

# Kenya Coordinating Mechanism for the Global Fund



**Strategic plan  
2021-2025**

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## Acronyms/Abbreviations

AYP	Adolescents and Young People
CCM	Country Coordinating Mechanisms
CLA	Continuous Learning Approach
EPA	Eligibility Performance Assessment
FR	Funding Request
FBO	Faith Based Organisation
GF - ATM	Global Fund to fight AIDS TB and Malaria
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
HSCC	Health Sector Coordinating Committee
ICC	Inter-Agency Coordinating Committees
JICC	Joint Inter-Agency Coordinating Committee
KCM	Kenya Coordinating Mechanism
KeMSA	Kenya Medical Supplies Agency
LFA	Local Fund Agent
MEAL	Monitoring, Evaluation, Accountability & Learning
MoH	Ministry of Health
NT	National Treasury
OIG	Office of Inspector General
PESTL	Political, Economic, Socio-cultural, Technological and Legal
PR	Principal Recipient
SR	Sub recipient
SRF	Strategic Results Framework
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TC	Technical Committee
TRP	Technical Review Panel

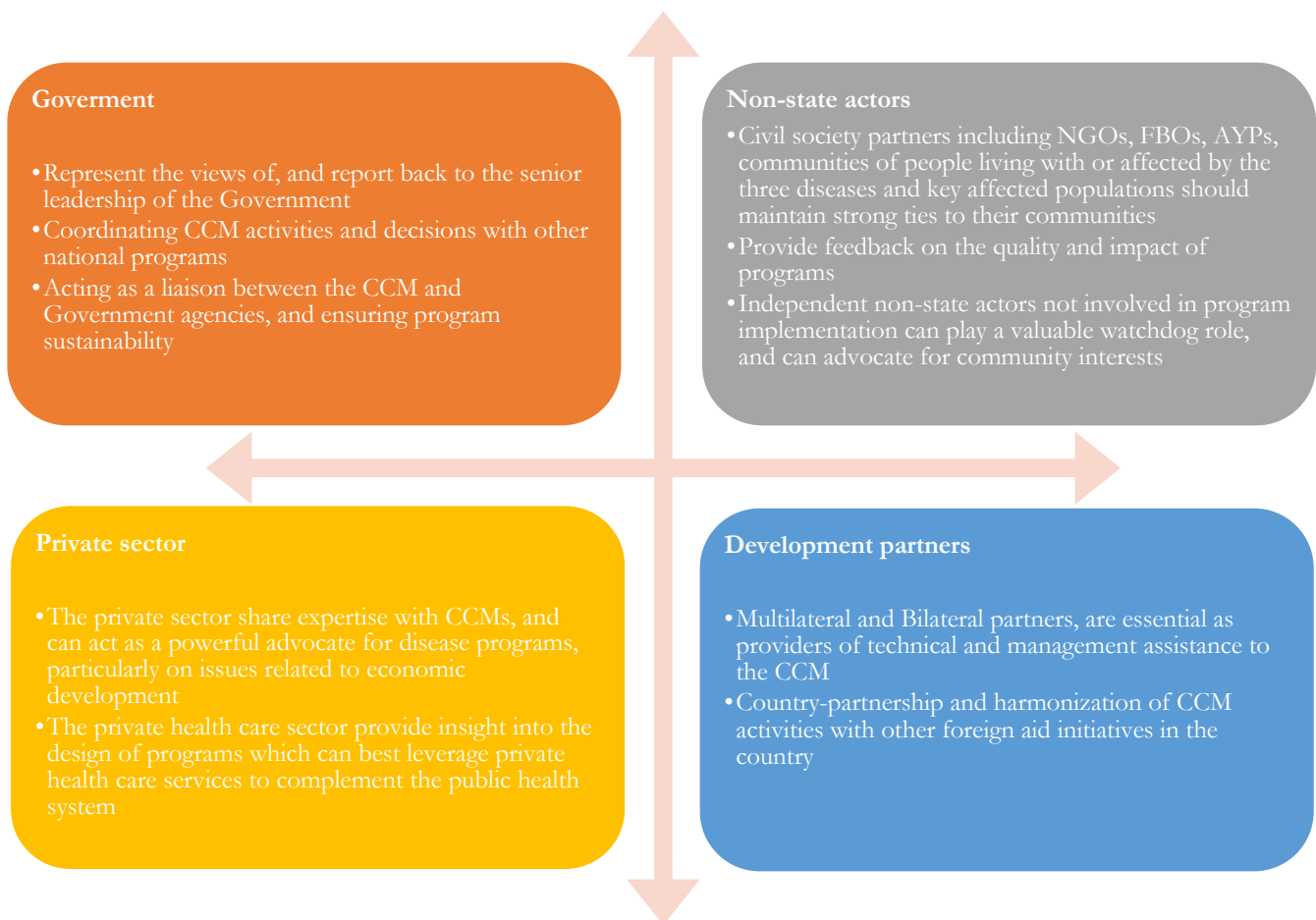
# 1 BACKGROUND - INTRODUCTION

## 1.1 CCMS / KCM

Country Coordinating Mechanisms (CCMs) are a core part of the Global Fund to Fight AIDS TB and Malaria (GFATM) model in countries and a key element of the Global Fund (GF) partnership - a performance-based financing mechanism. CCMs are multi-sectoral partnerships based on one of the Global Fund's core principles – country ownership. The CCMs include representatives of all sectors involved in the promotion, prevention and treatment of TB, malaria and HIV and AIDS and Health systems strengthening. The key roles of the CCMs as outlined by the GF are: - coordination and development of the funding request application, nomination of the Principal Recipients (PRs); overseeing the implementation of approved grants; approval of any reprogramming requests and providing linkages and consistency between GF grants and other health and development programs.

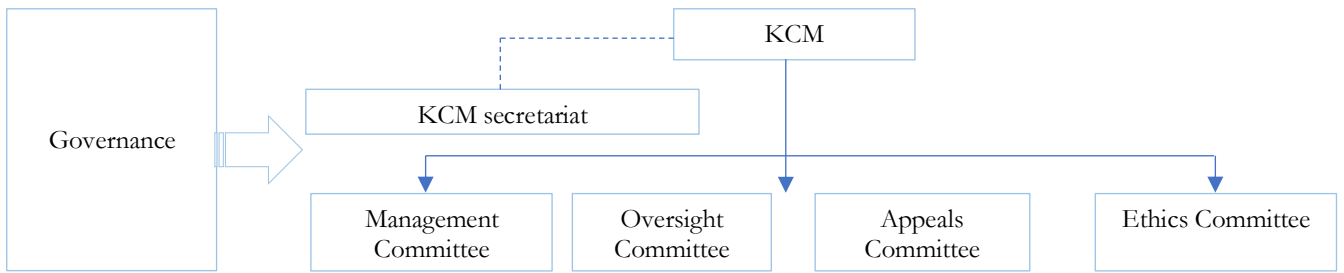
Members of the CCM comprise of Government, non-state actors and development partners as outlined in the Figure 1 below.

Figure 1: KCM key constituencies and roles



In Kenya, the CCM was formed in 2002, operating under the Joint Inter-Agency Coordinating Committee (JICC) supported by the Inter-Agency Coordinating Committees (ICCs) for HIV & AIDS, tuberculosis and malaria. Thereafter, in 2009 and 2010, the JICC undertook a reform process and the KCM was established. The membership of the KCM comprises of 23 members and 23 alternate members. In 2015, the KCM was reformed to an apex governance structure with standing committees namely, Management, Oversight, Ethics and Appeals Committee as illustrated in figure 2 - KCM Structure. KCM is chaired by the Government and the Vice Chair is drawn from non-state actors. The KCM provides overall leadership and ensures accountability of the GF grants. A Secretariat helps to coordinate and support KCM activities. See KCM secretariat organogram in Annex 1.

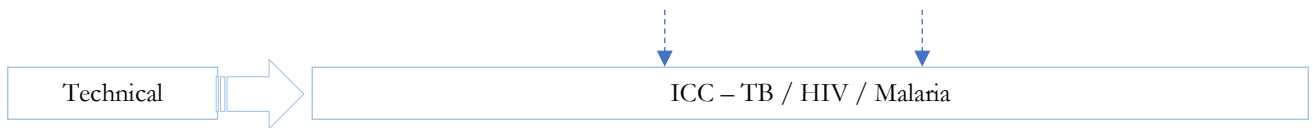
Figure 2: KCM structure



## 1.2 KCM SUPPORT STRUCTURES

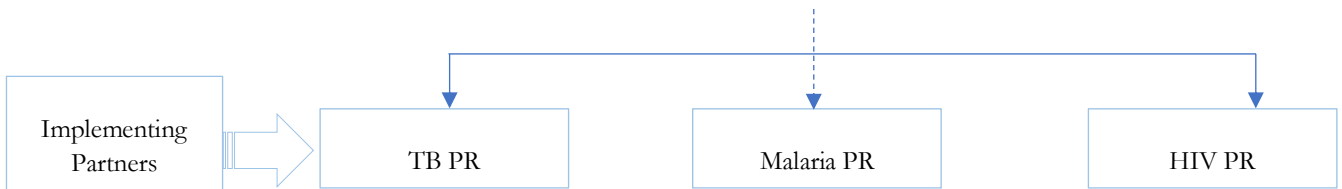
Supporting the KCM are the three ICCs for each disease (TB, Malaria and HIV) whereby ex-officio members comprising of chairpersons of the ICCs are derived. The three ICCs support the KCM’s technical work in collaboration with the committees which provide the much-needed linkage as presented in the figure 2 below.

Figure 3: Technical partners



To implement the programs through the GF grants, KCM selects and appoints Principal Recipients (PRs) outlined in figure 4, which can be any type of organization, government ministry, community-based organization or a private sector entity. The PRs sign a grant agreement with the Global Fund and disburse funds to other smaller organizations who serve as sub-recipients or even sub-sub-recipients effectively cascading programs to beneficiaries.

Figure 4: Implementing partners



## 1.3 GLOBAL FUND IMPLEMENTATION ARCHITECTURE

The Global Fund is structured as a partnership between funders, implementers and affected communities. Figure 5 outlines the country level implementation architecture for Kenya outlining the funds flow and monitoring mechanism.

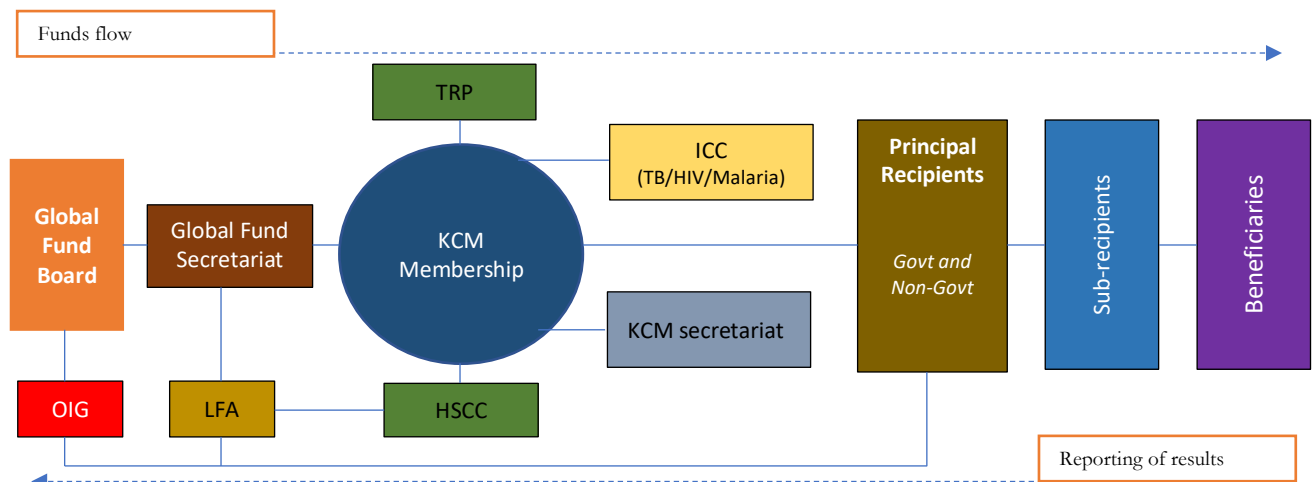


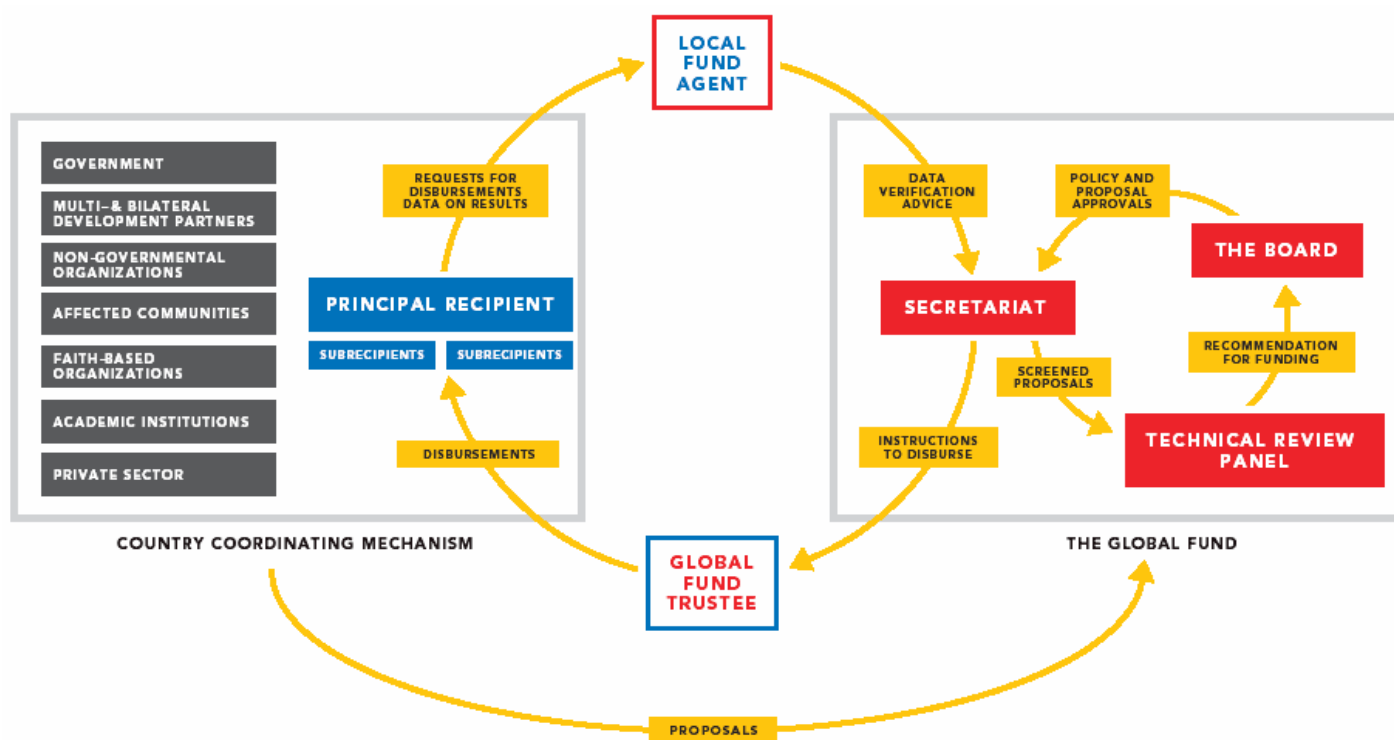
Figure 5: GF implementation architecture

The Global Fund board includes 20 members, with equal representation by implementers and donors. To safeguard the assets, investments, reputation and sustainability of the Global Fund, the board works alongside Global Fund Office of the Inspector General (OIG) – an auditing unit independent from the Global Fund Secretariat. The board is supported by the Global Fund Secretariat, based in Geneva Switzerland. The secretariat is responsible for day-to-day operations, providing support to implementers, implementation of Global Fund strategies and policies, and fundraising and relationships with donors. In country, the secretariat is supported by the Local Fund Agent (LFA). The LFA works closely with the Country Team at the Global Fund Secretariat to evaluate and monitor activities before, during and after the implementation of a grant. Implementation at country level is coordinated by the KCM as outlined in preceding sections.

## 1.4 GLOBAL FUND GRANT MAKING

Unlike many other donors, the Global Fund has adopted a model that provides funding to country governments and in-country stakeholders based solely on proposals and implementation plans designed by the countries themselves. The figure 6 below presents the GF grant making process.

Figure 6: GF grant making process



The Global Fund provides grants in HIV and AIDS, tuberculosis, malaria and health systems strengthening to low- and middle-income countries. The Country Coordinating Mechanism submits the proposal, based on a country-led needs analysis; the Global Fund does not prescribe or recommend any specific programs.

Countries are encouraged to write cost-effective, and practical national plans, from which the proposals are drawn.

Further details on the grant making process: <https://www.theglobalfund.org/en/funding-model/applying/grant-making/>

## 2 PREVIEW OF THE 2015-2020 STRATEGIC PLAN

The KCM strategic plan 2021-2025 will leverage on the achievements and lessons gained from the previous strategic plan of 2015-2020. The 2015-2020 strategic plan sought to strengthen the functioning of the KCM, take into account changes occasioned by the Global Fund New Funding Model and address the weaknesses identified through the KCM Eligibility and Performance Assessment (EPA) conducted in 2014.

The strategic planning period was driven by a vision of *‘A knowledgeable and efficient KCM that has effective leadership and delivers desired results’* and a mission *‘To effectively and efficiently oversee the management and utilization of GF resources to achieve desired results for HIV and AIDS, TB and Malaria through building the capacity of KCM, effective oversight systems and strong KCM communication and linkages to its constituencies.’*

Driven by the core functions of the KCM, five strategic objectives were derived:

1. To build the capacity of KCM partnership, decision making processes and support structures
2. To improve grant performance and management through robust oversight
3. To engage constituencies and share information transparently, equitably and accurately
4. To improve the performance of Global Fund grants
5. To engage constituencies and share information transparently, equitably and accurately.

However, a monitoring plan to track and assess the performance of the KCM was not developed. Hence, quantitative data was unavailable to measure performance. However, the strategic planning review relied in qualitative indicators to capture judgments and perceptions of changes achieved. Some of the key gains identified are:

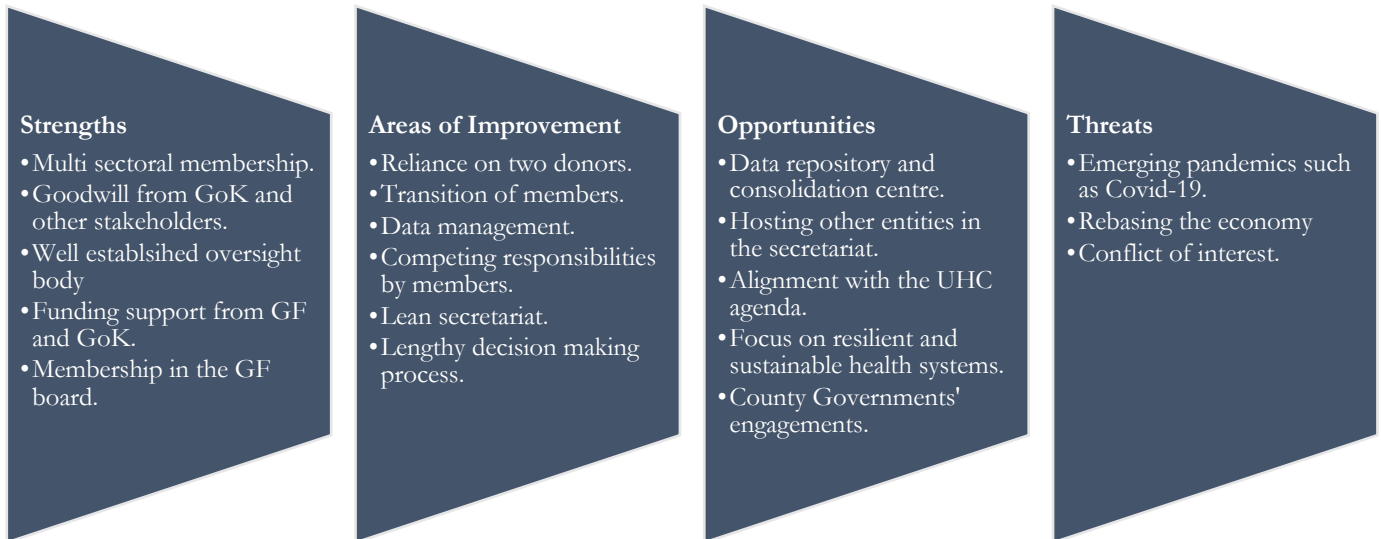
- The operationalization of a reformed KCM structure,
- Continued coordination and linkages with stakeholders,
- Improved performance of GF grants,
- Improved knowledge of members through orientation of new members,
- Dialogue and constituency meetings,
- Development and implementation of a communication strategy, and
- Adept oversight through regular oversight meetings, review of dashboards and feedback.

### 3 CONTEXTUAL ANALYSIS

#### 3.1 KCM SWOT ANALYSIS

The key internal and external factors seen as important to achieving KCM's goals have been analyzed, internal factors (Strengths and areas of improvement) and external factors (Opportunities and Threats) – SWOT analysis. The analysis is intended to specify KCM's goals and identify the internal and external factors that are favorable and unfavorable to achieving its goals.

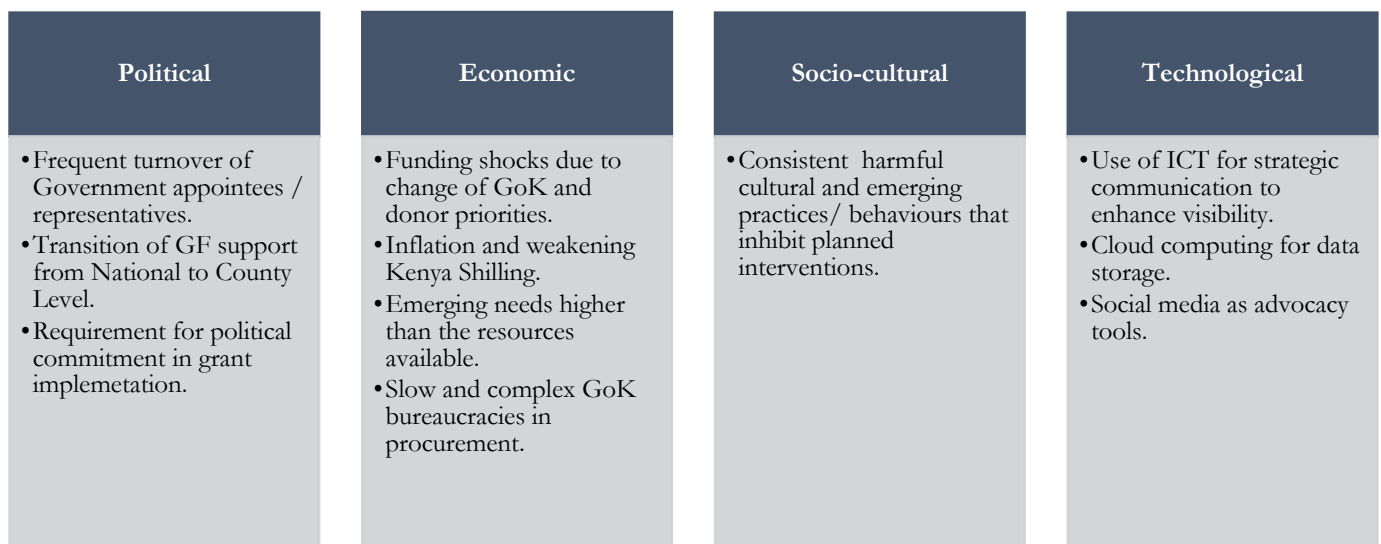
Figure 7: KCM SWOT analysis



#### 3.2 KCM PESTL ANALYSIS

An external environmental scanning identified Political, Economic, Socio-cultural, Technological and Legal (PESTL analysis) factors that present challenges and opportunities, which have implications for KCM's programming during the period of this strategic plan.

Figure 8: KCM macro-environmental analysis (PESTL)



The identity of the KCM remains the key impediment as to the appropriate legal registration.



### 3.3 KEY CONSTRAINTS

The strategic plan will be built on strategic and intermediate outcomes identified. The strategic outcomes reflect the long-term change the KCM aims to strive for and contributes to over the next five-year period. The intermediate outcomes are medium term results for two to three years. These short-term outcomes will be developed to track progress on annual and biennial basis.

The current Plan has identified three strategic outcomes and seven intermediate outcomes. The outcomes have been derived through participatory methodologies in a consultative process that entailed soliciting views and feedback from stakeholders who include KCM members, alternate members, KCM Secretariat, MOH, PRs, the LFA and the Global Fund (GF) country team.

The strategic plan also takes keen consideration of key program reviews conducted during the previous strategic planning period by the Global Fund with findings identified impeding program performance. Some of the reviews informing this strategic plan are:

- Reports from the office of the inspector general
- Local Fund Agent (LFA) reports
- Global fund studies on the CCMs - Evolving CCMs to deliver on the Global Fund strategy
- KCM constitution and conflict of interest policy

Through the key constraints identified, the strategic plan has developed three strategic outcomes to address the constraints during the current strategic planning period. These are:

1. Strengthened devolved engagement
2. Improved quality of services, effective use of available resources and grant performance
3. Strengthened harmonization in delivery of results

#### 3.3.1 CHALLENGES IN DEVOLVING GLOBAL FUND GRANTS TO THE COUNTIES

Kenya's 2010 constitution devolves health care services with specific functions mapped between the national and county governments, guided by the Kenya's Intergovernmental Relations Act, 2012. The national government is assigned the responsibility of policy formulation, national referral hospitals, norms and standards, capacity building and technical assistance to counties, while, the county governments oversee service delivery including responsibility for supervision of health facilities and promotion of primary health care.

By the close of the strategic planning period, GF grants were managed by the national government through the National Treasury, the national disease programs and the national AIDS control council, raising questions over its promise to adhere to the principle of country ownership. The sentiments were echoed by the Council of Governors (CoG).

In June 2018, KCM through the National Treasury (NT) and in consultation with the County Governments and CoG submitted a Proposal to the GF. The proposal was to devolve part of the current GF grant managed through NT as the PR, amounting to US\$20 million of a total approved amount (under all PRs) of US\$384 million (about 5%), through conditional grants. However, in May 2019, the GF communicated its decision, in writing, to the KCM chair (the Principal Secretary, Ministry of Health) disapproving implementation of Kenya grants through conditional grants to counties citing the following reasons: 1). Magnitude of the funds involved relative to the whole grant – only 5%; 2). Magnitude and cost of infrastructure required for tracking flow of funds and results, effective and efficient use of the funds across all the counties; and 3). Net benefit of investment. The GF recommended exploring alternative options of channelling funds to the Counties, other than the Conditional Grant Modality, that are: (a) Feasible, (b) Acceptable under the current Devolved System of Governance, and (c) Cost-Effective.

On 24 June 2019, KCM constituted an adhoc committee to deliberate and propose alternative mechanisms to guide the application and implementation of the 2020 - 2022 cycle grants. Through the committee, two options were considered and analysed: -

- Option 1: Strengthening the Conditional Grant Proposal based on the issues raised by GF and any other relevant issues; and
- Option 2: Strengthening the Current Implementation Arrangements to be better aligned to devolved system of governance.

The committee recommended Option 2 which entails:

- i. Increasing visibility and accountability of GF grants at county and COG level
- ii. Clear roles and responsibilities between counties, COG, MOH and NT

- iii. Funds flow – A process that enhances value for money in the implementation of GF activities as it leverages on existing National and County structures without the need to set up parallel assurance and control mechanisms.

To align the GF grants with the 2010 constitution for the devolution of health care services, and strengthen county engagement through Option 2, the strategic plan envisions the following intermediate results:

- a. Engaged county governments in grant making and oversight
- b. GF financing flowing to the county level through existing structures
- c. Counties being accountable for resources and results

Engagement with county governments will require goodwill and buy in by the county officials. Legislation at the county level may need to be adopted to streamline the funding to the local budgetary and funds flow mechanisms, notwithstanding, the adopted should adapt to the GF risk mitigation measures and assurance.

Of importance, the counties should be able to demonstrate results and accountability of funds. Thus, results from needs assessments conducted should be implemented on gaps identified geared towards equipping counties with capacities to manage the resources, accurately report results and account for funds utilized. Additionally, oversight obligations by the Office of the Auditor General should be streamlined with the grant and periodically reported against. Nonetheless, despite the gains made, the KCM has flexibility to adopt other mechanisms as consultations continue.

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### 3.3.2 CONCERNS IN QUALITY OF SERVICES AND EFFECTIVE USE OF RESOURCES

The previous strategic planning period saw various program reviews on the performance of the Kenyan portfolio. According to the Office of the inspector General, 2018 Audit, quality of service delivery under the grants was rated as partially effective. The rating was partly attributed to challenges in the delivery of quality services to beneficiaries. Similar results were also identified and reported through assessments and reviews by the Ministry of Health, LFA and other implementing partners. The key quality concerns identified were:

- o Inefficiencies in procurement and supply chain affecting program performance and absorption of grant funds. Areas of concern include: Procurement delays, storage limitations, distribution challenges and untraced expiries at KeMSA, gaps in monitoring of active case findings in the TB grant including variations reported results.
- o Inaccuracies, duplication and overlaps reporting of results. Over reporting of results at the national level was identified due to overlaps and duplications in intervention areas between the Global Fund and other health partners. Other duplications related to sharing of reported indicators especially by SRs receiving multiple funding sources and but reporting the same results indicators. This was attributed to the absence of a detailed donor mapping affecting value for money and effectiveness in the utilization of resources.

These quality limitations, structural or procedural, have affected the grant performance and the absorption of grant funds. To improve on quality of service, the strategic plan envisions the following intermediate results:

- a. Enhanced implementation and absorption of funds disbursed especially to the government implementers
- b. None duplication between programs supported by the Global Fund and other health partners

Improved quality of services will require the KCM to gain an understanding of the root inhibitive causes through commissioning of assessments to develop a gap analysis across the three diseases. The gap analysis will provide evidence in which interventions can be developed through technical assistance to PRs and implementing agencies. Ultimately, the gains will be maximized where the resources are prudently allocated through coordination with other in-country actors.

