may not be able to take the consequences/repercussions that may emanate because of loss of funds.

KCM Member representing Malaria constituency highlighted that community participation within the grant is very important and it was important that all parties receive a fair hearing. That contractual agreements are sensitive and bind the two parties that append their signage. There was however needed to look at the interaction glitch and amplify the voice of the communities as the issue of interpersonal dynamics and intuitional frameworks are dealt with.

The Chair highlighted that if the last trend is to be trusted then there is an expectation that even more SRs will write letters to KCM. That in the current situation there is a problem between the PR and SR and KCM being a representative of the communities need to listen and give solutions.

The KCM vice Chair stated that details of the Audit should be shared with the KCM through the Appeals Committee for review. A feedback with the SR should be instituted confirming that the matter had been brought to KCM and the matter is being dealt with the KCM Appeals Committee. That KCM needed to handle matters that affect the SR and community in general.

KCM Member representing Gov, advised that the matter is deliberated by an adhoc committee that had the capacity to look at audit matters to ensure the issues were dealt with conclusively.

Alternate Member representing the Private Informal sector noted that the SR needed to be listened to as had been done to the PR. This will help in decision making on the matter and further arbitration. That for the process to be fair then KCM needed to listen to both sides.

The KCM Coordinator informed the meeting that. There was need to expand the mandate of the appeals committee to review all the concerns addressed to the KCM. There was need replace members who have exited the appeals Committee.

Chair advised that the KCM would broaden the appeal committee mandate and the need to fill the vacant. This was to be done through an online request.

KCM Member representing the Malaria constituency Ms. Eva Muthuri volunteered to join the appeals committee.

Min 6/2/3/2021 Approval of TORs for the development of KCM documentary/ constituting the Technical Evaluation Committee/ launching the call.

The meeting was informed that the KCM will be developing a digital documentary highlighting achievements and lessons learned in the fight against HIV/AIDS, TB, and Malaria, during the 2018-2021 implementation period. That the Kenya Coordinating Mechanism invited prospective candidates to submit CVs to be considered for the assignment to develop a comprehensive digital documentary of the KCM highlighting lessons learned, challenges, and achievements realized during the implementation of Global Fund Grants in Kenya in 2018-2021. The Terms of Reference included Objectives of the Assignment, Specific Objectives, Methodology, Expected Outputs; Phase 1: Pre-Production Phase, Phase 2: Postproduction Phase, Period of Assignment, Payment Structure, Reporting Structure and Consultant Qualifications.

The meeting was requested to approve the TORs *for the development of KCM documentary* and constitute a technical work group that would review the Curriculum Vitae and subsequent documents submitted.

The meeting was reassured that the TORs were amended as advised by members during the online deliberations.

The TORs for the development of KCM documentary were approved as

Proposed by Dr. Ruth Masha

Seconded by Ms. Eva Muuthuri

The meeting appointed a technical Evaluation Committee to review CVs for the assignment as follows;

Ms. Pamela Kibunja- alternate Member NGO,

Dr. Mochache- Alternate member NACC and

Mr. Ahmed Said-Alternate Member Key populations

Min 7/2/3/2021 Approval of the KCM Reallocation Request

Background

The meeting was informed that during the last KCM meeting held in Lake Naivasha Resort, Members had an elaborate discussion on their welfare and the meeting proposed some changes

that would ensure they were able to carry on their business seamlessly. The recommendation was to relook at the remaining activities for the year, 2020-21, and align them, and submit a request to GF for approval. Some of the activities that were proposed for reallocation included, the upcoming Retreat, in which members proposed to have a Daily Subsistence Allowance, as opposed to paid up Accommodation, Transport Allowance, as opposed to Pooled transport. The other budget line included Airtime and Bundles support for all the KCM Members. With this inclusion, the support was available for 46 members at Kshs. 4000 months. However, after all savings were put together, the amount need fell short by Kshs. 94,431.

The final activity was the Joint Management and Oversight Committee Meeting, is an existing activity, albeit the fact it was a one-day nonresidential engagement. The reason for this request, was more of an Oversight Activity, that would allow the two committees together with the PRs and Programs to critically look at the Grant Performance this far, identifying bottlenecks, and concord modalities to mitigate. The new activity is proposed to be a residential, with a budget of Kshs. 1,815,000.

Members were informed that the Budget TWG had worked with the KCM Secretariat to draft the reallocation request which was also reviewed by the the Management Committee

Discussions

Following deliberations, Members agreed that: -

The Retreat and the Joint Management Activity was as proposed by Members and hence approved.

That the airtime and bundles support to non-state actors would be translated to monetary support through M-Pesa and would continue to support the non-state actors only within the KCM.

This was however disputed by the KCM Member representing GOK as the support should be extended to all KCM Members across the board.

Members approved the budget lines with amendments as

Proposed by Mr. John Kihui

Seconded by Mr. Phillip Nyakwana

AOB

The meeting was informed that Global will be supporting the COVID-19 fight in 2021. Specific guidelines and application materials will be issued the first week of April 2021.

The meeting was also informed that the SR Selection was ongoing and the TRCs had initiated the process to replace TRC members who will not be available for the assignment i.e., TB TRC one member and HIV TRC one member.

The TB ICC was to nominate a suitable replacement for approval by the KCM, while the KCM was to nominate a suitable replacement for the KCM member providing oversight in HIV TRC.

The Member representing the HIV constituency requested the secretariat to share all KCM meeting invites through a calendar invite

Being no other business, the meeting closed 1.13PM.

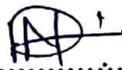


Sign:

Mr. Samuel Muia
KCM Coordinator

14/04/2021

Date:



Sign:

Mr. Peter Njane
Acting Chair

19/05/2021

Date: