



**KENYA COORDINATING MECHANISM  
OVERSIGHT COMMITTEE MEETING HELD VIRTUALLY ON 12<sup>TH</sup> AUGUST 2021  
BETWEEN 9.05AM TO 2.18 PM.**

**Present**

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

**In Attendance**

- |                          |                     |
|--------------------------|---------------------|
| 1. Ms. Gloria Wandei     | AMREF HA-TB Grant   |
| 2. Ms. Caroline Mugo     | KEMSA               |
| 3. Ms. Caroline Gichinga | KEMSA               |
| 4. Dr. Waqo Erjesa       | NDTBP               |
| 5. Ms. Evelyne Oyamo     | KEMSA               |
| 6. Dr. Peter Kimuu       | TNT                 |
| 7. Ms. Emily Munga       | KRCS                |
| 8. Mr. George Muia       | KRCS                |
| 9. Dr. Githuka George    | NDMP                |
| 10. Mr. Donald Apat      | AMREF HA            |
| 11. Mr. Patrick Igunza   | AMREF-Malaria Grant |
| 12. Mr. Antony Miru      | TNT                 |
| 13. Ms. Phirez Ongeru    | DNMP                |
| 14. Ms. Caroline Ngare   | NACC-HIV ICC        |
| 15. Mr. Enos Ongoma      | KRCS                |
| 16. Mr. Gordon Aomo      | KRCS                |
| 17. Mr. Ulo Benson       | AMREF HA            |
| 18. Dr. Violet Oramisi   | NASCOP              |
| 19. Ms. Miriam Ngure     | KRCS-IGAD TB Grant  |
| 20. Mr. Patrick Igunza   | AMREF HA            |
| 21. Mr. Kevin Ogolla     | KCM Secretariat     |

## **Absent with Apologies**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Ms. Medhin Tsehau  | Multilaterals         |
| 2. Dr. Nazila Ganatra | HSWG Chair            |
| 3. Dr. Victor Sumbi   | Member OC Malaria ICC |

## **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 13/Updates on implementation of previous recommendations (10) minutes per PR/grant including handover)/update on implementation of GF C19 Grants
6. Roll out/ Implementation Plan for GF NFM 3 Grants (1<sup>st</sup> July 2021 to June 2024)
  - Presentation by the National Treasury, Amref Health Africa and KRCS
7. Confirmation of minutes of the Joint Oversight and Management Committee meeting held on 20<sup>th</sup> & 21<sup>st</sup> May 2021 and matters arising
8. A.O.B

### **Min 1/1/08/2021 Introduction/Apologies**

Meeting called to order at 9.05am. Opened with a word of prayer.

Introductions were made on the chart box.

Members were taken through the agenda of the day as outlined above and adopted as

### **Proposed by Mr. Philip Nyakwana**

**Seconded by Ms. Phirez Onger**

### **Min 2/1/08/2021 Opening Remarks by the Oversight Committee Chair**

The oversight Committee chair welcomed all members to the call and informed the meeting, that the days engagement was timely as the country closed the 2018/20121 grant. The was hence needed for leveraging on the successes there in as all stakeholders rolled in the new grant.

He requested the members to work together to ensure the grant kick starts well and has optimum realization of gains as compared to the previous grant. He asked that all members work together to ensure the meeting comes to a logical conclusion and within the stipulated time frames.

With those few remarks, he wished everyone fruitful deliberations.

### **Min 3/1/08/2021 Declaration of Conflict of interest.**

No conflict of Interest was declared.

### **Min 4/1/08/2021 Update on implementation of IGAD GF Grant**

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

**Presentation Outline;** Project Description; Project Aims; Programmatic achievements; Financial updates. **Project Description Grant Start Date:** April 01, 2019. **Grant Closing Date:** March 31, 2022. TB grant implemented in Dadaab and Kakuma refugee camps. **Project Goal;** To compliment member States' efforts to realizing the ending of TB in the region. **Project Objectives;** To strengthen capacity for TB and MDR-TB diagnosis and TB (TB/HIV) service provision in refugee camps including cross border health facilities. To strengthen in-country and cross border collaboration of NTPs/NAPs for improved TB (and TB/HIV) service provision among refugees. **Project Aims:** Support active case finding in the prioritized refugee camps & settlements. Provide training to health care providers on TB and MDR TB diagnosis and provision of integrated TB and HIV services drawn from HFs in the prioritized refugee camps/settlements. Support the integrated implementation of TB and HIV services in the refugee camps. Improve the availability of TB and MDR -TB diagnostic services in the refugee camps through availing Gene Xpert machines in selected strategic locations. Strengthen the Inter and in –country Cross border health collaboration for improved TB and TB/HIV service in cross border areas and refuge settings. Conducting quarterly supervision to SRs and the sub- sub recipients. **IGAD Financial Achievements:** Cumulative Budget: \$655,089. Cumulative Expenditure- \$512,884; Commitments- \$31,905. Absorption rate (%)- 83%; **Remarks on Funds Utilization, management actions if any/ highlight any need for reallocation or reprogramming. Significant absorption on:** TB & Prevention module (83%)- Reallocation sought and granted to use the underutilized funds to support CHVs Stipends in the last quarter of grant implementation. MDR (78%)- MDR refresher training is currently on going. This will be fully implemented and reported in the next quarter. Program Management (83%)- Savings realized to sought for approval to reallocate the funds. **Field Visits Key Findings** Treatment success rate high at 100%- Attributed to DOTs. Quality data management that is used for decision making. The TB case notification has been on the decline-Strengthen ACF among the new arrivals. Lack of county resource mobilization in preparation of taking charge of the Dadaab refugee after closure.

## **DISCUSSIONS**

*The chair appreciated the presenter and opened the meeting for deliberation*

The oversight Officer enquired on whether the KRCS had a major issue or ask that would warrant the KCM or Oversight Committee intervention make deliberates and further determination on?

Miriam Nguire- KRCS noted that the oversight field visit just conducted to Kakuma and Dadaab had sorted most of the issues on the ground and as per this morning her team did not have any new request. She appreciated the support rendered to the KRCS during implementation phase of the grant.

**Min 5/1/08/2021 Presentation and Review of Dashboards /ICC Recommendations for period 13/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 C0-Funding	MALARIA	HIV	TB	MALARI A
Rating	B1	B1	A2	A2		A1	B1	B1
Grant Budget (USD)	190,295,823	2,246,925,000	36,636,511	465,000,000			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		57,286,690	29,387,451	11,342,897
Commitments	29,009,953	2,056,044,040	920,624	190,234,632		2,939,340	3,433,419	126,120
Obligations	47,588,397		383,445					
Absorption+ Commitments P8+ Expenditure	60%	8%	77%	59%		89%	72.9%	77%

*\*The Oversight Committee did not receive any dashboards and presentations from the Malaria TNT grant.*

**Kenya C19 RM FUNDING LANDSCAPE**

C19RM Allocation	Funding Date of Notification Letter	Country Allocation in USD	TNT PR Allocation in USD	Non-State PRs Allocation in USD
First allocation	16-Jun-20	16,612,406.00	6,013,902.13	10,598,503.87
Second allocation	03-Aug-20	8,306,205.00	5,826,924.00	2,479,281.00
Third allocation	22-Dec-20	12,008,065.00	9,967,444.00	2,040,621.00
Fourth allocation (fast track)	28-May-21	31,148,545.00	12,459,301.00	18,689,244.00
Fourth allocation (full funding)	22-Jul-21	71,123,060.21	18,461,304.11	52,661,756.11
<b>Total</b>		<b>139,198,281.21</b>	<b>52,728,875.24</b>	<b>86,469,405.98</b>

### TNT- Implementation of Global Fund COVID-19 Response Mechanism (C19RM) Grants

Most of the first, second, third and fourth allocations went into procurement of health products apart from 14.4%, from the first allocation and 50.1% of the full funding allocation that went to support activities. *Health Products; First allocation:* fast track and Full funding allocations under the Tb Grant were able to factor in Manual COVID 19 test kits, Laboratory consumables, Assorted equipment, HIV Self-Test Kits. *Second allocation-* Automated COVID-19 test kits; Manual COVID -19 test kits; Laboratory Consumables. *Third allocation-* COVID -19 Antigen RDTs; Laboratory Consumables. *Fourth allocation* Abbott COVID -19 Automated PCR tests, Laboratory Consumables, COVID-19 Antigen RDTs and GeneXpert Machines and accompanying UPSs respectively. **Health products / Personal Protective Equipment funded from Grant Flexibilities (\*not part of C19RM funding);** Grant HIV, Surgical Face Masks- Grant. HIV & MAL- Alcohol based sanitizer; Grant- HIV- Water resistant aprons. Grant MAL- N95 masks. Grant- HIV & TB; Nitrile Gloves. **Interventions to Mitigate against the impact of COVID-19**

**on Malaria, TB and HIV;** 1. Enhanced monitoring and oversight Malaria Diagnostic services delivery and strengthen QA systems and processes; mitigation against false reports. (Target for 6 counties per quarter with high Malaria and Covid transmission). 2. Start-up Workshop. 3. Training of Mapping teams and the Mapping exercise. 4. Stakeholder Engagement National and County teams. 5. Engagement with Select Retail Outlets (County Level). 6. Oversight for the retail outlets. 7. Facilitate an efficient and rapid QA for malaria diagnosis to mitigate against false results.

**Interventions to Mitigate COVID-19: TB;** 1. Contact tracing of Individuals with VOCs. 2. Field Epidemiology and Lab Training Program. 3. Development of KHIS reporting tools. 4. Development of Covid 19 tests allocation system/tool- System requirements workshop. 5. Pilot the Reporting/ allocation tool in five counties. 6. Quarterly technical assistance to Counties on Reporting and allocation (12 counties per quarter) Commodity management. 7. Laboratory COVID 19 Antigen and PCR waste management curriculum development and deployment. 8. Mainstream bi-directional screening and testing for both COVID-19 and TB among presumptive patients for either condition (situational screening) at SDPs (including private sector). 9. Review of SOPs, guidelines, training materials, reporting and recording tools . 10. Sensitization of TOTs on TB and COVID-19 bi-directional screening and testing. 11. Sensitization of frontline HCWs and CHMT on bi-directional screening and testing for both TB and COVID\_19 (virtual). 12. Sensitization of laboratory officers on TB and COVID-19 bi-directional testing. 13. Nation-wide scale up of use of stool for diagnosis of TB in children: TOT training, capacity building of HCWs including laboratory personnel, develop & distribution of guidelines and SOPs. 14. TB and COVID-19 response among the high-risk populations and congregate settings for TB and COVID 19. 15. Sensitization of bidirectional screening and IPC for TB and COVID-19 among HCWs and CHWs in prisons settings. 16. Development, printing and distribution of targeted messages on TB and COVID-19 to the high-risk populations. 17 Sensitization of County Government Teams, Health care workers, community Leadership (Elders/ Opinion leaders, chiefs, sub-chiefs), FBOs, Private sector and rescue centers on GBV. 18. Creation of awareness on GBV and other human right violation in relation to COVID 19 response activities (enforcement of C19 GOK directives) in correctional facilities, holding cell, pre-trial facilities, refugee camps among. 19.Retention of laboratory technologist involved TB/HIV routine test and COVID 19. 20 Screening for TB for people in quarantine and isolation facilities, and ports of entry across the country. 21. Sub County and county support for coordination and supervision of supply chain and monitoring and evaluation.

**Interventions to Mitigate COVID-19: HIV;** 1. Mass media for COVID 19 under KICD. 2 Training of teachers/ lecturers, matrons and Covid 19 committee members on COVID 19 preparedness, management referral and vaccination in learning institutions. 3. Conduct a rapid partner mapping exercise to map geographical coverage to sub-county level, identified audiences reached at county and community levels and identify gaps in coverage of communication activities. 4. Train local media to communicate facts, mitigate rumours, myths, and misperception, interpersonal communication to callers and people who may be affected by “infodemic”, psychosocial support, grief, loss, etc. calls to action. 5. Residential training of police on emergency preparedness, COVID -19, COVID -19 vaccination, psychosocial support, grief, loss, etc. 6. Support for Outreach services so as to reach beneficiaries at community level (HIV prevention services such as PMTCT PrEP, FP services) using Beyond zero vans or any other available mechanism in selected Counties. 7. Sensitization of expert clients/mentor mothers, caregiver, pregnant and breastfeeding women on infant feeding in the context of HIV and COVID 19. 8. Continued support of Ushauri platforms in 100 facilities in 7 ASAL (non-PEPFAR). Counties to facilitate enrollment assistants, data bundles and SMS notification. 9. Development of the online

VL and EID training materials for laboratory personnel.10. Create awareness and provide correct information on Covid 19 vaccination, eligibility criteria and linkage to vaccination centers through Sensitization of PLHIV, KPs, AYPs, PWDs. 11. Integrate COVID 19 messaging in already existing HIV messages for AYPs, PLHIV, PWDs, KP. 12 Support Quarterly Community testing in the 10 least performing counties - Narok- 46%, Turkana- 45%,Elgeyo Marakwet 56%, Isiolo 57%, Marsabit 41%, Kajiado 54%, Trans Nzoia 56%, Nandi 60%, Baringo 60% West Pokot 63%. 13. Develop and share human interest short stories to encourage PLHIV to adhere to treatment during COVID-Pandemic. 14. COVID 19 screening among PLHIV attending HIV clinic. 15. Integration of DSD module in USHAURI and Afya Stat and digital communication to PLHIV on COVID 19. 16 Sensitization of CHV, PLHIV network, AYP network and KP network on use of the module. 17 Develop and disseminate mass media messages on GBV in the context of COVID 19 through radio and TV spots. 18 Development of Human right in pandemic guidelines with teams from law enforcement, Judiciary, MOH, education, social protection, JHR TWG and communities, 19. Raise awareness on the barriers different population face in accessing health services in the context of COVID 19

20. Monitoring and documentation of human right abuses and GBV for improved COVID 19 responses. 21. Maintaining people on ART. 22.IPC preparedness for school reopening. **COVID-19 RM Grants: Financial performance as at June 30, 2021 Budget Jan 2018 - June 2021 (USD) [A] - 25,927,489; Expenditure Jan 2018 -June 2021 [B] - 11,132,873; Commitments [C]- 6,026,114; Obligations [D]- 353,918 ; Absorption:  $B / A * 100 = 43\%$  ; Absorption:  $(B + C) / A * 100 = 66\%$ .**

## **KRCS**

**Assessment of the Impact of COVID-19:** The objective was to conduct a comprehensive assessment of the impact of COVID-19 on HIV, TB, malaria programs and health systems in Kenya. The data collection was conducted in June/July 2021. Draft report compiled – An initial review conducted and shared with the consultant for consideration. KRCS plans for dissemination/validation of the findings with HIV ICC, C19 Taskforce and other stakeholder (once the initial comments are addressed by consultant). The findings will inform implementation of the next C19 grants – to address the needs of the beneficiaries identified in the survey.

**Other Updates:** Program carried out a detailed review of all its interventions to generate learnings and inform the new grant. The findings to be disseminated to stakeholders. These included, the evaluation of: Interventions for AGYW, in and out of school in 5 counties, The cash plus project’s contribution to reducing vulnerability amongst AGYW to HIV in Turkana County, Comprehensive prevention programs for Key Population (FSW, MSM & PWID) in 19 counties, Interventions for general population, treatment, care and support in 28 counties. The findings will inform programming for NFM3 to address the needs of the beneficiaries. The gaps identified will form part of the areas of intervention in NFM3

## **Challenges in NFM 2**

Procurement of medical related items involving a number of in-country stake holders from the MOH , Users and quality assurance agencies which has led to protracted processes eventually leading to delays. The PR has resolved to early planning of the procurement processes, planned milestones and early procurement of such in future ( 6-9 months in advance). For NSP kits, GF CT approved a buffer stock for 6 months to cover for the procurement period.2. Delay in SR

Selection – serious delays in onboarding implementers were experienced in NFM2 resulting in a slow start of programming. For the current grant the SR selection process was late leading to SRs coming on board as late as 2019 which has affected absorption this has however improved through a development of a criteria approved by KCM and in the next grant 90% of SRs have already been identified. 3. Covid-19 – Roll out was slow; It is a continuation grant, the implementation that has started will proceed uninterrupted. Feed-in lessons into the new year

### **AMREF HA-TB GRANT -C19RM UPDATES**

1. Enhance awareness of available technology based self-screening solutions for TB diagnosis Status: Activity complete. The unspent amount forms part of the commitments which has been settled in July 2021 amounting to USD 26,142. 2. Sputum sample collection at community- CHVs sensitization Status: Complete. 3. Sputum sample collection at community- CHVs airtime Status: Total potential savings amount to USD 260,007 arising from sputum transport and procurement of triple packaging. 4. Sputum sample collection at community- Procurement of triple packaging materials Status: Procured and distributed 960 cooler boxes and decontaminants for CHVs and facilities. Procurement for 60 triple packaging containers awaiting delivery. 5. Scale up digital adherence technologies and remote support systems for TB treatment and TPT. Status: Funds reallocated to support cash transfer to SAM/MAM TB patients. 1<sup>st</sup>, 2<sup>nd</sup> payment done. 6. Support community TB drugs delivery. Status: There is a cumulative budget savings of USD which has been rolled over to C19RM 2021-2023 finding. 7. Procurement, Certification and Maintenance of biosafety cabinets - Procure spare parts for BSL III (HVAC spare parts) and Procure service contract for maintenance of BSL III. Status: There is a potential savings of USD 188,557 mainly because we could not get bidders. Only one vendor bided who did not qualify. The lots were split and advertised afresh. This amount has been rolled over. 8. KAP Survey on COVID-19 targeting general population and a baseline for health care workers- Adult phone based COVID 19 KAP survey. 9. KAP Survey on COVID-19 targeting general population and a baseline for health care workers-Youth phone/emailed based COVID 19 KAP qualitative survey **Status:** There is a potential saving of USD 74,799. Activity is currently ongoing. Ethical approval was obtained. Data collection to begin. 10. Diagnosis for Covid-19- support to staff Sample reception and processing. **Status:** There is potential savings of USD 342,490 majorly because of delayed start up. This amount has been rolled over to C19RM-2021/23. 11. Procure of diagnostics kits through Wambo (cepheid cartridges and thermofisher test kits)- **Status:** 1st consignment was delivered in April 2021. Awaiting delivery of 2<sup>nd</sup> batch. 12. Sensitization of CSO, CHVs, Community PE, KPs/PLHIV networks on COVID 19 and continuity of services. **Status:** Done. The project realized efficiency savings of USD 21,198 which has been rolled over to C19RM 2021-2023 to sensitize more community actors. 12. Sensitization of CSO, CHVs, Community PE, KPs/PLHIV networks on COVID 19 and continuity of services

**Status:** Done. There is cumulative budget savings of USD 21,198 which has been rolled over to C19RM 2021-2023 to sensitize more community actors 13. Procure and distribute PPE (reusable face masks and sanitizers) for community actors including: CSO, Networks, HCWs, CHVs, CHAs, SRs and clients; prisons, Peer Educators, DICs, CATS, Community Champions, Paralegals and PWIDs in the methadone clinics. Procure and distribute PPE (Medical masks for Patients) Procure and distribute PPE (Particulate Respirator Masks). **Status:** Sanitizers distribution to SRs who will deliver to beneficiary ongoing. Processing payment. Procurement process for KN95, Surgical Masks and Reusable masks was awarded awaiting delivery. Warehouse procured to help with



temporary storage. There is an outstanding obligation and/or obligation amounting to USD 2,136,163.37 for all procurements.<sup>14</sup> Community based C19 surveillance and case finding: - Support contact tracing and screening at community for C19. **Status:** There is potential savings of USD 298,366 mainly because most counties preferred to trace through the Rapid Response Teams.

#### **AMREF HA-MALARIA GRANT -C19RM UPDATES.**

500 ML hand sanitizers; Hand dry towels; *Progress-* Received and distributed in 27 Counties. 2. non-powdered gloves *Progress-* Re-advertised as per LFA/GF CT recommendations. Evaluation done 26th - 30th July. Samples sent to KEBS. Awaiting Award. 3. Surgical masks, Coveralls, face shields, biohazard bags, Bar soap, Hand wash stations, marking chalk, Face shields; *Progress-* Tender floated, and evaluation of bids completed, Tender award to successful suppliers given. Evaluation by LFA and GF CT done and approved. Await delivery. 4. Infrared (IR) Clinical Thermometer, Digital, handheld Gun *Progress-* Tender floated, and evaluation of bids done and completed. Samples from suppliers sent out to KEBS for quality checks. Tender award to successful suppliers given. Evaluation by LFA and GF CT done and approved. Delivered, awaiting distribution.

#### **TB Health Sector Working Group (HSWGs) Recommendations:**

Time barred tax exemption- Financial risk of \$218,766. **ICC recommendation:** KCM to follow up with Global fund on the long-term turnaround time on country tax waiver

#### **Malaria Health Sector Working Group (HSWG) Recommendations**

Court ruling on task sharing *ICC recommendation;* This is a pending issue that is still affecting testing at community level.

**HIV Health Sector Working Group (HSWG) Recommendations;** The meeting was held on the 10<sup>th</sup> August 2021; Key emerging issues; HIV Commodity stock status needs to be handled with urgency to address the risks of stock outs and expiries-KEMSA to provide a detailed brief on fast tracking plans. PMTCT- Explore ways to improve on PMTCT indicators, eg strengthening prevention interventions through integration with; Family planning, PrEP, and community PMTCT working through families and communities. Meaningful involvement of communities and CSOs in the plans around Community PMTCT. **Selection of the KRCS Sub –recipients;** TRC to proceed to the next stage of the Onsite capacity assessment. Fast track the process to avoid loss of implementation time. The TRC to provide a status update on SR selection. A full report shall be presented to the HIV ICC at the end of the Procurement Process

## Discussions

KCM Member representing the TB Constituency Enquired on what would happen if Global Fund declined the TNT request to move some of payment of the uncompleted activities and interventions to the new grant. He also requested that KRCS ensures that payments to Community members following activity completion are actualized in a timely manner.

KCM member representing the informal private sector wondered whether the HIV Commodity stale mate between the USAID and Government was sorted and beneficiaries able to access the medicines.

Dr. Peter Kimuu- TNT noted that TNT had not requested the Global Fund for any activity extensions as at the end of grant closure all activities cease, and the Global Fund does not move old activities to the new grant cycle. Referencing the slide on financial performance, he noted that the HIV budgets without Covid 19 the absorption were at 87%. Some deliveries were done in July. Once available, the End of grant report will explain why the monies were not absorbed by 30<sup>th</sup> June. He further stressed that payments beyond the 2018/2021 grant would be paid from the new grant. Litigation issues have also hindered implementation and the TNT is looking to raise the matter with the Global fund. He added that the HIV issue was still in a dire situation and more needs to be done to guarantee beneficiary access to important medicine.

On stock outs and expiries, Ms. Caroline Gichinga noted that KEMSA was still waiting for a request from the TNT and Kemsas will expedite the process.

Mr. Gordon Ouma from the KRCS apologized for all late remittances and payments to the community; He noted that this was occasioned by the Covid 19 acceleration activities which were hindered by a delay of the verification of the bulk documents. He promised that the community activities would receive remittances by the end of the week.

The KCM Coordinator on a follow up question on the ARVS stock status, he noted that the last KCM Meeting noted that it needed to have visibility of all procurement activities in a quarterly basis. He hence requested that the PRs provide the commodity/ stock status as at end of June 2021 for the Oversight Committee to review to facilitate feedback to the KCM in the next meeting.

The alternate member representing the TB HSWG on the Oversight Committee acknowledged that the absorption on the TB Grant was still wanting and wondered what could be done to further improve the absorption within the grant.

Dr Kimuu, TNT noted nothing much could be done to the 3.3 million USDs realized as savings at the end of the grant, however the team should use this as a learning platform to ensure further efficiencies are realized into the new grant from the programs/SRs all the way to the PR. That further streamlining of activities and programs within the programs.

*Chair noted that a revision of the grant's strategies eg in TB Case finding interventions needed to be carried out to ensure efficiencies are realized and ensure little or no monies are lost.*

Benson Ulo – Amref HA noted that in the new grant his organization would focus more in the intersectoral collaboration between the organization and MOH and strategic initiatives advisory committee to relook at the processes and hence have efficiencies in all activities especially on the TB front. He was confident that gaps realized in the past grant would be addressed in the new grant.

Gloria Akoko- Amref HA noted that the late start up for the new SRs in the last grant caused the slow implementation of grant activities as the PRs lost 6 Months of the implementation period. She was happy that the new grant did not have such challenges and SRs have already been on boarded.

Dr. Waqo- Lead TB program echoed the comments of the previous speakers and promised that the TB Programming will look at the issues that plague the TB Program especially in the areas of TB Case finding and his program was looking at employing new innovations into case finding to hype TB Case finding example through the Private Public Mix and KIC- TB Initiatives in harnessed collaboration with the non-state PR. That the procurement and work plans have already been approved by the MOH Leadership and all activities should be started on a high note which would reduce the monies ploughed back to the Global Fund at the end of the grant.

Dr Kimuu- TNT highlighted that the Malaria TNT grant would not be able to make presentations in the days meeting due to challenges experienced by the Malaria Program. He further noted that his team was working with the SR as well as the Ministry of Health to ensure issues within the program are addressed. He apologized to all in the meeting for all inconveniences caused.

Dr. Githuka- Head DNMP was concerned and burdened that the DNMP did not have a ready dashboard for review. He acknowledged that the division was experiencing some challenges. That one of the challenges, was that whereas the division had only one finance officer, the division had just adopted a cashless mode of payment for facilitation of the distribution of mass LLINS for the over 2000 community leaders and CHVs who were used in the distribution process. This presented a challenge in the loading of all information from the field, translating it to soft copy and transcribing the same to M-Pesa messages. He however assured the meeting that the program was working closely with the PR to resolve the impending issues as soon as possible.

Member representing the TB Constituency felt that the justification as stated by the Head DNMP were not adequate to not provide a report as this was one activity within the many activities carried out by the program. He opinionated that a report should have been prepared with the gap in the distribution of the mass nets sited as challenges experienced during that quarter.

The Oversight Committee members unanimously cautioned the state PR to take the oversight role seriously and it was regrettable that the PR would come to the oversight committee meeting without a quarterly report. The PR was advised that it was imperative that malaria grant dashboards were ready in the next 1 week for the Oversight Committee to review, make recommendations. The PR was asked to resolve all impending issues. That the report should have been reviewed by the Malaria ICC prior. Compliance was a requirement.

The PRs were also asked to report and unmask what funds were at risk of loss.

#### **Min 6/1/08/2021 Roll out/ Implementation Plan for GF NFM 3 Grants (1<sup>st</sup> July 2021 to June 2024)**

- **Presentation by the National Treasury, Amref Health Africa and KRCS**

**Amref Health Africa in Kenya; Grant: Tuberculosis.**

**Presentation by Ms. Gloria Akoko**

**Presentation Outline:** Project brief, NFM 3 Roll Over Plans, Next steps: - 8 counties, KIC TB, PPM, Other engagements with MOH departments. **Project Brief- Goal;** To ensure provision of quality care and prevention services for all people in Kenya with TB, Leprosy and Lung diseases

**Coverage:** 47 Counties. **Project implementation period:** 1<sup>st</sup> July 2021 to 30<sup>th</sup> June 2024. **Total Budget = USD 53,651,804 (100%). PR: \$34,729,922 (65%) SR: \$18,921,882 (35%). SRs Selection Update;** 26 SRs to support 39 counties were selected through desk review. 6 SRs to support 8 counties selected through open tender; 4 SRs identified to support KIC – TB innovations; 2 SRs for PPM –Technical evaluation done. **Next steps for SRs in 8 counties;** 1. Feedback on outcome of selection process *Timelines* 9<sup>th</sup> July 2021. 2. Acceptance letters/appeal *Timelines* By 22<sup>nd</sup> July 2021. 3. Orientation meeting *Timeline's* 16<sup>th</sup> – 20<sup>th</sup> August 2021. 4. Budget discussions *Timeline's* 20<sup>th</sup> – 31<sup>st</sup> August 2021. 5. Signing of contracts *Timelines* 1<sup>st</sup> September 2021. 6. Commencement of implementation *Timelines* 12<sup>th</sup> September 2021. **Next steps for KIC-TB SRs;** 1 Feedback on outcome of selection process *Timelines* 14<sup>th</sup> July 2021

2 Acceptance letters/appeal *Timelines* By 20<sup>th</sup> July 2021. 3 Meeting with Strategic Initiatives Advisory Committee on scale up *Timeline's* 11<sup>th</sup> – 13<sup>th</sup> August 2021. 4 Budget discussions *Timeline's* 16<sup>th</sup> – 20<sup>th</sup> August 2021. 5 Signing of contracts *Timeline's* 20<sup>th</sup> – 31<sup>st</sup> August 2021. 6 Commencement of implementation *Timelines* 1<sup>st</sup> September 2021. **Next steps for PPM SRs;** 1. Advertisement through open tender *Timelines* 9<sup>th</sup> July 2021. 2. Tender opening *Timelines* By 22<sup>nd</sup> July 2021. 3. Review of proposals *Timelines* 27<sup>th</sup> – 30<sup>th</sup> July 2021. 4. Capacity assessment *Timeline's* 9<sup>th</sup> – 13<sup>th</sup> August 2021. 5. Approval by TB HSWC and KCM *Timelines* By 25<sup>th</sup> August 2021 6. Feedback to applicants *Timelines* 27<sup>th</sup> August 2021. 9. Acceptance/appeal period *Timelines* 10<sup>th</sup> September 2021. 10. Contractual processes *Timelines* From 13<sup>th</sup> September 2021. 11. Commencement of implementation *Timelines* 1<sup>st</sup> October 2021. **Engagements with MOH departments on activity implementation;** 1. Joint workplan for year 1 with NTP and other partners *Timelines* 12<sup>th</sup> – 16<sup>th</sup> July 2021. 2. Discussions with Division of Family health *Timeline's* 15<sup>th</sup> July 2021. 3. Discussions on RSSH implementation *Timelines* 21<sup>st</sup> July 2021. 4. Discussions with division of public health *Timelines* 26<sup>th</sup> July 2021. 5. Discussions with NPHLS *Timelines* 27<sup>th</sup> July 2021. 6. Discussions with department of HSS *Timelines* 28<sup>th</sup> July 2021

### **Amref Health Africa in Kenya- Grant: Malaria.**

#### **Presentation by Mr. Patrick Igunda**

**Presentation Outline;** Project brief, NFM 3 Roll Over Plans, PR2 systems, SR systems, Implementation and M&E. **Project Brief; Goal:** To contribute to the National goal of reducing malaria incidence and deaths by at least 75% of the 2016 level by 2023. Project implementation period: 1<sup>st</sup> July 2021-30<sup>th</sup> June 2024

Budget: USD 17, 148, 070. Implementers: PR and 11 SRs. Coverage: 8 Endemic and 4 Highland Epidemic - Community Case Management of Malaria and Malaria in Pregnancy Interventions. 14 counties in Lake and coast-Endemic – Promotion of malaria prevention interventions through school pupils. Implementation Plan-Phase 1 (PR Systems), Implementation Plan-Phase 2 (SR Systems) and Implementation Plan-Phase 3 (Implementation, MEOR) are on Track.

#### **KRCS GF HIV Program Updates: New Grant Roll Out**

**KRCS Roll Out Plan – New Grant;** A Gantt-chart Work Plan for the Next one year (July, 2021 to June, 2022) – Done (Attached). Technical Assistance plan for the grant – Done. Global Fund Grant Risk Register – Done. A meeting with NASCOP to share work plan and areas of synergy – Done. Procurement Plan – Done. Already initiated procurement process for some items required in Q1/2 of the grant. Appraisal of the continuing SRs – Done. Revising M&E Plan for the grant – In progress. **Continuing SRs Contracting Process.** 2 year Targets shared with all 55 continuing SRs – Done. Work Plan and budget developed for 55 SRs – Done. Contract completely signed with 23 SRs, and Disbursement process ongoing. Contract shared with 23 SRs for signing – to finalize by Next week. 8 SRs still negotiation and 1 Recalled – to finalize by Next week. New SRs Contracting Process. Targets and contracting Plans are in place awaiting conclusion of the recruitment process.

### **TNT GF HIV Program Updates: New Grant Roll Out Plan:**

#### **A presentation by Dr. Peter Kimuu.**

Rollout planned started as soon as the grant was signed. TNT had factored in Procurement activities to mitigate the delays occasioned by late initiation of procurement plans. By end of May /June programs were able specify/ quantify and prepare requests required for the first year. The PR had experienced a lag in activities as it has projected that by 3<sup>rd</sup> of July Kemsas would have start advertising the tenders however is fast tracking to ensure the request documents are assessed by Kemsas as soon as possible. 2. County involvement in the grant activities. The PR has been able to prepare the required documents to roll out a process of sensitizing the counties on the new implementation arrangements. So far, the PR has worked on the detailed budgets, identified the county level activities as well as the National activities. Rollout plan for activities will allow a sharing of activities for year one between the two tiers of government. 3. GF Grants now need to be aligned to the MOH Budget for the year 2021/2022. The printed estimates for the PR level, and those from the MOH are aligned and communicated to the programs. NF@ grant accounts still have some funding so that the uncommitted cache activities can continue to be implemented. The three programs have aligned their work plans in line with the MOH Work plan which would facilitate the implementation of the activities. Communication has been received by the 4 programs. New sub recipient has been capacity build and is ready to start implementation as per the new work plan. The PR will continue supporting the new SR in implementation.

### **Discussion**

Oversight committee Co-opted member sought clarification on how far the PRs were on the generation of the **master list and general tax exemptions** and when the processing of the same would be completed as these were reported as major challenges in the last grant.

Member representing the PLWD/TB Constituency noted that the TNT needed to coordinate the activities with **KEMSA. The PR needed to ensure the delays in procurement** are averted as much as possible by relaying all requests in good time owing to the fact Kemsas had confirmed that it was ready to receive the requests yet those had not been submitted to them.

Dr, Peter Kimuu- TNT clarified that the PR had several processes undertaken at the same time and it was clear that all Global Fund procurements must be tax exempt. He assured the meeting that

the master list was in the final processes of approval and the other procurement processes are also happening together.

Ms. Gloria Akoko- Amref HA; clarified that Amref ha had reached out to the TNT and MOH to provide an extension of one month to process the tax exemptions which would ensure that the organizational commitments that had still not be honored would have valid tax exemptions. That her organization was currently awaiting approval. She further informed the meeting that the Procurement plans for both Malaria and TB Grants had also been initiated.

Mr. Gordon Aomo- KRCS noted that they currently did not experience any challenge with the tax exemptions. That Procurements are handled by KRCS which are tax exempted. That the Procurement plans for year one was complete and were currently working on the technicalities of some of the shared activities such as the distribution of some drugs eg STI drugs.

*The chair appreciated all the members who found time to join the quarterly Oversight Committee meeting and encouraged all to continue ensuring that they leverage on the lessons learnt and successes of the old grant into the newly signed NFM3 Grant. He hence requested members in attendance to drop off the call to allow for the Oversight committee have its in house deliberations.*

#### **Min 7/1/08/2021 Confirmation of minutes of the Joint Oversight and Management Committee meeting held on 20<sup>th</sup> & 21<sup>st</sup> May 2021 and matters arising**

Members were taken through the minutes of a meeting held on the 20<sup>th</sup> & 21<sup>st</sup> May 2021 and Matters Arising.

The Minutes were endorsed as a true record of the days meeting

**Proposed by Mr. Philip Nyakwana**

**Seconded by Ms. Rosemary Kasiba**

#### **Matters Arising:**

*KCM to fast track the documentation of lessons learnt and best practices from the current Grant. Update* The KCM documented the grants achievements for the 2018/2021 grant through a documentary. Shared with members and other stakeholders. PRs were able to share some of the Challenges, lessons learnt and best practices that were observed in the 2018/2012 grant. **Status** Done. **KRCS-** KRCS to speed up the completion of the PLHIV stigma index survey; Scheduled for completion by June 2021. **Update** The Index survey was concluded; validation was concluded and launching of the same should happen soon. **Status** on going. KRCS/TRC to fast track -Sub recipients selection process and address emerging issues from the process. **Update** 55 SRs of the continuing SRs are already contracted which is about 80% of the SRs; These have signed Implementation contracts. About 8 SRs are in the negotiation process. with the 10 new SRs, The TRP completed the desk review and findings adopted by the HIV ICC meeting. The team will move to capacity assessment and its projected that by early September the completed word will be presented to KCM for adoption. **status** on going. NOSET –SR (PEPFAR) issue to be discussed

with PEPFAR & GF CT **Update** Discussed up to the GF level. They were requested to apply during the EOI for New SRs which they did not **status** Done. MOH to provide way forward on the Court ruling on HIV testing by non-medical laboratory personnel/task sharing which is affecting the HIV programmes especially HTS and PMTCT. This is a pending issue that is still affecting testing at community level. **Update** MOH and NACC and are working on the policy governors' documents. MOH has continued to engage the non-medical laboratory team leaders **Status** done (*Update on review of the HAPCA Act including changes in terms of mandate and task shifting/sharing*) NASCOP to address the Issue of no data available on Early Infant Diagnosis (EID) at 2 months and percentage of population receiving PrEP in Priority populations. **Update** The issue addressed. Data provided. NASCOP will share the data with the secretariate before 1PM today **status** on going. **Oversight Committee** Effective grant oversight into the new grant. Grant monitoring tool. Dash boards. **Update** Oversight Committee has continued to evaluate and monitor grant performance. PR2s have provided/ submitted a filled tool every month. PR1 requested to submit their tool quarterly- following their QRM Meeting. PRs to continue using the Current Dashboard abate its challenges. KCM to seek for partner support for the reconfiguration of the new dashboards **status** on going. Time barred tax exemption- Financial risk of \$218,766. **Update** KCM to follow up with Global fund on the long-term turnaround time on country tax waiver **status** On-Going. HIV Commodity stock status needs to be handled with urgency to address the risks of stock outs and expiries. KEMSA to provide a detailed brief on fast tracking plans. **Update** KEMSA has not received any request on HIV Commodities. They will be able to fast track procurement once the request is received **status** Done.

## Discussion

The meeting resolved that.

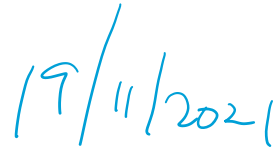
1. The grant oversight remains a preset of the Oversight committee. Close monitoring of the grant would continue as much as possible, and the frequency would be agreed upon by the committee on needs based.
2. The asks and the recommendations by the small team would continue to receive restructuring based on emerging needs.
3. It would be important for the Oversight Committee members to have a direct access to the processes as undertaken by the PRs example distribution.
4. That during the quarterly meeting. The Oversight Committee members would agree on specific action points to follow through and report in the next meeting example Status update on the SR selection, tax exemption and master list, procurements plan on the Covid 19 procurements and main grant procurements.
5. The secretariat to flag out all the challenges/issues as provided by the PRs which would then be deliberated and reviewed by the adoc committee, and a way forward provided.
6. The secretariat feedback to the PRs to be agreed upon and guided by the Oversight Committee. The Adoc committee to meet first, review all the asks and makes recommendation before initiation of communication.

**Min 8/1/08/2021 A.O.B**

Being no other business. The meeting closed at 2.18 PM.



**Sign: .....**  
**Mr. Samuel Muia**  
**KCM Coordinator**



**Date: .....**

**Sign: .....**  
**Mr. Bernhards Ogutu**  
**Oversight Committee Chair**

**Date: .....**