### 3.3.3 INADEQUATE ENGAGEMENT AND ORGANISATION

At the heart of the GF grants coordination in Kenya is the KCM. KCM offers a platform for representation from various actors to achieve its mandate of oversight in service delivery. The organisational capacity assessment respondents outlined significant challenges in the operations of the KCM. These include:

- The capacity, involvement and availability of some members insufficient to actively and sufficiently participate in KCM deliberations / represent their constituencies and feedback sufficiently. The challenge was attributed to the criteria of nomination at some constituencies.
- The KCM constituencies renewed their members bi-annually. An orientation program was conducted through the KCM secretariat; however, the content was noted to be insufficient to enable sufficient understanding and representation. There was thus a slack of understanding of KCMs oversight role vis a vis day to day grant implementation by members. Additionally, continuous training was not provided leaving it to the prerogative of the member to self-study.
- Due to poor communication and information sharing, some constituencies such as the civil societies and FBO reported inadequate engagement. The information deficiency was cited as contributing to poor deliberations which delay and affect endorsement of critical decisions. Balancing competing engagements of members was also noted to constrain effective participation of members in KCM sessions.
- Relationship challenges within KCM, and with PRs, SRs and other implementing partners which have the potential to impact negatively on the implementation of grants. The relationship challenges were caused by lack of association – lacking similar interests, hidden agenda and conflicting interests hence limiting the performance of the KCM. Such challenges have been witnessed by the GF country team where interests were channeled directly subordinating the KCM's role in liaison with the GF, hence impacting negatively on the grant implementation.

To strengthen harmonization in delivery of results, the strategic plan envisions the following intermediate results:

- a. A harmonised KCM where the members are working as a team
- b. Inclusive oversight and meaningful engagement

Harmonization in delivery of results will require strict adherence to the GF grant implementation guidelines which create the CCM, its mandate, composition, roles, responsibilities and mode of business – Oversight. A clear and active oversight of grant investments should be incorporated through an understanding of the mandate and scope of the KCM. Thus, a meaningful, inclusive and participative engagement by stakeholders will arise. A cohesive KCM with understanding of representative's roles and mandates should be embraced to strengthen relationships between stakeholders and the GF. However, a common agenda driven by the KCM vision, mission and values should be promoted to avoid real or perceived conflict of interest.

This strategic planning period intends to address the constraints identified as outlined in the outcome's matrix in section 4.1 below:

## 4 THE 2021-2025 STRATEGIC PLAN

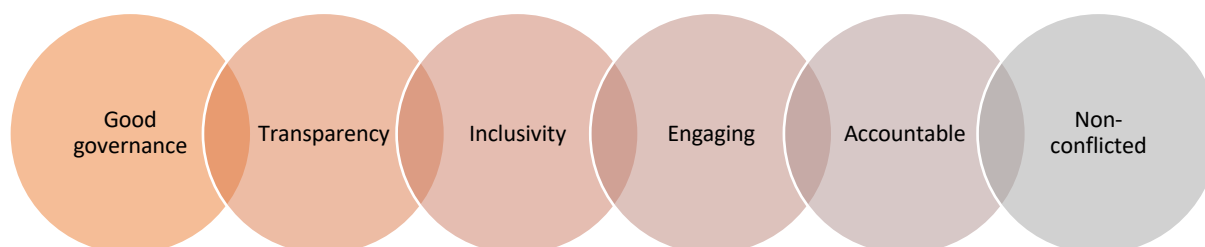
This strategic planning period will lay emphasis on the oversight mandate, representation and growth of the KCM to build on grant performance. Thus, a new vision and mission has been developed to identify with the renewed endeavours as follows:

**Vision:** Optimal, accountable and transparent stewardship towards ending HIV and AIDS, Tuberculosis and Malaria

**Mission:** Harnessing full potential of partners and resources to fight HIV and AIDS, Tuberculosis and Malaria in Kenya

The Strategic Plan will be informed and guided by the following set of values:

Figure 9: Guiding principles



## 4.1 KCM OUTCOMES MATRIX

Table 1: Strategic plan - 2021 to 2025 - Outcomes Matrix

Outcomes matrix			
Vision: Optimal, accountable and transparent stewardship towards ending epidemics of AIDS, Tuberculosis and Malaria in Kenya			
Mission: Harnessing full potential of partners and resources to fight AIDS, Tuberculosis and Malaria in Kenya			
The KCM values are modelled upon the CCM eligibility criteria on GF financing as well as the CCM Evolution <sup>1</sup> . The principles and values to guide implementation of this Strategic Plan will be informed and guided by the following set of values: Good governance, transparency, inclusivity, engaging, accountable and non-conflicted			
Strategic outcomes	Devolved funds	Quality assurance	Strengthened partnerships
	1. Strengthened devolved engagement	2. Improved quality of services, effective use of available resources and improved grant performance.	3. Harmonisation in delivering the KCM mandate
Intermediate outcomes	1.1 Engaged county governments in grant making and oversight 1.2 GF financing at county level through existing devolved structures 1.3 Resources and programmatic results accounted for by Counties.	2.1 Enhanced implementation and absorption of funds disbursed especially to the government implementers 2.2 None duplication between programs supported by the Global Fund and other health partners	3.1 A harmonised KCM where the members are working as a team 3.2 Inclusive oversight and meaningful engagement
Interventions	i. Engage counties in the grant making as well as continuous and active participation in KCM meetings to facilitate grant oversight.	i. Conduct a gap analysis to identify program weaknesses across the implementing agents	i. Development of a nomination criteria by constituencies to the KCM that can enhance representation. ii. Continuous capacity building of members.

<sup>1</sup> Evolving CCMs to Deliver on the Global Fund Strategy - The Global Fund 42nd Board Meeting GF/B42/10

Outcomes matrix			
	<ul style="list-style-type: none"> <li>ii. Establish a funds flow process that enhances value for money in the implementation of GF activities as it leverages on existing National and County structures without the need to set up parallel assurance and control mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>ii. Provide technical assistance to PRs and Implementing Agents (IAs) especially in efficiency of procurement and supply chain.</li> <li>iii. Engagement with in-country stakeholders on harmonisation of grants.</li> </ul>	<ul style="list-style-type: none"> <li>iii. Meaningful, inclusive and active participation by members.</li> <li>iv. Communication channels within KCM and with membership and constituencies strengthened.</li> </ul>
Key challenges	<ul style="list-style-type: none"> <li>a. Implementation arrangement in the context of devolution that complies with GF recommendations: (a) Feasible, (b) Acceptable under the current Devolved System of Governance, and (c) Cost-Effective.</li> <li>b. Inherent inability of counties to implement activities and account for grant funds in a timely manner.</li> <li>c. Coordination of 47 implementers could delay the flow of funds from the central level, the absorption of funds and subsequent reporting.</li> </ul>	<ul style="list-style-type: none"> <li>a. Inaccuracies, duplication and overlaps reporting of results.</li> <li>b. Inefficiencies in procurement and supply chain affecting program activities and absorption of grant funds.</li> </ul>	<ul style="list-style-type: none"> <li>a. Insufficient capacity, involvement and availability of some members to actively and sufficiently participate in KCM deliberations / represent their constituencies and feedback sufficiently.</li> <li>b. Slack in understanding of KCMs oversight role vis a vis day to day grant implementation.</li> <li>c. Inadequate engagement by some constituencies attributed to poor communication, information sharing and competing responsibilities.</li> <li>d. Relationship challenges within KCM, and with PRs, SRs and other implementing partners which have the potential to impact negatively on the implementation of grants.</li> </ul>

**Note:**

The outcomes matrix will be developed into a Strategic Results Framework (SRF) after the approval of the Strategic Plan. The SRF will have smart intermediate outcome indicators that will be developed when the financial position is clearer. The SRF will be the basis for the development of the Delivery Plan.



## 5 DELIVERING THE STRATEGY

To achieve the aspirations of its vision and mission, KCM will require strong governance, leadership, management, and support from members, secretariat and partners. KCM therefore, will work towards creating an enabling organizational culture, demonstrate value for money through monitoring and measurements of results and resource the organisation through a robust resource mobilization and partnership strategy. The mechanisms outline below will be developed as a prerequisite to the implementation of the strategic plan.

### 5.1 ORGANIZATIONAL CULTURE

KCM is cognizant that an enabling organization will attract and retain highly experienced and skilled members, and subsequently contribute to improved organizational performance and growth.

KCM believes that values that guide its operations contribute to an enabling organizational culture. These values include :- good governance, transparency, inclusivity, engaging, accountable and non-conflicted. KCM will embed these values in all spheres of its operations, leadership, governance and programs. All members will be trained on the organizational culture premised on its values and principles.

### 5.2 MONITORING AND EVALUATION

KCM will develop a Monitoring, Evaluation, Accountability and Learning (MEAL) Plan to monitor and measure performance of this strategic plan. The MEAL will provide a clearly defined framework of assessing performance of KCM towards achievement of set Goals. The MEAL will define key performance indicators, annual indicator targets, data collection methods, reporting requirements and obligations. The MEAL will be guided by the annual financing envelope available to the KCM. Implementation of KCM MEAL will be vested on a focal point who will ensure that a robust MEAL system is put in place to facilitate data collection, data analysis and reporting. In this regard, however, all KCM secretariat staff will be retooled on MEAL guidelines to ensure that MEAL is a collective responsibility.

In line with best practice of Continuous Learning Approach (CLA), KCM will conduct performance reviews on quarterly basis to take stock of achievements, acknowledge lessons learned and challenges, and take timely corrective measures.

### 5.3 RESOURCE MOBILISATION AND PARTNERSHIP

KCM will develop a resource mobilisation and partnership strategy to fund the strategic planning funding gaps (unfunded result areas). The funding gaps will form the basis of the resource mobilisation efforts from each of the partners KCM intends to engage with. The strategy will provide a road map for KCM to broaden the scope and range of partnerships and widen the traditional donor base through forging new ones with emerging donors.

### 5.4 ORGANIZATIONAL STRUCTURE

The success of KCM will be contingent on the support from a clearly defined functional and resourced secretariat. In this regard, an organogram (see Annex 1) has been developed to ensure enhanced delineation of functions, clarity in reporting lines and coordination of staff at the secretariat. The organogram for KCM secretariat provides a clear framework for organizational governance, leadership and management.

### 5.5 ANNUAL BUDGETS

Based on annual funding allocations approved, KCM will on an annual basis develop an annual workplan and budget aligned with the SRF. The budgets shall highlight activity level costs inputs as well as general and administrative costs presented through budget categories and mapped to respective funders, where necessary.

## ANNEX 1: KCM SECRETARIAT ORGANOGRAM

The organogram presented in figure 10 below outlines a futuristic scenario for the KCM secretariat dependent on the responsibilities that may be required from the secretariat to implement the strategic plan.

Figure 10: KCM secretariat organogram

