



**HIGHLIGHTS OF SPECIAL KCM MEETING HELD ON 29<sup>TH</sup> MAY, 2020  
BETWEEN 3.25PM AND 4.30 PM VIA WEBEX**

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**Present**

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|----------------------------|-------------------------------|
| 1. Ms. Susan Mochache, CBS | Member/Chair-Gov              |
| 2. Ms. Faith Ndung'u       | Member/Vice Chair-NGO         |
| 3. Dr. Bernhard Ogutu      | Member/KEMRI-Gov              |
| 4. Dr. Nduku Kilonzo       | Member/NACC-Gov               |
| 5. Dr. Jonathan Kiliko     | Member-FBO                    |
| 6. Ms. Jacinta Mutegi      | Alternate-FBO                 |
| 7. Dr. Pierre Bello        | Member/DP-BL                  |
| 8. Mr. Stanley Bii         | Member/DP-BL                  |
| 9. Ms. Soko Isokawa        | Alternate –DP-BL              |
| 10. Mr. Philip Nyakwana    | Member/PLWD-TB                |
| 11. Ms. Maurine Murenga    | Member/PLWD-HIV               |
| 12. Mr. Peter Njane        | Member/KP                     |
| 13. Ms. Rosemary Kasiba    | Member/KP                     |
| 14. Ms. Joyce Ouma         | Member/AYP                    |
| 15. Ms. Eva Muthuri        | Member/PLWD-Malaria           |
| 16. Ms. Faith Muigai       | Member/Formal Private Sector  |
| 17. Ms. Meboh Abuor        | Alternate/COG                 |
| 18. Ms. Patricia Kilonzo   | Alternate/Private Sector Inf. |
| 19. Mr. Samuel Muia        | KCM Coordinator               |

**In Attendance**

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|---------------------------|------------------------------------|
| 1. Dr. Daniella Munene    | Alternate/Private Sector/Formal    |
| 2. Ms. Zilpha Samoei      | Alternate/FBO                      |
| 3. Ms. Gloria Kerubo      | Alternate/AYP                      |
| 4. Ms. Pamela Kibunja     | Alternate/NGOs                     |
| 5. Dr. Pacifica Onyancha  | Ministry of Health                 |
| 6. Dr. Joseph Kibachio    | Ministry of Health Strategic Progs |
| 7. Dr. Elizabeth Onyango  | Head/National TB Program           |
| 8. Dr. Annastacia Nyalita | Private Sector                     |
| 9. Dr. Dan Koros          | PEPFAR                             |
| 10. Mr. Stephen Muiruri   | National Treasury                  |
| 11. Dr. Caroline Olwande  | Covid FR Committee Chair           |
| 12. Dr. Bernard Langat    | Covid FR Committee Secretary       |
| 13. Dr. Jean Gitau        | Covid FR Committee Member          |
| 14. Ms. Khalda Mohamed    | Covid FR Committee Member          |

15. Ms. Margaret Ndubi
16. Ms. Ann Gorretti
17. Ms. Josephine Mwaura
18. Mr. Kevin Ogolla
19. Ms. Margaret Mundia

Covid FR Committee Member  
Amref Health Africa  
KCM Secretariat  
KCM Secretariat  
KCM Secretariat

**Absent with apology**

1. Dr. Medhin Tsehiau
2. Ms. Jane Wamoko

Member/ML  
Alternate/National Treasury

**Agenda**

1. Introduction/Apologies
2. Remarks by the Chair
3. Declaration of Conflict of interest.
4. Review and Endorsement of Funding Request Application to support COVID-19 Response in Kenya
5. A.O.B

**Min 1/3/5/2020 Introduction/Apologies**

Introduction done through the platform chat.

Apologies as listed above

**Min 2/3/5/2020 Remarks by Chair**

The KCM Chair welcomed members present and called meeting to order at 3.25pm. The Chair thanked members for joining the meeting which was important to review and endorse Kenya's Funding Request application for submission to the Global Fund. The Chair acknowledged the commitment shown by the writing team and KCM members in drafting and reviewing the funding request application respectively, despite the short notice. She requested members to participate actively during the day's meeting to ensure that the funding request application is endorsed and submitted to the Global Fund by 31<sup>st</sup> May,2020.

**Min 3/3/5/2020 Declaration of Conflict of Interest**

None was declared

## **Min 4/3/5/2020 Review and Endorsement of Funding Request Application to support COVID-19 Response in Kenya**

### **Presentation by Dr Caroline Olwande-Funding Request (FR) Writing Chair**

The FR Writing Chair highlighted that the Writing Team had earlier presented proposed Interventions and budget lines to Special KCM meetings held on 22<sup>nd</sup> and 27<sup>th</sup> May, 2020. The KCM requested the FR writing team to retreat and make necessary adjustments as requested by the KCM and present the request for endorsement. She informed the meeting that the writing team in-cooperated comments and inputs made during the previous KCM Meetings.

Below find highlights of the presentation made by the FR writing Chair;

**Stakeholder engagement:** The Team engaged with the Resource Mobilization subcommittee on COVID 19; Community Engagement subcommittee on COVID 19; Laboratory coordination and logistics sub-committee on COVID 19; County Governments; MOH strategic disease programs (NASCO, NACC, NLTP, NMCP); The National Treasury (PR 1); Non-state PRs (Amref and KRCS); Non-state SRs (CSOs, Community networks, Adolescents and Young People) as well as Religious leaders.

During the KCM meeting of 27<sup>th</sup> May, 2020, the KCM requested for revisions on the presented proposal, with a request to focus more on a COVID-19 national response and strategic community activities, bearing in mind that disease specific activities were already addressed in the existing grants. The writing team reported, that as much as was possible, they had removed duplication and scaled down scope in disease specific interventions, Other recommendations included, Increase number of COVID 19 testing from 135,000 to 337,000 tests. The increase was spread out as (**150,000 tests** in priority 1 and **187,000 tests** in priority 2); Community engagement for COVID 19 contact tracing and case notification in priority 1 and 2; Capacity for critical care - 11 units; IPC preparedness for schools re-opening in priority 1 and 2 (Total priority 1 is **\$7,558,229.35** and priority 2 is **\$11,691,770.51**).

The Team presented interventions under Priority 1 with a total budget of Kshs. **1,390,250,740.40**

USD **13,497,580.00** as: COVID 19 response (with **150,000 tests**, community surveillance for contact tracing, KAP surveys, schools re-opening) budget (Kshs) 778,497,623.40; budget USD 7,558,229.35 and %total 56%. Interventions to facilitate HIV testing and maintain people on ART budget Kshs. 16-, 658,960; Budget USD 1,559,795.73 (12%). Interventions to facilitate TB case finding and maintain people on treatment Kshs. 114,641,040.00; USD1,113,019.81 (8%). Interventions to enhance vector control and facilitate Malaria diagnosis Kshs. 105,186,800.00; USD1,021,231.07 (8%). Procure and distribute re-usable face masks for Community service providers budget Kshs. 99,623,557.00; USD 967,219.00 (7%). Sensitization of CSO, CHVs, Community PE, KPs/PLHIV networks on COVID 19 and continuity of services Budget kshs. 96,820,000.00; USD 940,000.00 (7%). A comprehensive rapid assessment of the impact of COVID on HIV, TB, Malaria and Health (including access to justice for SGBV, PLHIV), budget Kshs. 21,095,000.00; USD 204,805.83 (2%). Sub county and county support for coordination and supervision of supply chain and monitoring and evaluation, budget Kshs. 13,727,760.00; USD 133,279.22 (1.0%).

**Summary of other interventions totaling to Total: 1,390,250,740.00; USD 13,497,580.00**

**was presented as:** COVID testing, contact tracing and screening, schools reopening, KAP surveys, lab staff support, procurement of re-usable face masks, TB screening in quarantine facilities, engagement of private providers for TB treatment, biosafety cabinets maintenance, procurement of HIVST, mobile methadone dispensing, LLIN distribution, comprehensive assessment of impact of COVID on HIV, TB, Malaria and health, sub county and county support, budget Kshs. 1,043,996,980.00; USD 10,135,893.01 (75%).

**Community disease interventions** - community commodity distribution, GBV response, mental health and psychosocial support, demand creation for HTS and ANC, IGA, cash transfer, TB sputum sample collection, use of technologies for TB self-screening and adherence, budget Kshs. 186,833,760.00; USD 1,813,920.00 (13%).

**Social protection** – IGA for FSW and PLHIV groups, cash transfer for vulnerable KP, AYP and PLHIV households, budget Kshs. 62,600,000.00; USD 607,766.99 (5%).

**Capacity building** – sensitization of community actors on COVID 19 and service continuity, Kshs. 96,820,000.00, USD 940,000.00 (7%).

**COVID 19 response interventions- Priority 1 were itemized as:** Diagnosis for Covid-19 – 150,000 tests; Community based COVID 19 surveillance and case finding – COVID 19 contacts tracing and screening; KAP surveys (adult and youth) and IPC preparedness for school reopening.

**Cross-cutting interventions for capacity building and protection – Priority 1:** Sensitization of community actors (CSO, peer educators, KPs, PLHIV, AYP networks on COVID 19 and continuity of services; Procurement and distribution of reusable face masks for community actors; Undertake a comprehensive rapid assessment of the impact of COVID on HIV, TB, Malaria and health services (including access to justice for SGBV, PLHIV) and Support Sub county and county for coordination and supervision of supply chain, monitoring and evaluation.

**Interventions to facilitate HIV testing and maintain people on ART- Priority 1 include:** Demand creation for ANC/PMTCT and HIV testing services; Community ART and essential commodities distribution by community actors (ARVs, Condoms, NSP, Lubricants, PEP, PrEP); Procurement and distribution of 100,000 HIVST and establishment of follow up mechanism to enhance reporting; Mental Health and Psychosocial support to PLHIV, Key Populations and AYP; Provision of financial support through IGA to vulnerable FSW and PLHIV groups; Household Cash Transfers for vulnerable populations of PLHIV (MTCT mothers, CALHIV, elderly LHIV), KPs and AYP; Logistical support towards shift from static to mobile Methadone dispensing and Response to SGBV through support for litigation of violators of Human rights and support to survivors.

**Interventions to facilitate TB case finding and maintain people on treatment – Priority 1:** Popularize available technology based self-screening solutions for TB diagnosis; Sputum sample collection at community level; Scale up digital adherence technologies and remote support systems ( TB treatment and TPT); Support community TB drugs delivery; Engage private providers including pharmacy clinics to dispense TB drugs; Procurement, Certification and Maintenance of biosafety cabinets; Retention of laboratory technologists involved TB/HIV routine test and COVID 19 testing and Screening for TB for people in quarantine and isolation facilities , and ports of entry across the country.

**Interventions to enhance vector control and facilitate Malaria diagnosis – Priority 1:** LLIN Mass distribution – support additional logistics for distribution process; Support community actors to accompany clients to link facilities; Support community data review; and Facilitate an efficient and rapid QA for malaria diagnosis to mitigate against false results

**PR splits under Priority 1 in Kshs. were as: PR1- 791,158,823.40 and PR2 599,091,917.00 broken down as follows:** Cross Cutting PR1-13,727,760; PR2-217,538,557. HIV PR1-30,024,000; 130,634,960. TB-PR1:24,279,040; PR2: 90,362,000. Malaria PR1-72,880,400; PR 2: 32,306,400. COVID 19 PR1- 650,247,023; & PR2-128,250,000.

**Priority 2 summary of intervention with a total budget of Kshs. 2,299,756,110.58 (USD 22,327,729.23)** broken down as: COVID 19 response (with **187,000 tests**, community surveillance for contact tracing and schools re-opening) budget Kshs. 1,204,252,362.07; USD 11,691,770.51 (52%). Interventions to facilitate HIV testing and maintain people on ART budget 387,224,524.99, USD 3,759,461.41 (17%). Interventions to enhance vector control and facilitate Malaria diagnosis and treatment budget 274,014,903.76, USD 2,660,338.87 (12%). Interventions to facilitate TB case finding and maintain people on treatment budget Kshs. 180,826,000.00, USD 1,755,592.23 (8%). Procure and distribute re-usable face masks for Community service providers budget Kshs. 124,726,265.32, USD 1,210,934.61 (5%). Expand GeneXpert testing capacity for TB, Covid-19 and HIV budget Kshs. 111,080,214.45, USD 1,078,448.68 (5%). Sub county and county support for coordination and supervision of

supply chain and monitoring and evaluation budget Kshs. 17,631,840.00, USD 171,182.91 (1%).

**Other interventions** - COVID 19 testing, critical care, contact- tracing and screening, IPC preparedness for school reopening, GeneXpert capacity expansion, support for laboratory staff specialists, procurement of HIVST, lab staff support, LLIN mass distribution, expansion of GeneXpert capacity, procure re-usable face masks, sub county and county support budget Kshs. 1,875,986,221.00, USD18,213,458.46 (82%).

**Community Interventions** - technology based self-screening solutions, Sputum sample collection at community, community TB drugs delivery, community ART distribution, budget Kshs. 180,769,890.00, USD1,755,047.48 (8%).

**Social protection** - Nutritional support in form of food baskets/ Social support to TB patients, Household Kshs. 243,000,000.00, USD2,359,223.30 (11%).

Itemized activities: Diagnosis for Covid-19 – 187,000 tests; Increase COVID critical care capacity; Community based COVID 19 surveillance and case finding – COVID 19 contacts tracing and screening and IPC preparedness for schools reopening.

Under Priority 2, the interventions were as follows: **Cross-cutting interventions for capacity building and protection – Priority 2** - Expand GeneXpert testing capacity for TB, Covid-19 and HIV (enabling 22,000 COVID 19 tests); Procurement and distribution of reusable face masks for community actors; Support Sub county and county for coordination and supervision of supply chain, monitoring and evaluation

**Interventions to facilitate HIV testing and maintain people on ART – Priority 2** - Community ART and essential commodities distribution by community actors (ARVs, Condoms, NSP, Lubricants, PEP, PrEP); Procurement and distribution of 228,849 HIVST and establishment of follow up mechanism to enhance reporting; Household Cash Transfers for vulnerable populations of PLHIV (MTCT mothers, CALHIV, elderly LHIV), KPs and AYP; Methadone mobile dispensing; Maintain clinical support centre and scale up Ushauri

platforms at facilities (currently 88 are active) and Support messaging to PLHIVs in support of adherence; Provision of alternative feeding program for PWIDs such as monthly food baskets for PWIDs integrated with essential commodities; Support Vulnerable women Dignity kits for selected counties and Support for the laboratory staff specialists in support of HIV and COVID 19 testing

**Interventions to facilitate TB case finding and maintain people on treatment – Priority 2**

- Popularize available technology based self-screening solutions for TB diagnosis; Sputum sample collection at community level; Community Based TB treatment; Procurement, Certification and Maintenance of biosafety cabinets; Nutritional support in form of food baskets/ Social support to TB patients and Community TB case finding

**Interventions to enhance vector control and facilitate Malaria diagnosis – Priority 2 -**

LLIN Mass distribution – support additional logistics for distribution process and Surveillance, monitoring and evaluation - use of mobile apps for reporting of CCMm.

**PR splits under Priority 2 in Kshs. were as: PR1 - 1,486,736,141.28 and PR2 813,019,969.77 broken down as follows:** Cross Cutting PR1- 17,631,840; PR2- 235,806,480. HIV PR1- 129,190,925; **PR2** - 258,033,600. TB-PR1 - 51,500,000; PR2 129,326,000. Malaria PR1- 235,531,014; PR 2: 38,483,890. COVID 19 PR1- 1,052,882,362; & PR2- 151,370,000.

The splits were as follows **Priority 1** = PR1 57%, PR2 47% and **Priority 2** =PR1 65%, PR 35%

**Implementation arrangements:** Implementation as guided by the Global Fund would be through existing Principal Recipients (PRs); PR1 The National Treasury and PR2 – Amref (TB and Malaria) and KRCS (HIV). The PRs will also use their existing Sub-Recipients (SRs) PR I – NASCOP, NACC, NLTP, NMCP and PR2 – CSO and Community networks.

The Committee requested KCM to endorse:

- Priority 1 and 2 interventions
- PR splits



- Implementation arrangements

### **Discussion and Way Forward**

Jacinta Mutegi (FBO): Requested that the committee consider reducing amounts allocated to HIV interventions, as this had already been catered for in the existing disease grants, and instead increase the budget on procurement of masks and gloves for the Private and FBO facilities.

Philip Nyakwana (PLWD/TB): supported the proposal by the FBOs, and therefore the funds be used to support procurement of masks and gloves. He also requested for information on status of covid test kits available in the country to enable the committee make sound decisions.

The Chair informed members that there were no test kits in the country, and there was need to procure as much as was possible.

Jonathan Kiliko (FBOs): Requested if the committee writing the proposal could be asked not to disband and oversee implementation of proposed activities. The proposal was procurement heavy.

Dr. Ngugi (NASCOP) informed members that due to Covid-19, it was evident that HIV patients opted to stay away from health facilities, and therefore, there was need to procure self-testing kits to ensure no losses were made on the already gained achievements in fighting HIV.

### **Decision**

The Chair thanked members for their comments/inputs/observations, she informed the meeting that time was of essence to ensure timely submission of Kenya's application to the Global Fund and some of the issues highlighted can be addressed during implementation.

The funding request application including Priority 1 and 2 interventions; PR splits and Implementation arrangements were endorsed as is.

Proposed by: Stanley Bii

Seconded by: Faith Muigai

The KCM Coordinator requested KCM members to send an endorsement email to the KCM Secretariat instead of signing since the KCM meeting to endorse the funding request application was held virtually.

### **Highlights on ECSA COVID 19 Response Request**

The KCM Coordinator informed the meeting that East Central South Africa Health Community (ECSA-HC) in collaboration with the Uganda Supranational Reference Laboratory is in the process of applying for the *Global Fund's COVID-19 Response Mechanism* funding to assist countries in the region to respond to the pandemic.

The main objective of the proposal is to support countries to reinforce the response to COVID-19. Countries proposed to be supported include Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

ECSA-HC is the Principal recipient (PR) facilitating and coordinating the project while the Uganda SRL will be the Sub-recipient (SR) with similar implementation arrangements as the ongoing Global Fund Regional Laboratory Strengthening project. The grant is expected to run from July 2020 to June 2021. ECSA is requesting the KCM to endorse the application and approve Kenya to be included in the regional initiative.

The KCM Coordinator informed the meeting that request by ECSA-HC was received on 26<sup>th</sup> May,2020 and during the KCM meeting held on 27<sup>th</sup> May,2020 the KCM Recommended that HIV, TB and Malaria Interagency Coordinating Committee review the application.

The KCM Coordinator informed members that the application was shared with ICC Chairs on 27<sup>th</sup> May,2020 with a request to ICC members to review the application. ICC Review comments/ inputs had been shared with ECSA Team for feedback/response.

The KCM recommended that the funding request application / responses on ICC comments be shared with the KCM online to review and endorse the application. ECSA –HC team members were to be copied in the communication to provide any further clarification/response.