



**KENYA COORDINATING MECHANISM
OVERSIGHT COMMITTEE MEETING HELD VIRTUALLY ON 18TH MARCH 2021
BETWEEN 9.10AM TO 1.20 PM.**

Present

- | | |
|-------------------------|---------------------------------------|
| 1. Mr. Phillip Nyakwana | KCM Member-PLWD TB -OC(Chairing) |
| 2. Mr. John Kihui | Member OC- Formal& Private sector |
| 3. Ms. Rose Kaberia | Member OC HIV ICC |
| 4. Dr. Victor Sumbi | Member OC Malaria ICC |
| 5. Dr. Eunice Omesa | Member OC TB ICC |
| 6. Ms. Margaret Ndubi | Co-opted Member OC-UNAID |
| 7. Ms. Josephine Mwaura | KCM Oversight Officer –Taking Minutes |
| 8. Mr. Samuel Muia | KCM Coordinator |

In Attendance

- | | |
|--------------------------|---------------------|
| 1. Ms. Gloria Wandei | AMREF HA-TB Grant |
| 2. Ms. Caroline Mugo | KEMSA |
| 3. Ms. Caroline Gichinga | KEMSA |
| 4. Ms. Irene Gomba | NACC |
| 5. Ms. Evelyne Kibuchi | Alternate OC-TB ICC |
| 6. Ms. Khalda Mohammed | KRCS |
| 7. Dr. Peter Kimuu | TNT |
| 8. Ms. Emily Munga | KRCS |
| 9. Dr. Githuka George | NDMP |
| 10. Dr. Catherine Ngugi | NASCOP |
| 11. Dr. Newton Omale | NASCOP |
| 12. Mr. Donald Apat | AMREF HA |
| 13. Mr. Patrick Igunza | AMREF-Malaria Grant |
| 14. Mr. Antony Miru | TNT |
| 15. Ms. Caroline Ngare | NACC-HIV ICC |
| 16. Mr. Enos Ongoma | KRCS |
| 17. Mr. Gordon | KRCS |
| 18. Ms. Miriam Ngure | KRCS-IGAD TB Grant |
| 19. Mr. Kevin Ogolla | KCM Secretariat |

Absent with Apologies

- | | |
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| 1. Dr. Terezah Alwar | Alternate OC-HIV ICC |
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1. Ms. Medhin Tsehaiu
2. Dr. Nazila Ganatra
3. Mr. Bernhards Ogutu

Multilaterals
HSWG Chair
Chair Oversight Committee

Agenda

1. Introduction/Apologies
2. Opening Remarks by the Oversight Committee Chair
3. Declaration of Conflict of interest.
4. Update on implementation of IGAD GF Grant
5. Presentation and Review of Dashboards /ICC Recommendations for period 12/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants
6. Confirmation of minutes of Oversight Committee Meeting held on 21st January,2021 and matters arising
7. A.O.B

Min1/1/3/2021 Introduction/Apologies

Meeting called to order at 9.10am. Introductions were made on the chart box.

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

Mr. Phillip Nyakwana- Member representing the TB Constituency was requested to hold front as acting chair following apologies by the substantive Chair.

As Proposed by Dr. Victor Sumbi
Seconded by Ms. Rose Kaberia

Min2/1/3/2021 Opening Remarks by the Oversight Committee Chair

The chair welcomed members on the call. He noted that oversight is one of the key roles of KCM on the Global Fund Grant. That the Oversight Committee had made resolutions and asked that all team players ensured that follow up on recommendations and subsequent implementation as guided by the oversight Committee is adhered to.

He wished the team healthy deliberations and asked that members interact with the documents and give a progressive way forward to ensure that grant oversight is achieved by all.

Min3/1/3/2021 Declaration of Conflict of interest

No conflict of Interest was declared.

Min2/1/3/2021 Update on implementation of GF IGAD Grant.

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

Presentation Outline: Programmatic achievements; Financial achievements; Health Sector Working Group (HSWG) Recommendations; Oversight Committee decisions/actions/requests

Programmatic achievements: Number of notified cases of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapses *Target 900 Achieved 494 -55%* *Comments:* Low ACF due reduced community activities and facility visits. Percentage of reporting units reporting no stock outs of anti TB drugs on the last day of the quarter. *Target 5 Achieved 5 -100%*. # of new and relapse TB patients who had an HIV test result recorded in the TB register. *Target 494 Achieved 491 -98%* *Comments:* The 3 had already tested. **Programmatic achievement against targets:** Number of bacteriologically confirmed drug resistance TB cases (RR and MDR-TB) notified *Target 5 Achieved 13 -33%* *Comments* Low utilization of genexpert. Number of cases with drug resistance TB (RR TB and or MDR TB) that began second line treatment *Target 5 Achieved 5 -100%* *Comments* All were put on injection free regimen. Number of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year *Target 494 Achieved 250 -51%* *Comments* Stock out of cartridges and falcon tubes, scheduled sample referral in Kalobeyei. Financial achievements: *Cumulative Budget \$ 506,573 Cumulative Expenditure \$ 396,433 Commitments \$ - Absorption rate (%) 78%*. **Remarks on Funds Utilization, management actions if any and highlight any need for reallocation or reprogramming. Cumulatively the project's underutilised funds is \$110, 140. Out of this \$ 46,598 is deferred activities and balance of \$63,542 are savings for reprogramming/reallocation.** Health Sector Working Group (HSWG) Recommendations: KRCS IGAD TB grant to make quarterly presentation to ICC *ICC recommendation* KRCS has been added to mailing list. Made a presentation in the previous quarterly ICC meeting. Oversight Committee decisions/actions/requests: Oversight field visit to Dadaab and Kakuma; *Oversight Committee action*, Request to provide KCMTB technical and ICC representation.

DISCUSSIONS

The Chair thanked the IGAD team for their well thought out presentation. He opened the meeting for deliberations.

Dr. Eunice Omesa welcomed the IGAD- TB Grant team on board the TB HSWG. She however sought clarity on the reasons as to why the grant had received low utilization of the gene expert machines yet the refugee camps had elaborate populations there in; Whether it was occasioned by a limited supply of commodity or it was demand related. She sought indication on what the utilization were in the previous quarter for comparison purposes and wondered why the refugee camp had noted a stockout of Gene expert commodities yet the NTBLP had indicated that there were enough stocks within the country and whether this was attributed to non-comprehensive reporting issues on the ground. She asked for a clarification on what issues surround the performance of the gene expert machines as it is advocated as first line in diagnosis of TB within the refugee Population

The KCM Coordinator thanked the IGAD team for the well thought presentation and enquired on what strategies had been put in place to ensure that the targets set are met and whether there were any programmatic bottle necks the KCM/ the Oversight Committee could help in unlocking.

Mr. John Kihui wondered whether the regional grant implementation was only at refugee camps or the IGAD Grant implemented in other areas.

Ms. Miriam Ngure representing the KRCS IGAD Grant in response stated that programmatically, the IGAD grant was operational at the Kakuma, Dadaab refugee camps and Kalobeyi Settlements only. She highlighted that the team had put some strategies in place to ensure the targets were met. They included 1. A planned TB mass screening in conjunction with the NTBLP that would offer support in ensuring commodity availability. 2. Through strengthening active case finding from the communities. 2. Through a Planned virtual meeting with health care workers to ensure missed opportunities are identified and addressed and conducting lastly the team had also undertaken a Monthly monitoring of the grant to ensure that gaps are addressed promptly.

On the issue of availability of Genexpert cartridges and falcon tubes, Ms. Ngure appreciated that there was a reporting challenge not only in the refugee camps but from the county as well and planned to have a sensitization of county staff on the same. That Gene expert utilization was based on availability of over stretched gene expert machine in each camp and further hampered by the prolonged power outages.

The chair thanked the IGAD Team for joining the TB HSWWG which would allow the KCM Visibility of both financial and programmatic aspects of the grant. He asked the team to share the proposed date of the IGAD Oversight field visit noting that depending on the number of slots available the KCM TB representative and TB ICC should be given preference due to their expertise on TB Matters. In addition, the chair recommended that the IGAD Team to team up with the National TB and Leprosy program and KCM Secretariat to create synergy and ensure all their programs hurdles are addressed.

Ms. Miriam Ngure representing the IGAD TB Grant advised that the proposed dates were at 19th to 23rd April 2021 and the IGAD Grant had a provision of 2 slots for the KCM/ICC Team.

The meeting unanimously agreed that the KCM Member representing the TB Community and the TB ICC Representative would undertake the planned oversight field visit.

The meeting was also informed that the regional IGAD Grant had sent a request regarding the constitution of its Oversight Committee and provided 2 slots for Kenya to join the IGAD Oversight committee.

Being a TB Grant, the meeting agreed that the representation would be drawn from the TB ICC and KCM TB Member ie Mr. Phillip Nyakwana and Dr. Eunice Omesa where the Oversight Officer would offer support. Recommendation was made that once an additional slot was available then the Informal Private Sector would be slotted in.

Min2/1/3/2021 Presentation and Review of Dashboards /ICC Recommendations for period 12/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants

Members were informed that following their presentations, the PRs, would update the meeting on their C19 implementation status.

Principal Recipient			National Treasury (US DOLLARS)			KRCS	AMREF HA	
Grant	HIV	HIV GoK Co-Funding (KSH)	TB	TB GoK Co-Funding	MALARI A	HIV	TB	MALARI A
Rating	B1	B1	A2	A2	B2	B1	B1	B1
Grant Budget (USD)	190,295,823	2,246,925,000	36,636,511	465,000,000	72,425,868		40,324,780	
Cumulative Budget as @ Dec 2020	140,964,105		32,141,314			67,423,971	32,820,871	14,808,808
Cumulative Expenditure	84,913,593	190,880,960	24,677,486	274,765,368	17,559,176	57,286,690	29,387,451	11,342,897
Commitments	29,009,953	2,056,044,040	920,624	190,234,632	17,503,596	2,939,340	3,433,419	126,120
Obligations	47,588,397		383,445		2,928,170			
Absorption+ Commitments P8+ Expenditure	60%	8%	77%	59%	52%	89%	72.9%	77%

TB HSWG RECOMMENDATIONS.

Presentation by Dr. Eunice Omesa

Request 1:

Support and follow up for Tax waiver

The country, through KCM, has in the past requested the GF to consider excluding goods and services worth USD 2,000 from Value Added Tax (VAT).

The PR 2 requested that the KCM follow-up with Global Fund for official communication on the request.

Request 2:

Request on the reallocation of funds

The TB program requests for USD 293,035 to: **RSSH: Health management information systems and M&E (Module). Intervention** Administrative and finance data sources. **Activity Description** 14.3.2: Conduct county and national TB data review and cohort analysis meetings (quarterly) **Q14** 293,035. **Comments** The program proposes to hold biannual County Quality Improvement review meeting in the period April-June 2021 to review TB implementation interventions. These will be a two-day meeting where counties will be clustered to undertake data review, share experiences and develop quality improvement initiatives with support from the national office. This is a critical meeting to help the program analyze the performance of the ending GF NFM2 grant in June 2021. **Program management (Module). Intervention** Grant management **Activity Description** 15.1.7. Missions, Spot checks, and Oversight Visits - NSP Mid-term review **Q14** 158,865. **Comments** The program has developed a budget for NSP Mid-term review which has been partially funded by partners and has gaps. This is therefore to request to utilize grant savings and reallocate USD 158,865 to cover the gaps as Field visits support for National and County representatives USD 75,281- Support for lead consultant USD 11,457- NSP write up and addendum USD 72,126

HIV ICC RECOMMENDATIONS

Main agenda was Global fund implementation status from the two PRs-NT&KRCS as well as PEPFAR update on performance

The Chair and the Co-Chair moderated the meeting. PRs/programs to Fast track Grant Implementation to accelerate funds absorption rate and ensure minimal returns at the end of the grant period.

High level engagements between the USG-PEPFAR and MOH on; Possibility of tax exemptions, quantification efforts, distribution channels. Emphasis on need to maintain a single commodity supply chain as per the KEMSA Act. Finalize on commodity discussions and gaps within the supply chain.

Guidance from KCM on documentation of lessons learnt and best practices from the current Grant to better improve efficiencies in the upcoming Grant 2021-2024. County Governments to streamline Partner transition period to ensure minimal disruptions on service delivery.

KCM-MOH to provide way forward on the Court ruling on testing by non-medical laboratory personnel which is affecting the HIV programmes especially HTS and PMTCT. *Update on review of the HAPCA Act including changes in terms of mandate and task shifting/sharing*

KRCS to speed up the completion of the PLHIV stigma index survey. *Scheduled for completion by June 2021*

PEPFAR to get back to the ICC with a written response on how COVID-19 has impacted on implementation

MALARIA ICC RECOMMENDATIONS

TNT was informed that they needed to be cognizant of the fact that PMI who is a major contributor to the three disease areas had terminated its contract with Kemsas and it is not clear who will be used in its commodity distribution

Court ruling on task-sharing has affected malaria testing by CHVs particularly in Kisumu and Vihiga Counties.

ICC recommend ended that; The MOH is arbitrating the matter with KMLTTB/AKMLSO. Request for KCM to help expedite resolution of the matter. Progress made include Amref HA working with the national program to ensure guidelines for the roll out of community case management is expedited. Kisumu County to reinstate testing following a consultative process within the county parliament.

DUSCUSSIONS

The Chair thanked the PRs for the presentation and opened the meeting for deliberations

The KCM Coordinator clarified that the KCM had followed up on the tax exemption threshold with the GF and the Information communicated to the PRS. That the tax exemption issue was not only a KCM issue but for all team players to lock in their wisdom to solve the time barred tax exemption under their dockets guided by the LFA and the Global Fund. That the Global Fund Communicated that the tax exemption under the Global Fund grants regulations 2014 is mandatory as per the framework agreement. The PRs are now required to claim all the tax exemptions for collective amounts above Ksh. 2000; account for all payment and claim for the waivers periodically.

Ms. Gloria Wandeyi representing Amref HA noted that Amref HA ran a financial exposure of Ksh. 22Million following time barred tax exemptions and wondered how the issue would play out and impact grant implementation by Amref HA.

Co-opted Member Representing UNAIDS noted the time barred VAT tax resulted from renovations at AMREF HA. She enquired on whether Amref HA had roped in the TNT Tax

exemption Department to re-look the circumstances by which the VAT was accrued and acquired feedback on the same and hence forge a way forward.

Ms. Gloria Wandeyi clarified that AMREF HA had engaged TNT and the discussions were on going between the LFA and the Global Fund and Amref HA was seeking to settle the amounts from accrued interests. That a detailed package was available following the meetings; information that would be shared with the secretariat. That meetings had been scheduled in the working weeks however she brought it up due to the pressure to always mention it in the KCM meetings.

The chair moved that a meeting between the LFA, PRs, and TNT needed to have discussions on the time barred VAT matter and share a report with the Oversight committee in the next meeting. That the KCM Chair may be contacted to help address the time barred issues if need arose.

Dr. Kimuu Representing TNT/PR1 noted that procedurally that any reallocation request from the ICC is first reviewed comprehensively by the PR. He advised that the request for reallocation by the TB HSWG are still in the consultative phase and the PR was still reviewing the feasibility of the request before submission to the Oversight Committee.

The meeting advised that the TB HSWG and PR1 have the discussions and agree on the reallocation request before it is brought to the oversight Committee and subsequent submission to KCM. The request needed to be fast-tracked and submitted within one week (25th March 2021 as the requests are time barred. Approval would happen on the online platform.

Co-opted Member Representing UNAIDS highlighted that AMREF HA in their presentation noted a disbursement of 58.2Million and an expenditure of Khs. 29.3 Million. She wondered how they were able to expend more than they disbursed.

The chair also added that a presentation on the quarterly achievements among the PRs should be diarized and there is need of having a tool that monitors the most current information on indicators. He asked for clarity on specific stages the commodities were and added that all procurements needed to be fast-tracked to ensure distribution costs are covered within the current grant. It was also important to involve the communities in carrying out the activities especially when activities are rolled out.

Gloria Wandeyi clarified that on the difference between disbursed vis/vie expenditures, Amref Ha had a rollover fund from NFM1 of about 1.2 Million USD. GF disbursed less the in-country funds hence the PR2 was able to implement.

Ms. Rose Kaberia Member of the Oversight Committee noted that Kemsas had some procurement issues and there was need for KEMSA to be very keen on set timelines as the communities are challenged especially when it came to supply of the Covid 19 commodities.

Ms. Caroline Gichinga representing Global Fund-Kemsas noted that a lot of C-19 products had come through to Kenya and all commodities were under evaluation and Kemsas was expediting the process to ensure that all the contracts are in place and all deliveries are made by June. She invited her counterpart to give weighted and specified clarifications on the Covid 19 commodities. She purposed to provide the current updates on all outstanding matters as requested by the Oversight Committee by 25th of March 2021.

Ms. Caroline Mugo representing GF- Kemsas Noted that the C-19 commodities were to be procured within two disease grants- HIV and TB Grant. *Procurements under the TB Grant – C19* fell under 2 component processes- 1) procured by the Global Fund pull Procurement and that to be procured by Kemsas. *C19 Kemsas Procurement totaling 4.95 Million* 1- 9th November TNT Advised Kemsas to terminate the procurement processes initiated on behalf of the HIV Grant until Kemsas received the revised specifications from the user. Revised specifications were received in 15th January 2021 to procure Covid 19. Progressed -2nd February 2021 Kemsas tenders advertised. 2). Direct Procurements- A). Oral Cephid test; already concluded, contracted and awaiting delivery in April 2021. B). Dan Gene Kit – Tender closed on 24th February 2021- Currently under review by the LFA. C). Tiana Kit- concluded and forwarded to GF for review. Tenders –closed in 30th March under evaluation stage by the LFA. *Covid 19 under the HIV Grant commodities: Totaling to 3,872,365.92 – Request received in September 2020 and Procurement initiated.* That 19th November TNT Advised Kemsas to terminate the procurement processes initiated on behalf of the HIV Grant until Kemsas received the revised specifications from the user. Revised specifications were received in 15th January 2021 to procure Covid 19. Progressed -2nd February 2021 Kemsas tenders advertised. Tender supply of 1). laboratory consumables; Advertised and closed in 2nd March 2021- currently in evaluation stage. 2). Direct Procurements- A). Oral Cephid test; already concluded, contracted and awaiting delivery in April 2021. B). Dan Gene Kit – Tender closed on 24th February 2021- Currently under review by the LFA. C). Tiana Kit- concluded and forwarded to GF for review *GF Wambo- 8.9 M-* Orders approved and GF has confirmed deliveries as at 1st June 2021.

Mr. John Kihiu Member Oversight Committee noted that perennial issues like the tax waiver and the proficiency issues by Kemsas needed to be forwarded to the KCM Chair to advice and deal with them.

The KCM Coordinator thanked Ms. Gichinga for the comprehensive response but there was need to Indicate the most current C19 Procurement status updates across the three grants with information on what is to be delivered/indicating specific commodities and distribution plans to ensure the C19 Funds are utilized by June 30th as advised by the Global Fund he added that soon the countries would be invited to apply for additional C19 funding from the GF and it was not clear how the current status of slowed procurement would implicate the process. Lastly, he requested the team to fast track all procurement issues.

Ms. Margaret Ndubi noted that all PRs had delays in procurement of the C19 Commodities and would be required to submit additional information on their most current Covid 19 update status indicating the amount and expected dates of delivery. She requested Kemsas to state what amount of the original TNT/KEMSA Obligation of 47 Million from Quarter 12 had been delivered.

The Oversight Officer informed the meeting that the Oversight Committee in its quest to appreciate the most recent data had formulated a monthly monitoring tool that would review the most recent financial and high priority pending areas that would be administered to the PRs on a monthly basis as a continuous consultative process between the oversight Committee and the PRs to ensure all or most of the pending activities are realized by the end of the grant. She informed the meeting that the PRs would be able to share their most recent information by 25th of every month following completion of all financial reconciliation from their end.

The chair requested the PRs to Fastrack the implantation of activities within the indicators to ensure the grant absorption improves. He sought clarity on why the HIV ICC had included a presentation by PEPFAR in the Global Fund Presentation.

Ms. Carol Ngare representing NACC clarified that the commodities and disease areas covered by PEPFAR and the Global Fund were interrelated and she looked forward to an expanded KCM Mandate that will ensure issues are comprehensively dealt with including those not funded by the Global Fund.

Oversight Officer thanked the PRs for their input. They were reminded to ensure they submitted the grant monthly monitoring tool indicating the financial information and any pending high priority activities. The meeting was also informed that the SAP Soft ware was no longer working, and the PRs were required to generate new feed files/ dash boards as generated by GIZ and Frontline Aids.

The Stakeholders were requested to drop off the call to allow the Oversight Committee to deliberate on in house issues.

Min 6/1/3/2021 The Confirmation of minutes of Oversight Committee Meeting held on 21st January,2021 and matters arising

Members were taken through the minutes meeting held on the 21st January 2021 and Matters Arising. The Minutes were endorsed as a true record of the days meeting as

Proposed by Ms. Rose Kaberia

Seconded by Ms. Margaret Ndubi

MATTERS ARISING

1.Update on the Kemsas Warehouse Construction. *Persons Responsible* KEMSA Update Handing over of phase Completed yesterday- 4th March,2021.2. Clarification on outstanding LLIN procurement/Deliveries/contractual agreement. *Persons Responsible* KEMSA/PR1/DNMP. Update On-Going. Procurement through WAMBO initiated. NMCP optimistic that all/Part of the consignment of the LLINS will be delivered before 30th June,2021. Kemsas/GF are exploring all avenues to ensure the consignment is in the country before grant closure. 3.Status Update on The VAT on PMI Procured products. Need to Set aside funds to cover VAT and IDF/ RDL levies for PMI-funded commodities going forward. *Persons Responsible* KEMSA/KCM/PRS Update DONE/Resolved. Kemsas has received money allocation that would be able to clear the outstanding issues.4.Status update on ABV/LUM/ AZT Syrup/ TND/ MRDTS/Nevirapine/ Syphilis dual kit/Nutritional Commodities stock status *Persons Responsible* KEMSA. **KEMSA would be sharing an updated commodity status within a weeks' time.** 6.*Share Presentation on lessons learnt and best practices* *Persons Responsible* KEMSA Update On-Going. 7.Reallocation request by

Amref HA on the Malaria Grant/Reviewed by Malaria ICC. Oversight committee 21st January meeting and recommended by the KCM Persons *Responsible* AMREF *Update* DONE. 9. Share status update on the PLHIV stigma index survey. *Persons Responsible* KRCS. *Update* Have completed the focus group discussions. Currently undertaking Individual interviews in the 47 counties. Exercise should come to an end on 12th march. Data analysis and report writing is scheduled to commence from the week of 15th March 2021. 11. Status update on the court ruling on testing by non-medical laboratory staff. *Persons Responsible* MOH/PR1. *Update* On-Going. MOH exploring viability of having a policy change on the issue. Issue is being looked at by the legal department. MOH will hold a brainstorming workshop with all stakeholder; have public participation; 12. Status update of stipend payment of CHV incentives in 5 Counties (Kakamega, Homabay, Migori, Kisii and Nyamira). *Persons Responsible* COG/Counties/MOH/KCM/PRs. *Update* On- Going conversation between COG and Counties. County Governments looking to have legislative changes to factor in the Staff. COG to do a reminder to the counties on the same issue. All Governors will be holding a high-stake meeting on Tuesday 9th and absorption of GF staff within the counties. 14. Remittance of NHIF contributions for DRTB patients. Last payment done in July 2020/NTLP *Persons Responsible* PR1/ NTLP *Update* On-Going. All Payments vouchers for NHIF in Process. 15. *Document lessons learnt/ Best Practices from current grant to ensure efficiencies in the upcoming grant* *Persons Responsible* Funding Request Secretariat /PRs. *Update* **KRCS** shared their lessons learnt with the HIV ICC in the last meeting. Currently undertaking an external Evaluation and will communicate findings on completion. 16. **KRCS/IGAD Grant:** Oversight field visit to Kakuma/Dadaab refugee camps. *Persons Responsible* KRCS. *Update* Planning meeting held on 23rd February 2021. Oversight field visit scheduled for 19th to 23rd April 2021. Developing a TOR highlighting key intended outcomes for the visit. Team composition 2 KCM/ 2 Secretariat. 2/RAS reps, 2 NTLP reps, 2 KRCS reps. 17. Status update on acquisition the Gene Expert machines/Gene expert Samples collection modalities. *Persons Responsible* COG/Counties/TB Programme. *Update* Conversation at county are on-going to ensure reinvestment in gene expert machines in Sub counties and improve the logistics (delivery of specimen and collection of results). Looking to enhance local logistical mechanisms to have sample transportation ridders in form of Boda Boda and Tuk Tuk. 18. Address infrastructural challenges/ Inadequate staff in public health facilities in the counties. *Persons Responsible* COG/Counties. *Update* Counties have initiated staff recruitment on PnP, and Contract basis. 19. Multisectoral C19 issues- Inadequate testing kits; sample collection; staffing; data management; insufficient PPES *Persons Responsible* COG/Counties *Update* Counties working closely with the national government and PRs to ensure that C19 is mitigated within the counties

WAY FORWARD

1. Kemsal to prepare a write up and submit to the Oversight committee in the next one week. Indicating the most current C19 Procurement status updates across the three grants; have a tracker on what is to be delivered/indicating specific commodities and distribution plan to ensure the C19 Funds are utilized by June 30th as advised by the Global Fund. Indicate any operational bottlenecks it may be experiencing and indicate any support that Kemsal may require from the KCM in unlocking any bottlenecks by 25th March 2021.

2. Kemsas to state what amount of the original TNT/KEMSA Obligation of 47 Million has been delivered.
3. Kemsas to give a status update on the Kemsas warehouse construction.
4. All PRs to submit additional information on their most current Covid 19 update status indicating the amount and expected dates of delivery.
5. All PRs to dually fill the Monthly Grant monitoring tool and transmit the filled grant monitoring tools to the oversight committee will allow for feedbacks to the PRs before the next Grant review.
6. Reach out to COG in replacement of their member who exited the oversight committee.
7. Oversight Committee to all work on the received data; feedback is evaluated with the smaller 6-man committee meeting which will be communicated back to the committee and subsequently to PRs.
8. Tool to capture key issues/ most current high budget activities/items

Min 7/1/3/2021 A.O.B

The meeting was informed that Dr. Ischar Oluoch had successfully completed her term on the KCM and in extension on the oversight Committee. That the secretariat would be reaching out to the COG for a replacement on the Oversight Committee.

Members agreed that the monthly monitoring tool responses would be received by the 25th of every month; the responses would then be circulated to all oversight Committee members for inputs and reconsiderations by 1st of every month which would be transmitted to the smaller team for deliberations by 3rd of every month and finally feedback to the PRs by 10th of every month in readiness for PR responses to the next month engagement. Threshold will be dependent on the PR key activities.

The Oversight Committee smaller team to be constituted with 6 members to include Chair Oversight Committee- Dr. Bernhard's Ogutu, Ms. Margaret Ndubi, Dr. Victor Sumbi, Mr. Phillip Nyakwana, Dr. Eunice Omesa and Ms. Rose Kaberia and the Oversight Officer.

Oversight Committee Members were requested to submit and file their CVs to the KCM Secretariat in line with the Global Fund (EPA) Eligibility Requirements.

The Oversight Committee was informed that soon it would be looking to update the Oversight Plan and would be informed of the progress.

That Kenya had been selected to participate in the GF evolution processes and all members were requested to participate. That the Secretariat would be sharing the road map by Close of Business that day to allow members input on the same.

That the African Constituency bureau was developing African voice messages and had invited CCM Kenya to partake in the process. Members were requested to share pictures and posters in mockup style as per instructions shared.

Members were thanked for the high-level commitment and taking time to listen and evaluate the performance of the GF Grants.

There being no other business the Meeting Closed with a word of prayer at 1.20PM.

Sign:

Mr. Samuel Muia: KCM Coordinator

Date:

Sign:

Dr. Bernhards Ogutu - Chair Oversight Committee

Date: