



## KENYA COORDINATING MECHANISM

KCM MEETING HELD VIRTUALLY ON 11<sup>th</sup> JUNE, 2021 BETWEEN 10.45 AM AND 1.15PM

### Present

- |                            |                                   |
|----------------------------|-----------------------------------|
| 1. Ms. Susan Mochache, CBS | KCM Chair                         |
| 2. Dr Bernhards Ogutu      | Member/GOK-Chairing               |
| 3. Dr Medhin Tsehau        | Member/ML                         |
| 4. Mr. Peter Njane         | Member/KP Rep-NSA                 |
| 5. Mr. Philip Nyakwana     | Member/PLWD-TB                    |
| 6. Dr Heather Smith        | Member/BL                         |
| 7. Ms. Patricia Kilonzo    | Alternate/Informal Private Sector |
| 8. Mr. Titus Munene        | Member/FBO                        |
| 9. Ms. Pamela Kibunja      | Alternate/NGO Constituency        |
| 10. Ms. Rosemary Kasiba    | Member/KP Rep.-NSA                |
| 11. Mr. Iattif Shaban      | Member/FBO/SUPKEM                 |
| 12. Ms. Eva Muthuri        | Member/PLWD-Malaria               |
| 13. Dr. Daniella Munene    | Alternate/Private Formal Sector   |
| 14. Mr. Samuel Muia        | KCM Coordinator                   |

### In Attendance

- |                          |                                     |
|--------------------------|-------------------------------------|
| 1. Ms. Zilpha Samoei     | Alternate FBO/CHAK                  |
| 2. Mr. Vincent Obwanda   | Alternate/KP Constituency           |
| 3. Mr. Ahmed Said        | KCM Member- Key Populations         |
| 4. Dr Asha Mohamed       | KRCS                                |
| 5. Ms. Lucy Chesire      | TB TRC Chair                        |
| 6. Mr. Ulo Benson        | AMREF HA                            |
| 7. Dr. Bernard Langat    | C19 FR Secretariat Chair            |
| 8. Ms. Margaret Ndubi    | C19 FR Secretariat Vice Chair       |
| 9. Mr. Tom Mogeni        | C19 FR Secretariat Lead Consultant  |
| 10. Dr. Peter Kimuu      | the National Treasury               |
| 11. Ms. Emily Munga      | KRCS                                |
| 12. Ms. Annette Msabeni  | KRCS                                |
| 13. Dr. Catherine Ngugi  | Head, NASCOP                        |
| 14. Dr Erjesa Waqo       | Head, TB Programme                  |
| 15. Dr George Githuka    | Head, NMCP                          |
| 16. Dr Julius Ogato      | Head, D Health System Strengthening |
| 17. Dr. Valeria Makory   | DPPHS- MOH                          |
| 18. Ms. Khalda Mohammed  | Covid 19 writing team member        |
| 19. Mr. Andrew Wamari    | Covid 19 writing team member        |
| 20. Mr. Leonard Kingwara | Covid 19 writing team member        |

21. Mr. John Kabuchi	Covid 19 FR Secretariat
22. Mr. Jeremiah Mbwiria	Covid 19 writing team member
23. Mr. John Wanyungu	Covid 19 writing team member
24. Dr Eunice Omesa	WHO/Covid 19 writing team member
25. Margaret Mundia	KCM Secretariat
26. Mr. Kevin Ogolla	KCM Secretariat

### **Apologies**

1. Ms. Faith Ndung'u	Member/Vice Chair
2. Dr Pierre Bello	Member/BL
3. Ms. Josephine Mwaura	KCM Secretariat

### **Agenda**

1. Introduction/Apologies
2. Remarks by the KCM Chair
3. Declaration of Conflict of Interest
4. Endorsement of C19RM Full Funding Request
  - Presentation by Dr Bernard Langat - C19RM Funding Request Chair
5. Receive Feedback from the Global Fund
  - Implementation of Global Fund Grants by County Governments
  - Approval of C19RM Fast Track Funding Request Application
6. Review and approve TB Subrecipients Selection Committee's Recommendations on selection of innovations to be scaled up under the Kenya Innovation Challenge TB Fund and selection of sub recipients to implement Public Private Mix initiative under the Global Fund 2021 – 2024 grant
  - Presentation by TB SR Selection Committee Chair
7. Confirmation of Minutes of KCM meetings held on 12<sup>th</sup> May,2021 and 9<sup>th</sup> June,2021
8. AOB

### **Min 1/2/6/2021 Introduction/Apologies**

Meeting was called to order at 10.35 am. Opened with a word of prayer.

Apologies are as above.

### **Min 2/2/6/2021 Remarks by the KCM Chair**

The Chair welcomed all participants for finding time to attend the day`s meeting. She appreciated the commitment shown in the fight against HIV, TB, Malaria and strengthening health and community systems in Kenya.

That the Global Fund had so far approved a total of USD 36,926,676 to support COVID-19 response in Kenya and mitigate the potential negative consequences in programs supported by the

Global Fund Grants both at National level, Counties, and community level. That on 7<sup>th</sup> April, 2021 the Global Fund allocated further an additional USD\$ 62,296,526 to support COVID 19 Response in Kenya.

She was happy to inform the meeting that the Global Fund had reviewed and approved the fast-track funding request application submitted on 13<sup>th</sup> May, 2021, the amount approved is USD 31,148,545.

She directed that the Principal Recipients in consultation with the KCM and COVID -19 Task force to use these funds as soon as possible to address COVID 19 Response urgent needs and for the purposes for which the funding was approved.

She informed the meeting that the MOH had made major progress in instituting reforms at KEMSA and also reached out to KEBS to ensure timely procurement and quality clearance of commodities procured under the Global Fund grants.

That the KCM, COVID-19 Task Force and the joint Health sector working Group reviewed and provided inputs to enable finalization of the full funding request application. She informed the meeting that the COVID 19 National Task Force held a meeting same day early in the morning and endorsed the C19 Full funding application.

She appreciated the KCM and the C19RM Funding Request Secretariat for the commitment, time and effort put in developing the full funding request application. Kenya had registered for the 15<sup>th</sup> June, 2021 submission window and that the day's meeting was important to endorse the funding request application to enable timely submission to the Global Fund.

With these few remarks, she wished all in the meeting a very successful meeting.

The chair informed the meeting that she had an important engagement and would be exiting the meeting. The meeting appointed Dr Bernhard Ogutu to chair the meeting as;

Proposed by Mr. Phillip Nyakwana  
Seconded by Dr Medhin Tesha

### **Min 3/2/6/2021 Declaration of Conflict of Interest**

Members were requested to declare their COI

*No conflict of interest was declared.*

### **Min 4/2/6/2021 Endorsement of C19RM Full Funding Request**

Dr Bernard Langat -C19RM Funding request Secretariat Chair, thanked the members for the engagement. That the team had taken into consideration all the member comments and concerns that were drawn from the past KCM meeting, the Joint HSWG and the national Covid 19 Task force meeting. That the presentation was coming to the floor of KCM following endorsement by

the National Covid 19 Taskforce. He welcomed the lead consultant to take members through the full funding Request.

Presentation by Mr. Tom Mogeni C19RM FR Consultant

**Presentation Outline:** Response to KCM/GF CT Comments, Full Funding Request Budget, Decision Point. **Response to KCM & GF CT:** 1. Need to procure additional Gene xperts need to be relooked. Prioritize and invest in improving the utilization rate of the existing 200 xperts. *Response-* Utilisation rate of G/expert reviewed and sites with a performance of over 80% have been considered for additional G/Xpert. (18 facilities). 2. Funding landscape template and other annexes to finalized and shared BCB 10th June,2021. 2. Funding landscape to indicate clearly amounts and C19 components supported by partners/GOK. *Response* Funding landscape advanced draft developed to be validated by COVID-19 task force. 4. Alignment of the prioritized interventions/budgets with the main grant / previous approvals granted for C19RM. *Response* Interventions have been aligned to NFM3 grants through leveraging the NFM3 activities and ensuring no duplication. 5. Key and vulnerable population with regards to COVID 19 cuts across and this needs to be defined further. Need for a deep analysis. *Response* This group has been further analysed based on data available from CC19 situation reports (cases and vaccination). Activities for these groups are include targeting the elderly in risk communication and vaccine hesitancy and compliance to C19 preventive measures: 6. Explore on sustainable way of ensuring adequate supply of PPEs-the need for PPEs is long term. *Response* These issues will be addressed during implementation. 7. Elaborate further social protection support / safe houses. *Response* Provision for social protection and safe houses for KPs have been included in the funding request. 8. Include interventions to address Human rights issues/arrest of hawkers / predisposition to C19. *Response* Police will be targeted for dialogue and sensitisation on responsible policing. 9. Ensure that specific / pre identified SRs are not included in the Narrative. *Response* No pre-selected implementers have been included in the funding request. 10. PRs to adhere to KEBS standards during procurement process. *Response* This issue will be addressed during implementation.

**Summary of C19RM Funding Request:** C19RM Base Allocation amount: *Submission type:* C19RM Fast-track Funding Request- *Amount (US\$)* 31,148,545: *Percent-* 50%. *Submission type-* C19RM Full Funding Request: *Amount (US\$)-* 31,147,981: *Percent-*50%: *Total Amount (US\$)* 62,296,526. *Percent-*100%. C19RM Above Base Allocation amount: *Submission type:* C19RM Full Funding Request: *Amount (US\$)-* 84,706,552.43.

**Budget per category for C19RM Funding Request:** COVID-19 Control and containment interventions. *Amount (US\$)-* 37,189,391.50. *Percent-* 59.70%. COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria. *Amount (US\$)-* 14,687,279.83- *Percent-* 23.58%. Expanded reinforcement of key aspects of health systems and community-led response systems. *Amount (US\$)-* 10,419,854.67. *Percent-*16.72%. *Total- Amount (US\$)-* 62,296,526. *TOTAL Percent-* 100%.

**Prioritisation Approach:** C19RM 2020 award: Interventions and activities funded under the C19RM 2020 award were considered, taking into account whether implementation of activities has been completed or will be carried over to this grant period (with its current funding). Global Fund NFM3 grants: NFM3 grants for HIV, TB, Malaria and RSSH were considered in the prioritization to harness possible synergies with this funding request and to avoid duplication.

Funding from other sources: Funding for interventions from other sources other than Global Funds was also considered to avoid duplication. Gap analysis: The gaps in the response to COVID-19 and the impact of COVID-19 on programmes and on vulnerable and key populations including cross cutting issues such as human rights and gender were analysed and the most critical gaps were identified. Maximizing outcomes: The principle of maximizing results or outcomes from this funding request guided the investment in this funding request. The focus on ensuring interventions have sufficient funding to achieve expected results rather than thinly spreading the funds across several interventions.

**Base Allocation: Full Funding Request per Intervention:** COVID-19 Control and containment interventions: *Intervention:* Risk communication. *Amount (US\$)* 1,969,675.66- 6.32%. *Intervention:* Surveillance and epidemiological investigations and contact tracing- *Amount (US\$)*- 1,169,342.56- 3.75%. COVID Diagnostics and testing- *Amount (US\$)*-2,901,828.65- 9.32%. COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria: *Intervention:* Mitigation for HIV programmes: *Amount (US\$)*- 7,791,871.98-25.02%. *Intervention:* Mitigation for TB programmes: *Amount (US\$)*-4,672,197.11-15.00%. *Intervention:* Mitigation for Malaria programmes: *Amount (US\$)*- 2,223,210.73- 7.14%. Expanded reinforcement of key aspects of health systems and community-led response systems. *Intervention:* HSS - Laboratory systems: *Amount (US\$)*-1,850,887.70- 5.94%. *Intervention:* Gender-Based Violence: *Amount (US\$)*-3,360,674.52-10.79%. *Intervention:* Response to human rights and related gender barriers to services- *Amount (US\$)*:1,307,930.38: 4.20%. *Intervention:* COVID-19 CSS: Community-led monitoring: *Amount (US\$)*-1,242,065.56- 3.99%. *intervention:* COVID-19 CSS: Community-led advocacy and research: *Amount (US\$)*- 614,367.49. 1.97% *Intervention:* COVID-19 CSS: Social mobilization- *Amount (US\$)*: 1,316,546.60-4.23%. *Intervention:* COVID-19 CSS: Community-based organizations institutional capacity building- *Amount (US\$)*: 727,382.44- 2.34%. Total-*Amount (US\$)*: 31,147,981- 100%.

**Above base Allocation: Full Funding Request per Intervention:** Above base Allocation: Full Funding Request per Intervention: COVID-19 Control and containment interventions: *Intervention:* Risk communication: *Amount (US\$)*- 1,525,246: 0.90%. *Intervention:* Surveillance and epidemiological investigations and contact tracing *Amount (US\$)*- 301,843-0.18%. *Intervention:* COVID diagnostics and testing: *Amount (US\$)*- 30,000,000- 17.71%. *Intervention:* Infection prevention and control and protection of the health workforce. *Amount (US\$)*- 11,562,821: 6.83%. *Intervention:* Case management, clinical operations, and therapeutics. *Amount (US\$)*- 33,678,103- 19.88%. *Intervention:* Country-level coordination and planning: *Amount (US\$)*- 217,334-0.13%. COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria: *Intervention:* Mitigation for HIV programmes: *Amount (US\$)*- 3,164,053- 1.87%. *Intervention:* Mitigation for TB programmes: *Amount (US\$)*- 2,412,414- 1.42%. *Intervention:* Mitigation for Malaria programmes: - 0.00%. Expanded reinforcement of key aspects of HSS & CSS: *Intervention:* HSS - Laboratory systems: *Amount (US\$)*- 724,129: 0.43%. *Intervention:* Gender-Based Violence: *Amount (US\$)*- 467,883- 0.28%. *Intervention:* Response to human rights and related gender barriers to services. *Amount (US\$)*- 652,728: 0.39%. Total- 84,706,552.43- 100%. **The ask: KCM Endorsement of the Full Funding Request for Submission to Global Fund.**

The Covid 19 Writing team chair appreciated the Covid 19 writing team for their diligence and hard work that help realize the Covid 19 Funding Request Proposal. He informed the meeting that

the team had not yet finalized on the splits as it was driven by activities and interventions within the grant. Indicative figures however indicated a balance between the State and Non-State PRs

## **DISCUSSION**

The Chair thanked the Writing team Chair and his team for all the exemplary work that has gone into writing the grant. He was happy the team was able to incorporate the members comments and concerns. He opened the meeting for deliberations:

Alternate member representing the Key populations appreciated the Covid 19 writing team. He however raised a concern in the omission of the specific networks by name. He opinionated that leaving community led initiatives unnamed opened room for other non-CBO Organizations participation. He requested the core team to lock the field by state existing networks by name.

Member representing the TB Constituency appreciated the work done by the Covid 19 writing team and for incorporating inputs by members. He however observed that the document still factored in a lot of Laboratory testing and diagnostics. Laboratory systems were well factored in the fast tract. He requested that the Laboratory elements and components are toned down to make room for other community initiatives unless there was a serious gap in the laboratory component. That the above allocation is heavy on diagnostics and surveillance and very little for community interventions. He felt that the above base allocation should be balanced across the board.

Member representing the Bilateral partners thanked the Covid 19 writing team for the presentation. She however raised a concern on the logistics and process of the day`s meeting. She wondered whether the day`s meeting was the last meeting to adopt the Covid 19 Funding Request or would there be another opportunity to address the potential duplication of interventions in the funding request. She informed the meeting that US/PEPFAR had noted that some of interventions that had been prioritized needed further review/discussion. She noted that the support provided by PEPFAR was missing out in the funding landscape template and that there was need to relook at the Funding landscape. That the activities within the current application should fill in the gaps and not double fund what is already funded by the partners. On the Logistics- she requested that the Secretariat adds all the members on the Microsoft Teams network to allow them to utilize the chat feature.

The chair writing team thanked the members for their concerns, On the concerns raised by PEPFAR, he assured the meeting that the writing team will reach out to PEPFAR to provide details on areas of investment. He invited PEPFAR to attend an urgent joint meeting between PEPFAR and the writing team at 2.00pm same day to discuss further the concerns raised. He also added that the Covid 19 writing team had also participated in the initial PEPFAR prioritization meeting. PEPFAR has been represented in the Constituency dialogue meetings and in the writing team.

The team also addressed a delicate balance on the Scope and Scale to ensure geographical coverage of interventions. The team is also validating the funding land scape and the full expression of need, if new information is made available, the team will address the emerging areas. He asked that the members submit their feedback with the writing team for inclusion and consideration as the team still had 2 days to refine the work prior to submission to Global fund. On the logistics, he requested the KCM Secretariat to take that matter up. On the question of diagnostics and testing, he explained

that the full funding had majorly factored in about 50% of the funding to mitigate the effects of Covid-19 on TB, HIV and Malaria. Major Investments had also been factored to support Community interventions.

On the question of the specific Networks to implement Community based initiatives, the Covid-19 writing team understood the process of selecting the networks but remained guided by the KCM and the HSWG.

The Covid 19 Writing team lead Consultant agreed with the Covid 19 writing team chair sentiments by stating that key partners joined the conversations both at the FR Secretariat retreat and meetings in Nairobi as well as virtual encounters. The partner members in the team did not provide actual figures but ensured that there was no duplication.

*The chair thanked the team for their responses. He noted that the current partner support was stretched, and all these factors were considered to ensure that the activities there in complement the current efforts to mitigate effects of covid 19. He welcomed further deliberations on the matter.*

KCM Member representing the Multilateral partners appreciated the writing team and sought clarification on why the above base budget was USD 82 million yet the guidance provided by the Global Fund was that of an equivalent amount with the Base Allocation.

The Chair Writing team noted that the Global fund guidance was of a base of approximately USD 62 million and above base allocation of at least USD 62million hence a flexibility to budget slightly above the base allocation. The Global fund will then apply their cut off and determine what proportion would be funded.

Member representing the Bilateral partners asked the Chair to advise on how the process will follow following the day`s meeting.

The Chair requested the coordinator to highlight on the next steps.

The coordinator informed the meeting that the KCM held a Special meeting on the 9<sup>th</sup> of June, 2021 to specifically review the Covid 19 Full Funding Request. The writing team had incorporated inputs and comments made during the special meeting and was presenting the final request for endorsement.

The KCM Coordinator, highlighted that the KCM meeting was an ordinary meeting for members and PRs to endorse the Covid 19 funding request. The endorsement will follow through the email platform as proof of signing the endorsement form. Earlier in the morning the Funding request had been endorsed by the National Covid 19 task force.

He informed the meeting that since the C19 Writing team had scheduled a joint meeting with PEPFAR the same day at 2.00pm to address the concerns raised, the KCM would proceed and endorse the C19RM Full funding application to ensure that Kenya submits timely the C19RM Full Funding Request to the Global Fund.

The meeting agreed that the Full Funding Covid 19 Funding Request is adopted and endorsed with recommendations. as

**Proposed by Mr. Phillip Nyakwana**  
**Seconded by Ms. Pamela Kibunja**

The Chair thanked the meeting for endorsing the request and requested members and PRs to send endorsement emails as proof of signing the endorsement form.

#### **Min 5/2/6/2021 Receive Feedback from the Global Fund**

- **Implementation of Global Fund Grants by County Governments**
- **Approval of C19RM Fast Track Funding Request Application**

The KCM Coordinator highlighted that the KCM had received feedback from the Global Fund concerning implementation of Global Fund Grants by County Governments.

The KCM submitted to the Global Fund on 31<sup>st</sup> Augst,2021 decision /report on implementation arrangement. Final Grant documents submitted to the Global Fund on 12<sup>th</sup> March,2021 for review including COG Report on County Specific Activities and Budget for 2021 -2024 Implementation Period. The Global Fund Approvals Committee reviewed and approved the grant documents for submission to the Global Fund Board for the final approval. The Global Fund reviewed the request from KCM and report from COG regarding County Specific Activities and Budget for 2021-2024 implementation period and shared feedback/recommendations as follows. **Feedback:** The Global Fund undertook a review of the funding mechanism to Counties and made a decision in 2019 not to Channel funds through the conditional grant mechanism, highlighting the reasons for its decision. The approach of signing 47 sub-recipient agreements with the Counties is equivalent to the approach of entering into conditional grants with the 47 counties and results in similar programmatic challenges and financial risks identified by the Global Fund in its review of the conditional grants mechanism. The inclusion of Counties as sub-recipients under the National Treasury of the Republic of Kenya is therefore not a viable alternative to the conditional grant mechanism. The Global Fund however recognizes the critical role of Counties in the Kenya health sector, particularly pertaining to the delivery of quality health services in health facilities for all Kenyans. **Specific Feedback:** - 1. The Global Fund also recognizes that the counties, as key members of the KCM, played a critical role in country dialogue, funding request development and the grant-making process. This process is now pending the Global Fund Board's approval of the Republic of Kenya's new grants for the period 1 July 2021 to 30 June 2024. 2. In line with this, the Global Fund is committed to continue working with the National Treasury of the Republic of Kenya, the Counties and the Ministry of Health / Disease Programs to enhance the current implementation system by strengthening visibility and ownership of Counties and County Health Management Teams (CHMTs) in the implementation of activities at County level. **Recommendation/Request by the Global Fund:** - The KCM to work with the Principal Recipient (PR) - The National Treasury of the Republic of Kenya and the Ministry of Health / Disease Programs to; 1. Identify, within the approved Global Fund detailed budgets, the programmatic activities that will be implemented in the Counties in close collaboration with the CHMTs.2.



Indicate, where possible, the specific Counties where the identified activities will be implemented. This should be clearly articulated in the comments section (columns BS to BV) of the grant detailed budgets to increase visibility of County-level activities. 3. The PR-TNT, should provide a summary of the indicative/ estimated overall total health products and technologies to be distributed to the 47 Counties. 4. To increase Counties' ownership, the PR and the Ministry of Health / Disease Programs are requested to share the documented process that will be used for informing the County Governments and CHMTs of activities at county level prior to implementation. This will ensure that the county Governments and CHMTs know in advance what will be implemented and are involved in both the planning and implementation processes. 5. The updated detailed budgets reflecting the above measures should be submitted to the **Global Fund by no later than 21 June 2021.**

### **Discussion**

The Chair appreciated the feedback and guidance provided by the Global Fund concerning implementation of Global Funds Grants by county Governments. He opened the floor for member deliberations.

Member representing the TB Constituency appreciated the Global Fund Guidance but was worried about the time limitation provided and that there was need formulate a way forward to address the recommendations.

The KCM Coordinator informed the meeting that the state PR - the National Treasury had joined the meeting and there was need to give them an opportunity contribute on the way forward.

The Chair invited the National Treasury to contribute on the discussion.

Dr. Peter Kimuu representing the National treasury, informed the meeting that as a PR and having participated in the grant making and negotiation process, the Global Fund had provided guidance on the request by the KCM and Counties, the timelines were however very stiff and noted a challenge in convening a physical meeting but expressed optimism that the task could be completed by the 21<sup>st</sup> of June as guided. He suggested that the PR works with the KCM adoc committee on defining implementation arrangements for Global Fund in Counties to accomplish the task ahead.

Phillip reinforced the sentiments by the PR by stating that the secretariat and the National treasury to work on the logistics and road map to review and work on the Global fund request so as to beat the stiff time frames.

### **Way forward**

- The National Treasury to share a road map/ workplan with the KCM of specific tasks to be accomplished to implement the recommendations by the Global Fund.
- The Adoc committee to engage with the PR as per the road map shared and share feedback during the upcoming KCM retreat to be held on 16<sup>th</sup> to 18<sup>th</sup> June 2021.

**Min 6/2/6/2021 Review and approve TB Subrecipients Selection Committee's Recommendations on selection of innovations to be scaled up under the Kenya Innovation Challenge TB Fund and selection of sub recipients to implement Public Private Mix initiative under the Global Fund 2021 – 2024 grant**

**Presentation by TB SR Selection Committee Chair; Global Fund Tuberculosis 2021 – 2024 Grant Selection of Sub Recipients to Implement KIC-Tb and PPM**

Amref Health Africa is the Non State Principal Recipient (PR) for the current GF TB grant (2018 – 2021); KCM selected Amref Health Africa as the Non State PR for the 2021 – 2024 TB grant Activities are implemented in collaboration with Civil Society Organizations engaged as Sub Recipients (SRs), Selection of SRs is done by the PR together with an independent Technical Review Panel (TRP) identified by TB HSWC and endorsed by Kenya Coordinating Mechanism (KCM), TRP reports are presented to TB HSWC and KCM for approval and endorsement; Scope: Selection of KIC-TB innovations for scale up and SRs to support implementation of PPM in the GF TB 2021 – 2024 grant; KCM developed guidelines to be used by PRs in selection of non-state SRs in a timely manner through a competitive, transparent and well documented process, The guidelines standardize the process of SR selection for all non-state PRs

The SR selection is in two stages:

- a) Desk review for SRs implementing ongoing grant and those who score at least 70% are considered to implement the next grant
- b) Open tender to identify SRs to work in counties that remain unallocated

Given uniqueness of KIC-TB innovations the country and GF agreed that the SI advisory committee will develop an evaluation criterion to determine the innovations to continue in the next

The process of selecting innovations for scale up involved the following key steps:

- I. Field visits for data quality audits, technical assistance and verification of adherence to original innovation idea and work plan
- II. Development of criteria for evaluation of KIC-TB innovations
- III. Adaptation of existing programmatic desk review tools to the criteria for selection of innovations
- IV. Population of the programmatic and financial desk review tools by Amref Health Africa
- V. Presentation of programmatic data on innovations and SR financial data to the TRP
- VI. Verification and validation of the data
- VII. Analysis of innovations' performance based on review of programmatic data
- VIII. Discussion of Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the innovations
- IX. Analysis of financial performance of SRs implementing the innovations based on review of financial data
- X. Analysis of average programmatic and financial performance of the innovations
- XI. Recommendations of the TRP on innovations for scale up in the next grant based on analysis of innovations programmatic data, SWOT, and SR financial performance.
- XII. Presentation of TRP recommendations to the SI advisory committee for review and consensus before presentation to the HSWC and KCM

### III. Field visits to KIC-TB implementers

- Field visits were carried out to all 9 organizations implementing the 11 innovations for. The visits were conducted by the PR and SI advisory committee with representatives from DNTLD-P, The National Treasury and Amref.

#### **Finding: Analysis of financial performance of SRs implementing the innovations**

	<b>SR/INNOVATION</b>	<b>Overall Programmatic Achievement</b>	<b>Overall Financial Achievement</b>	<b>Combined programmatic and financial performance</b>
<b>1</b>	North Star - Truck drivers and corridor communities	76%	88%	<b>82%</b>
<b>2</b>	CSP - Schools	74%	88%	<b>81%</b>
<b>3</b>	Sema - Self screening through ATSM	56%	94%	<b>75%</b>
<b>4</b>	RODI – Police stations	64%	81%	<b>72%</b>
<b>5</b>	HEROES OASIS – Arobaini initiative in prisons	64%	69%	<b>67%</b>
<b>6</b>	RESOK - Self screening via USSD	45%	88%	<b>66%</b>
<b>8</b>	RODI – Companies/Industries	49%	81%	<b>65%</b>
<b>7</b>	HFG - Matatu Sector	47%	81%	<b>64%</b>
<b>9</b>	TAC - Toll-free screening call center	35%	88%	<b>61%</b>
<b>10</b>	Heroes Oasis - Self screening via USSD)	49%	69%	<b>59%</b>
<b>11</b>	NAIS – PPM and food incentive	32%	81%	<b>56%</b>

#### **Finding; Analysis of crude cost to diagnose one person with TB**

	<b>Sub/recipient</b>	<b>Expenditure as at end of February 2021</b>	<b>Total number of people diagnosed with TB</b>	<b>Cost per person diagnosed with TB</b>
1	CSP	15,618,787.56	402	38,852.71
2	HEROES OASIS - Arobaini and i-screen	13,097,670.99	125	104,781.37
3	HFG	12,318,430.00	146	84,372.81
4	NAIS	11,308,505.14	60	188,475.09
5	NORTHSTAR	11,844,104.31	360	32,900.29
6	RESOK	13,341,773.02	122	109,358.80
7	RODI - Police & Prisons & Companies	13,381,774.77	81	165,207.10
8	SEMA	16,256,048.22	178	91,326.11
9	TAC	9,776,971.30	143	68,370.43

**Finding; Analysis of average programmatic and financial performance of the innovations**

	<b>SR/INNOVATION</b>	<b>Overall Programmatic Achievement</b>	<b>Overall Financial Achievement</b>	<b>Combined programmatic and financial performance</b>
<b>1</b>	North Star - Truck drivers and corridor communities	76%	88%	<b>82%</b>
<b>2</b>	CSP - Schools	74%	88%	<b>81%</b>
<b>3</b>	Sema - Self screening through ATSM	56%	94%	<b>75%</b>
<b>4</b>	RODI – Police stations	64%	81%	<b>72%</b>
<b>5</b>	HEROES OASIS – Arobaini initiative in prisons	64%	69%	<b>67%</b>

<b>6</b>	RESOK - Self screening via USSD	45%	88%	<b>66%</b>
<b>8</b>	RODI - Companies/Industries	49%	81%	<b>65%</b>
<b>7</b>	HFG - Matatu Sector	47%	81%	<b>64%</b>
<b>9</b>	TAC - Toll-free screening call center	35%	88%	<b>61%</b>
<b>10</b>	Heroes Oasis - Self screening via USSD)	49%	69%	<b>59%</b>
<b>11</b>	NAIS - PPM and food incentive	32%	81%	<b>56%</b>

### Recommendations on innovations for scale up

- Recommendations were based on: analysis of innovations programmatic data and SWOT, and analysis of SR financial performance. A maximum of 6 innovations was to be identified.
- Based on programmatic performance, the top 6 innovations rated against the desk review indicators agreed upon by the SI Committee in order were:
- Expanding TB screening services for truck drivers and corridor communities in Mombasa
- Using school-going children to screen family members and household contacts in Kakamega
- Strengthening TB screening in prisons through enhanced use of champions in Homa Bay
- Expanding TB screening in congregate settings to include detainees in prisons & police cells; prison & police officers, and their families in Kiambu
- Use of Automated Tuberculosis Screening Machine (ATSM) for self-screening of persons seeking services at Huduma Centers, Passport control office and Railway termini in Nairobi
- Expanding TB screening of plantation and industry workers in Kiambu
- Use of USSD platform for self-screening in the community in Homa Bay (tied with TB screening of plantation and industry workers with Kiambu at position 6)
- The two innovations tied at 6<sup>th</sup> position were not recommended as they had serious weaknesses and threats
- The Arobaini initiative implemented in prisons in Homa Bay by Heroes Oasis was not recommended, due to score below 70% in the combined programmatic and financial score and serious financial challenges cited by PR
- Recommendations on innovations for scale up

The following 4 innovations were therefore recommended for scale up:

- Expanding TB screening services for truck drivers and corridor communities in Mombasa.
- Using school-going children to screen family members and household contacts in Kakamega.
- Expanding TB screening in congregate settings to include detainees in prisons & police cells; prison & police officers, and their families in Kiambu, with a focus on police stations and not prisons.
- Use of Automated TB Screening Machine (ATSM) for self-screening of persons seeking services at Huduma Centers, Passport control office and Railway termini in Nairobi
- The SRs implementing the above 4 innovations will continue with implementation in the next grant.

- The PR to work with the SI committee to incorporate evaluations for the innovations that will continue in the next grant

*The recommendations were presented to the SI Advisory Committee on 10<sup>th</sup> May 2021 for consensus*

### **Selection of Sub-Recipients to Support Implementation in the Next Grant Proposed SR selection**

<b>Implementation Arrangement</b>			
<b>20 Counties</b>			
	<b>Cluster 1</b>	<b>Cluster 2</b>	<b>Cluster 3</b>
1	Kericho	Kilifi	Turkana - To be implemented by the SR on the ground
2	Uasin Gishu	Mombasa	
3	Kakamega	Nairobi	
4	Bomet	Kiambu	
5	Homa Bay	Muranga	
6	Kisumu	Machakos	
7	Siaya	Meru	
8	Migori	Makueni	
9	Kisii	Kitui	
10	Nakuru		
<b>For 27 low burden counties, SR on the ground to coordinate with SCTLCS to implement under the oversight of SI committee</b>			

### **TB HSWC recommendations /ask to KCM**

- Approve recommendations on 4 innovations to continue with implementation of KIC-TB in the next grant
- Approve recommendations on the SRs implementing the 4 innovations to continue with implementation in the next grant
- Approve recommendation to select SRs to support implementation of PPM through open tender
- Approve advertisement for SRs to support implementation of PPM

### **DISCUSSION**

The thanked the Chair TB SR selection Committee for the elaborate presentation and welcomed members to make deliberations.

Member ML inquired whether the Counties were involved in the SR selection process and deliberations

The Chair TB Sr selection Committee confirmed that the Counties nominated representatives to join the SR Selection committee and actively participated in the process.

Request by TB SR Selection Committee approved as;

Proposed by Ms. Patricia Kilonzo

Seconded by Ms. Pamela Kibunja.

### **Min 7/2/6/2021 Confirmation of Minutes of KCM meetings held on 12<sup>th</sup> May,2021 and 9<sup>th</sup> June, 2021**

#### **Confirmation of Minutes of KCM meeting held 12<sup>th</sup> May,2021**

**Proposed by Mr. Philip Nyakwana**

**Seconded by Mr. Titus Munene**

#### **Confirmation of minutes of the Special KCM meeting held on 9<sup>th</sup> June,2021**

The minutes were amended to include the request made on 9<sup>th</sup> June,2021 by the informal private sector to be included as one of the constituencies to benefit from the capacity building component prioritized in the C19 Full funding request.

With these changes the minutes were confirmed as;

Proposed by Ms. Patricia Kilonzo

Seconded by Mr. Titus Munene

### **Min 8/2/6/2021 AOB**

1. The coordinator informed the meeting that the KCM had received formal communication from the Formal Private Sector regarding changes in membership. That Ms. Faith Muigai – member representing the Private Informal Sector had successfully completed her term on the Kenya Health care Federation board and the Formal private sector constituency had selected. Dr. Daniella Munene as the substantive member and Dr. Anastacia Nyalita as the alternate member.

The coordinator requested the meeting to approve the changes to enable the new member assume office;

Approved as;

Proposed by Mr. Philip Nyakwana

Seconded by Mr. Titus Munene.

2. The coordinator informed member that the recommendations made during the KCM Retreat in march ,2021 had been implemented and the budget for 2021/2022 was to be discussed during the upcoming retreat.

There being no other business the meeting ended at 1.30pm

Sign:  .....

**Mr. Samuel Muia**  
**KCM Coordinator**

Date: 14/06/2021 .....

Sign:  .....

**Mr. Bernhards Ogutu**  
**Acting Chair**

Date: 15 Jun 2021 .....