



**KENYA COORDINATING MECHANISM
MINUTES OF THE KCM MEETING HELD VIRTUALLY ON 12TH MAY ,2021 BETWEEN,
9.10AM AND 10.37AM**

Present

1. Ms. Susan Mochache, CBS
2. Mr. Philip Nyakwana
3. Mr. Steven Muiruri
4. Dr. Ruth Masha
5. Ms. Maurine Murenga
6. Dr. Heather Smith
7. Dr. Medhin Tsehaiu
8. Mr. John Kihui
9. Ms. Rosemary Kasiba
10. Mr. Ahmed Said
11. Dr. Pierre Bello
12. Mr. Lattiff Shaban
13. Dr. Joe Lenai
14. Dr. Gerald Macharia
15. Ms. Zilpha Samoei
16. Ms. Pamela Kibunja
17. Mr. Samuel Muia

KCM Chair
Member/PLWD-TB-NSA
Member/TNT
Member/ NACC
Member, HIV Constituency
Member/DL/BL/PEPFAR
Member/DP-BL
Member/Informal Private Sector
Member/KP Rep-NSA
Alternate /KP Rep.
Member/BL
Member FBO/ SUPKEM
Member/COG
Alternate/BL/ML/CHAI
Alternate Member FBO
Alternate/NGOs
KCM Coordinator

In Attendance

1. Ms. Patricia Mwende
2. Ms. Consolata Opiyo
3. Mr. Vincet Obwanda
4. Dr. Bernhard Langat
5. Ms. Ndubi Margaret Lilian
6. Dr. Catherine Ngugi
7. Dr. Waqo Ejersa
8. Mr. Samuel Ntoburi
9. Mr. Leonard Kingwara
10. Dr. John Kiiru
11. Dr. Eunice Omesa
12. Ms. Rosemary Kihoto
13. Mr. John Kabuchi
14. Dr. Clare Obonyo
15. Mr. Samuel Nyigi
16. Ms. Jane Kitonga

Alternate Member Informal private Sector
Alternate PLWD/TB
Alternate /KP
AMC19 Writing team Chair.
UNAIDS/C19 Writing team Co-Chair.
NASCOP
Head TB Program
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.
C19 Writing team Member.

17. Dr. Steven Ntoburi
18. Ms. Khalda Mohammed
19. Dr. Eunice Omesa
20. Ms. Ludfine Anyango
21. Ms. Gloria Wandeyi
22. Dr. Dan Koros
23. Dr. Nazila Ganatra
24. Dr. Valleria Mackory
25. Ms. Annette Msabeni
26. Dr. Caroline Asin
27. Dr. George Githuka
28. Ms. Margaret Mundia
29. Mr. Kevin Ogolla
30. Ms. Josephine Mwaura

C19 Writing team Member.
 C19 Writing team Member.
 C19 Writing team Member.
 C19 Writing team Member.
 C19 Writing team Member.
 C19 Writing team member.
 MOH
 MOH
 KRCS
 GF/TB Program
 Head DNMP
 KCM Secretariat
 KCM Secretariat
 KCM Secretariat

Apologies

1. Ms. Faith Mwende
2. Ms. Eva Muthuri
3. Mr. Peter Njane

KCM Vice Chair
 Member/Malaria Constituency
 Member/Key Populations

Agenda

1. Introduction/Apologies
2. Remarks by the KCM Chair
3. Declaration of Conflict of Interest
4. Endorsement of C19RM Fast Track Funding Request Application
 - Presentation by the FR Chair, C19RM Funding Request Secretariat
5. Confirmation of Minutes of KCM meeting held on 28th April, 2021 and 10th May, 2021.
6. Closing Remarks by the Chair

Min 1/2/5/2021 Introduction/Apologies

Meeting was called to order at 9.10 am. Opened with a word of prayer.

Apologies are as above.

Min 2/2/5/2021 Remarks by the KCM Chair

The Chair welcomed all members to the day's meeting. She noted that during the KCM meeting held on 14th April, 2021 the KCM started off the funding request application process for the funding award received from the Global Fund to support COVID 19 Response in Kenya. To access this new financing the Global Fund requires Kenya to submit an ambitious and comprehensive funding request

application developed through an inclusive dialogue and engaging a wide range of stakeholders. That during the last on week over 15 constituencies have been engaged and over one thousand (1,000) participants managed to join the Country dialogue meetings and shared suggestions and needs to be prioritized in the funding request application. The KCM chair was glad that during the Special KCM meeting held on Monday 10th May 2021, the KCM reviewed the Fast-Track Funding Request Application. The KCM Chair informed members that according to the Global Fund guidelines, the fast-track application is to support urgent procurement and deployment of COVID-19 health products, including diagnostics, therapeutics (such as oxygen and related equipment), personal protective equipment (PPE) and support costs related to the effective deployment of these health products. That the day's meeting was important to endorse the Fast-Track Funding Application to enable submission to the Global Fund on 13th May, 2021. With those few remarks, she wished all of us a very successful meeting.

Min 3/2/5/2021 Declaration of Conflict of Interest

Members were requested to declare their COI

No conflict of interest was declared.

Min 4/2/5/2021 Endorsement of C19RM Fast Track Funding Request Application

Presentation by the FR Chair, C19RM Funding Request Secretariat. Dr. Bernard Langat: -

Members were requested to declare a conflict of interest.

No conflict of interest was declared.

Introduction: The United States provided US\$3.5 billion to the Global Fund for COVID 19 response and Germany announced a contribution of EUR140 million. The Global Fund allocated Kenya C19RM base allocation of US\$62,296,526. An equivalent amount to be applied under C19RM above base allocation. These funds are intended for the response to COVID-19 and to mitigate the impact of the pandemic on the fight against HIV, tuberculosis, and malaria, and strengthen health and community systems. **Fast-track Funding Request;** To expedite the provision of urgently required COVID-19 health products, countries can access a portion of their C19RM Base Allocation through a streamlined Fast-track process. Fast-track requests are specifically for the urgent procurement and deployment of COVID-19 health products, including diagnostics, therapeutics (such as oxygen and related equipment) and personal protective equipment (PPE), as well as the support costs related to the effective deployment of these health products. Fast-track Funding Requests can be submitted in advance of the C19RM Full Funding Request and will be reviewed and approved through a streamlined process. Kenya registered to submit fast track funding request on 13th May 2021.

Deadline to utilize funds 31st December 2023. *The C19RM Fast Track Funding Request Application Road Map and update was shared with members.*

Development of C19RM Funding Requests: To access this new financing the Global Fund requires applicants to submit an ambitious and comprehensive funding request outlining prioritized programmatic needs. Applicants can access C19RM Funding through a C19RM Full Funding Request and/or a Fast-track Funding Request. C19RM Full Funding Request, including the C19RM Above Base Allocation- detailing how the C19RM Base Allocation and the C19RM Above Base Allocation Request will be utilized. Countries are strongly encouraged to submit their C19RM Full Funding Request as soon as possible given the urgency needed to respond to the pandemic. Recognizing that some types of funding requests may take longer to develop, countries will be able to submit their C19RM Full Funding Requests in two parts if needed, as long as their complete submission is received by 30 June 2021. **Full Funding Request Priority Areas and timelines;** COVID-19 control and containment interventions, including PPE, diagnostics, treatment, communications, and other public measures as specified in WHO guidance. COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria including, but not limited to, support for COVID-19 interventions needed to safely implement campaigns, community and health facility-level HIV, TB, and malaria programs. Expanded reinforcement of key aspects of health and community systems, such as national laboratory networks, supply chains, and community-led responses, to address advocacy, services, accountability, and human-rights based approaches. C19RM Full Funding Requests, including the C19RM Above Base Allocation request, can be submitted during four submission windows: 14 May 2021, 31 May 2021, 15 June 2021, and 30 June 2021. Kenya registered for the 15th of June 2021 3rd submission window. Any C19RM base allocation amount that is not applied for within the defined timelines will be considered for reallocation to other countries. *C19RM Fast Track Funding Request Application Road Map and update as well as the C19RM Full Funding Request Application Road Map and update were shared.* The funding request is composed of members from various organizations/ communities and sectors, **Status Update for Country dialogue. The following constituencies have been engaged.** 1. C19 RM Task Force/ Subcommittees, 2. AYP adolescent and young persons, 3. NGO Constituency, 4. Development Partners, 5. TB Constituency, 6. Key population, 7. FBO, 8. Private Sector Formal, 9. Government Constituency / HIV/TB/Malaria Programs, 10. County Governments, 11. Malaria Constituency, 12. Humanitarian Organizations /Prison, 13. Informal Private Sector, 14. Education, 15. PLHIV Constituency. **Allocation fast- track Funding request; Total Allocation 62,296,526; Fast track funding request-31,148,263; Laboratory reagents and consumables-12,459,305; Therapeutics (Oxygen and related equipment)-12,459,305; Personal protective equipment (PPE)- 6,229,653.** The Fast-track application is 50% of the C19RM Base Allocation. Consideration: Commodities considered for optimal use, availability of funding from other sources, C19RM implementation status among others. **Feedback from KCM review on 10th May 2021.** Prioritization of the elderly in the PPE support **Comments** Support included to buy 402,730 disposable masks for the elderly. Inclusion of faith based, and private facilities **Comments** See attached list from the laboratory and oxygen team. Demonstration of support from GOK and various partners **Comments** This has been done and provided in the documents shared. Challenges that the PRs are failing in terms of procurements **Comments** the PRs will share the briefs with the KCM. Provide list of facilities that will benefit from the support **Comments** List of facilities shared.

OXYGEN

Presentation by Ms. Rosemary Kihoto: -

Overview therapeutic (oxygen and related equipment):

Process of developing funding requirements: Mapping of public health facilities identified by counties as COVID19 isolation/treatment centres (April 2021). Identification of optimal oxygen supply source mix (on-site manufacture, bulk liquid oxygen, centralized cylinder manifolds or cylinders)- to provide consistent and optimal supply of oxygen. Establishing oxygen distribution efficiencies through installation of piping infrastructure to serve multiple patients. Installation of back up supply systems at County Referral Hospitals and high-volume Sub County Hospitals with ICUs. Supply of oxygen accessories for lower-level facilities supplied with cylinders. Costing of funding requirements based on oxygen supply type and quantity (depending on level of health facility).

Breakdown of facilities supported by oxygen type: Oxygen Supply in Liquid- 12; Oxygen Supply in Cylinders-307; Install Liquid Oxygen tank 10; Install Onsite PSA Plants-5; Install Centralized cylinder Manifold-159; Installation of oxygen piping Infrastructure-166; Oxygen Therapy kits (Regulators, Flowmeters, Humidifiers)-25; *Total beneficiary facilities-317.* **Notes:** 2 facilities have liquid oxygen installed and will only be supplied with oxygen. 7 facilities have manifolds in place and will only be supplied with oxygen. Comprises 308 public facilities and 9 non-public (FBOs and private) facilities. **Funding requirements by oxygen type;** Total Need for 30 months **\$35,789,252.**

Allocation under fast-track **\$12,459,592.** *Excludes 55 hospitals and 45 health centers facilities with support from other partners.* Oxygen supply in liquid; 858,975; Oxygen supply in cylinders - 4,116,51; Install liquid oxygen-128,365; Install PSA- 646,958; Install cylinder manifold- 1,788,007; Install piping infrastructure- 3,957,911; Oxygen Kits- 39,927 **Total USD- 11,536,659.** **PSM cost:** Oxygen supply in liquid- 68,718; Oxygen supply in cylinders-329,321; Install liquid oxygen-10,269; Install PSA-51,757; Install cylinder manifold- 143,041; Install piping infrastructure- 316,633; Oxygen Kits- 3,194; **Total USD- 922,933.** **Grand Total-** Total Oxygen supply in liquid- **927,693;** Total Oxygen supply in cylinders- **4,445,837;** **Total** Install liquid oxygen- **138,634;** Total Install PSA- **698,715;** Total Install cylinder manifold- **1,931,048;** **Total** Install piping infrastructure- **4,274,544 - Total** Oxygen Kits- **43,121;** **Total USD- 12,459,592.** **Current Oxygen support**

landscape: Install Liquid oxygen and supply O2; Number of Facilities; - 25. *Source of Funding-* World Bank/Agency De Development Francaise (AFD)/AMREF/Rockefeller/CHAI. Install PSA/VSAs-Number of Facilities- 9; *Source of Funding-* AFD / USAID Rehabilitate Existing PSAs; Number of Facilities; - 5; *Source of Funding-* PATH. Install Manifolds and supply O2. Number of Facilities- 10; *Source of Funding-* World Bank/Agency De Development Francaise (AFD). Supply O2 to lower-level facilities- Number of Facilities- 46. *Source of Funding-* World Bank. Total Number of Facilities -100. **Funding requirements by oxygen type and facility level;** Oxygen Supply in Liquid- level 4-363,221; Level 5- 495,755; Total; USD- 858,975. PPM- 68,718; Grant total 927,693; Oxygen Supply in Cylinders; I- Level 2- 372,648; Level 3- 689,398; Level 4- 2,807,591; Level 5- 246,879; Total (USD) 4,116,516; PPM Cost-329,321; Grant Total USD- 4,445,837. Install Liquid Oxygen- Level 4- 64,182; level 5- 64,182; Total USD- 128,365. PPM Cost-10,269; Grant Total USD-

129,392. Install Onsite PSA Plants Level 4- 388,175; Level 5- 258,783; Total USD- 646,958; PPM Cost- 51,757; Grant Total USD- 698,715. Install cylinder Manifold-level 2- 51,757; Level 3- 129,392; Level 4- 1,305,007; level 5- 301,852; Total USD 3,957,911; PPM Cost- 316,633; Grant Total USD- 4,274,544. Install piping Infrastructure- Level 2- 77,019; Level 3- 196,826; Level 4- 2,768,398; level 5- 915,668 Total USD 4,088,785. Oxygen Therapy kits- Level 2- 22,359; Level 3- 14,374; Level 4- 3,194; Total USD 39,927; PPM Cost- 3,194; Grant Total USD- 43,121. **Total- Level 2- 523,782; Level 3- 1,029,989; Level 4- 7,699,768; Level 5- 2,283,120; Total (USD)- 11,536,659; PPM- 922,933; Grand Total- 12,459,592. PPM- Level 2- 41,903- Level 3- 82,399-; Level 4- 615,981; Level 5- 182,650; Total (USD)- 922,933. Grand Total: Level 2- 565,685; Level 3- 1,112,389- Level 4; 8,315,749- Level 5- 2,465,769; Total (USD)- 12,459,592**

LABORATORY

Presentation by Mr. John Kiiru: -

Overview: **Process of developing funding gap:** Quantification of needed laboratory commodities. Deduction of quantified need against available commodities/commodities in the pipeline to identify the **deficit**. Costing of deficit using current unit costs. **Testing Scenario in Kenya:** Symptomatic patients, Priority Population and Contact tracing testing, Travelers undertake the PCR Testing (Definitive COVID-19 Diagnosis)- the results are either positive or Negative. For self-driven or Provider initiated testing needs at both public and private facilities and where case reporting is below 15%; Antigen testing is undertaken- Negative and Symptomatic is subjected to the PCR Testing (Definitive COVID-19 Diagnosis)- the results are either positive or Negative. The results may be Negative or Positive. **Estimated Testing Capacity:** Total Tests (capped by testing capacity of Molecular Diagnosis-PCR)- 1,803,149 for one year and 4,507,872 for 2.5 years. **Total testing volume over forecasted period, with unlimited testing capacity: Mild/Moderate Diagnosis 15,570,074; Suspect but neg 147,505,960; Sev/Crit Diag HCW & Staff 431,297; Sev/Crit Release 325,722; Contacts of positive cases 130,444,273.** Total Tests (unlimited testing capacity- 294,687,064. **F & Q Process to assess the need:** Need for 2.5 Years is 4,507,872. 70% Manual (3,155,510 tests) and 30% automated (1,352,361). Remaining gap from total need unlimited by capacity can be addressed by Antigen testing to scale-up access to COVID-19. **Manual PCR: 2,935,510 tests (93.03%) Automated PCR: 1,285,494 (95.06%); Total Need Unlimited by Capacity; Total need capped by Molecular testing capacity- 294,687,064; Total need capped by Molecular testing capacity; Deficit- Manual PCR: 220,000 tests (6.97%) Automated PCR: 66,867 (4.94%) Antigen tests: 1,450,000 – For strategic boosting of access to testing; Amount requested- Manual PCR: 1,180,000 tests (37.39%%). Automated PCR: 491,133 tests (36.32%). Lab commodities - PPM procurements; PPM Procurements, Diagnostic in nature- PCR tubes (Frosted lid, RNase-free PCR tubes (0.2 mL) **Cost per pack 200.0 Fast Track (20-40% of total volumes) 117.0 Total cost. 23,400.0. Lab extraction kit (200 extractions) Cost per pack 1,240.0 Fast Track (20-40% of total volumes) 3,115.0- Total cost 3,862,600.0. Lab detection manual kit (96 tests), Cost per pack, 864.0. Fast Track (20-40% of total volumes), 2,940.0. Total cost, 2,540,160.0, Lab detection Abbot kits (96 tests). Cost per pack, 960.0. Fast Track (20-40% of total volumes) 2,429.0 Total cost 2,331,840.0. Antigen kits; Cost per pack -105.0; Subtotal Commodity EXW Cost; Total cost-****

8,758,000.0. Freight, Insurance and QA Costs approx. 20% **Total cost** 1,751,600.0. 6% in country PSM Cost **Total cost** 525,480.0. **Total for PPM Procurements Total cost** 11,035,080.0. **Lab Commodities local procurements:** Viral Transport Medium; **Cost per pack** 420.0; **Fast Track (20-40% of total volumes)** 700.0 **Total cost** 294,000.0. Nasopharyngeal swabs (Without media). **Cost per pack** 72.6 **Fast Track (20-40% of total volumes)** 3,501.0 **Total cost** 254,317.9. Oropharyngeal swabs (Without media) **Cost per pack** 72.6 **Fast Track (20-40% of total volumes)** 4,000.0 **Total cost** 290,566.0. 10 µl Filtered pipette tips-Aerosol resistant **Cost per pack** 129.7 **Fast Track (20-40% of total volumes)** 110.0 **Total cost** 14,269.2. 20 µl -Filtered pipette tips-Aerosol resistant **Cost per pack** 129.7 **Fast Track (20-40% of total volumes)** 110.0 **Total cost** 14,269.2. 100uL Filtered pipette tips-Aerosol resistant **Cost per pack** 72.8 **Fast Track (20-40% of total volumes)** 110.0 **Total cost** 8,002.5. 200µl Filtered pipette tips-Aerosol resistant **Cost per pack** 53.6 **Fast Track (20-40% of total volumes)** 110.0 **Total cost** 5,894.9. 1000µl Filtered pipette tips-Aerosol resistant **Cost per pack** 59.0 **Fast Track (20-40% of total volumes)** 120.0 **Total cost** 7,076.4. Microamp fast Optical 96-well Reaction Plate 0.1ml. **Cost per pack** 420.0; **Fast Track (20-40% of total volumes)** 436.0; **Total cost-** 183,120.0. PCR plate adhesive seals **Cost per pack** 300.0 **Fast Track (20-40% of total volumes)** 112.0 **Total cost** 33,600.0 Molecular grade ethanol -bottles of 2.5ltr **Cost per pack** 58.0 **Fast Track (20-40% of total volumes)** 913.0 **Total cost** 52,954.0 Micro tubes 2.0ml cryovial Tubes - External Thread, 1000 per pkt **Cost per pack** 300.0 **Fast Track (20-40% of total volumes)** 365.0 **Total cost** 109,500.0. Falcon tubes 50ml **Cost per pack** 7.5 **Fast Track (20-40% of total volumes)** 4,350.0 **Total cost** 32,625.0

RNAse/DNase away (475mL) **Cost per pack** 4.8 **Fast Track (20-40% of total volumes)** 2,300.0 11,040.0. Total Commodity Cost- **Total cost** 1,311,235.2 8% PSM Cost **Total cost** 104,898.8 Total Commodity + PSM Cost **Total cost** 1,416,134.0. TOTAL LAB -12,451,214.0. Support to the facilities: Consumables and reagents: Support provided to any facility that does not charge. Support with External Quality assurance. Provided to all facilities that conduct COVID 19 testing i.e., GOK, FBO and private.

PPE

A presentation by Ms. Gloria Wanderi: -

Personal protective equipment (Health care workers)

Personal protective equipment (PPE) (Health care Workers): - Item; Apron, disposable Amount (USD) 25,680.7. Item; Gloves (Surgical and examination) Amount (USD) 50,108.70. Gloves, Examination- Cost 499,461.96, Item; Face shield Amount (USD) 80,197. Item; Mask, particulate respirator (N95) Amount (USD) 375,815. Item; Mask, medical (Surgical) Amount (USD) 735,725. PPE (lab) Item; Nitrile powder free Gloves (small, medium, extra small, and large) Amount (USD) 1,080,201. Hygiene -Item; Chlorine, HTH 70% Amount (USD) 8,358. Item; Alcohol-based hand rub Amount (USD) 57,438; Item; Liquid soap; Amount (USD) 3,417; item; Bio-hazardous bag Amount (USD) 3,456.75. Item; Decontamination agents (70% ethanol and sanitizers). Amount (USD) 13,668. Total HCW. Amount (USD) 2,933,526.28, PSM cost. Amount (USD) 234,682.10 **Total for PPE Amount (USD) 3,168,208.38.**

Request to the KCM and Next step:

Request to the KCM

- Endorsement of the fast-track funding request.

Next steps

- Finalization of the of the fast-track funding request form, HPMT, Budget and consolidation of the supporting documents.
- Consolidation of the feedback from constituencies engaged and development of the full funding request.

Discussions

The chair thanked the team for the comprehensive presentation that reflected the current needs of the population. She welcomed deliberations and comments from the Members.

To initiate the deliberations, she sought clarity on how the decision to procure disposable masks for the elderly was arrived at whereas the team would have considered reusable masks. The Chair enquired how the Oxygen team had addressed the current shortage of Oxygen and the need for the country to have its own Oxygen manufacturing plant in place. As rejoinder she sought to understand whether the team had factored in the equipment maintenance and supplies especially for the PSA Plants as well as the new 17 PCR Machines delivered recently in the counties. She noted clarification from the La team that the genome testing would be prioritized in the CRM19 Full funding application.

Member/PLWD-TB-NSA Thanked the team for an elaborate presentation and he was particularly pleased that the team addressed some of the recommendations made during the special KCM meeting on the 10th of May 2021. He however wondered if all the FBOs Facilities providing free Covid 19 testing would be considered for the Covid 19 Support. He also sought to know what facilities had been proposed and recommended by the Covid 19 Writing team to benefit from the Covid-19 support and what criteria was used to choose the facilities. He noted that this information would help build awareness to the vulnerable communities on where they would access the free testing.

The Chair Covid 19 writing team secretariat invited his team to respond to the matters highlighted.

Ms. Gloria Wandenyi/ Covid 19 writing team secretariat highlighted that the guidance to procure disposable masks for the elderly followed the guidance by the Global Fund. The Surgical Masks were then among the first track recommended commodities on consideration. She added that the re-usable masks would be placed in the Full Funding Application.

Ms. Rosemary Kihoto/ Covid 19 writing team secretariat highlighted that the Oxygen considerations for the fast track were informed by the realized shortages within the country especially when Covid 19 surges occur. That the team in terms of engagement was planning to supplement the Oxygen requirement in the country and that harnessing the in- country manufacturing industry was a good resolute. The requirement of maintenance support for the equipment, that was born in mind and all equipment would be accompanied by a three-year service Level Agreement (SLA) which would cover the maintenance and equipment servicing. That whereas rehabilitation of the existing plants was an immediate need, it would not be covered under the Fast-Track Application following Global Funds Guidance but would be considered in the Full funding application.

Dr. John Kiiru thanked the members for the concerns raised. He agreed with the previous speaker by stating that the commodity maintenance has been factored in respect to the accompanying three-year SLA. The new Extra laboratory equipment as well as those in the pipeline were factored and forecasted within the Application and the testing capacity has been adjusted slightly above the requirement. He informed the meeting that the list of testing facilities had been submitted to the KCM. He was quick to clarify that whereas private institutions would be considered for this support, like all Government facilities the support should be offered free of charge. He encouraged non state organizations to also write a *not-for-charge* commitment letter. He noted that all non-state facilities engaged in Covid 19 testing were supported through the EQA and DQA.

The chair thanked the Covid-19 writing team for the responses and noted that their contributions were well received and addressed the key issues raised. She requested the KCM to go ahead and endorse the Funding request application for submission to Global Fund. As

Proposed by Ms. Pamela Kibunja

Seconded by Dr. Ruth Macha

The KCM coordinator informed the meeting, that the Secretariat was to send a request for endorsement via to enable KCM members and PRs respond back by close of business on 12th May,2021 as evidence of signing the endorsement form.

The Chair appreciated the Covid 19 Writing team for their diligence and elaborative presentation that represented the Country needs. She looked forward to the secretariat's submitting the Fast-Track application to the Global Fund.

Min 5/2/5/2021 Confirmation of Minutes of KCM meeting held on 28th April,2021 and 10th May,2021.

The chair appreciated Covid 19 FR writing team dedication to the Covid-19 FR writing process. Members in attendance were then requested to drop of the call to enable the KCM deliberate on inhouse business.

The KCM coordinator, took members through the minutes of the KCM meeting held virtually on 28th of April 2021, 10th May 2021 and Matters Arising.

The Minutes were adopted as a true record of the day's meeting.

Proposed by Mr. Latif Shaban

Seconded by Ms. Pamela Kibunja

Matters Arising

Update on C19 RM Funding Request Application. **Update** the C19 FR writing team stated engagements with the various stakeholders and was optimistic they would submit the fast track before the 13th of May 2021. **Status** On going. Adopt the HIV, TB, and Malaria SR selection/ TRC Reports. **Update** the KCM Approved and endorsed. Recommendations on SR selection from TB/Malaria/HIV. PRS to communicate the TRC findings to the SRs and open a 14-day appeals window. KCM had received a letter of concern from WORFAC and an appeal letter from the Council of Imams appealing against the KRCS/HIV Grant decision. The days KCM meeting to refer the matter to Appeals Committee for deliberation for the week starting on 17th May 2021. **Status** Done. Receive and adopt the Adoc Committee report on the Selection of a Consultant to Develop the KCM Documentary. **Update** KCM to adopt the Adoc Committee findings and nominated the best candidate who was code 005. The secretariat reached out to him formally in a meeting on 11th May 2021 to formally begin his assignment. To commence the engagement formally on Monday 17th May 2021. Assignment to run for 20 days. **Status** Done. Establish the CCM Evolution task force to champion the governance processes. KCM Members to undertake the CCM Evolution online survey. **Update** the Evolution task force to be incorporated by management committee and Co-opt 3 of the Oversight Committee members. Have an inception meeting with the GF on 17th May 2021. **Status** On going

Min 6/2/5/2021 Closing Remarks by the Chair

The chair thanked all the members for attending the meeting and appreciated the active participation. She noted that the endorsement from the day's meeting would allow for the submission of documents to the global fund.

Being no other business, the meeting ended at 10.37am.

Sign:

Mr. Samuel Muia
KCM Coordinator

Date:

Sign:

Ms. Susan Mochache, CBS
KCM Chair

Date: