



**KENYA COORDINATING MECHANISM**  
**MINUTES OF THE KCM MEETING HELD ON 11<sup>TH</sup> MAY, 2023 FROM 9.06AM TO 12.52PM**

**Present**

1. Dr. Patrick Amoth, EBS
2. Ms. Maurine Murenga
3. Mr. Philip Nyakwana
4. Dr. Medhin Tsehaiu
5. Dr. Serawit Bruck-Landais
6. Mr. Titus Munene
7. Mr. Peter Njane
8. Ms. Faith Ndungu
9. Mr. Brian Rettmann
10. Dr. Lukas K. Nyabero
11. Dr. Ruth Masha
12. Ms. Eunice Fedha
13. Ms. Eva Muthuuri
14. Ms. Jacinta Mutegi
15. Mr. John Kihui
16. Ms. Mebor Abuor
17. Mr. Samuel Muia

DG, Alternate member (Co Chairing)  
KCM Vice Chair (Chairing)  
Member/PLWD-TB  
Member/ML/UNAIDS  
Alternate DP/BL  
Member FBO/MEDs  
Member Key Populations Constituency  
Member NGO  
Member/ML/PEPFAR  
Member Formal Private Sector  
Member/GOK/NSDCC  
Alternate COG  
Member/PLWD/Malaria  
Member FBO  
Member/Private informal sector  
Alternate COG  
KCM Coordinator

**In Attendance**

1. Mr. Paul Ma Carrick
2. Ms. Lisa Butler
3. Ms. Margaret Marchand
4. Mr. Vincent Obwanda
5. Mr. Ahmed Said
6. Ms. Consolata Opiyo
7. Dr. Walter Obita
8. Mr. John Muiruri
9. Mr. Lattif Shaban
10. Ms. Pamela Kibunja
11. Ms. Patricia Mwende
12. Ms. Zilpha Samoei
13. Dr. Andrew Mulwa  
Health
14. Dr. Newton Ang'wa
15. Ms. Joy Mwakio  
(CHAI)
16. Ms. Sharon Olwande  
(CHAI)

Senior Global Fund portfolio manager  
GF Country Team  
GF Country Team  
Alternate /KP Constituency  
Alternate /KP Constituency  
Alternate/PLWD/TB  
Alternate, PS  
Alternate PLWD/Malaria  
Alternate Member FBO/SUPKEM  
Alternate NGO  
Alternate/ Private Informal Sector  
Alternate FBO/CHAK  
Director Preventive & Promotive  
  
Chair GC Core team Chair  
Clinton Health Access Initiative  
  
Clinton Health Access Initiative



17. Ms. Alice Njoroge Member.	GC7 Core Team Writing Team
18. Ms. Anne Goreti	C19RM Writing Team
19. Dr. Angela Ndaga	AMREF HA
20. Ms. Evalyne Kanyina	MOH/Disease Surveillance & Response
21. Ms. Gloria Akoko	C19RM Writing Team
22. Ms. Hellen Kamau	PATH,C19RM Writing Team
23. Ms. Jane Kitonga	C19RM Writing Team
24. Mr. John Wanyungu	MOH/ C19 Writing team
25. Mr. Dennis Ndwiga	CHAI/ C19 Writing team
26. Ms. Meggie Mwoka Initiative,C19RM	Clinton Health Access
27. Ms. Tessie Akinyi ,C19RM	Clinton Health Access Initiative
28. Ms. Joy Mwakio ,C19RM	Clinton Health Access Initiative
29. Mr. Mathew Kwen	NQCL,C19RM Writing Team
30. Ms. Margaret Ndubi	C19 Writing team Co Chair.
31. Mr. Stephen Kipkerich	National Public Health Laboratory
32. Ms. Caroline Njuguna	Financing Alliance
33. Dr. Kadondi Kasera	MOH
34. Mr. Joshua Olio	NNYP/ C19 Writing team
35. Dr. Jonah Mwangi	MOH/ C19 Writing team
36. Mr. John Kamigwi	KCM Secretariat
37. Mr. Kevin Ogolla	KCM Secretariat
38. Ms. Josephine Mwaura	KCM Secretariat (Taking Notes)

#### Apologies

1. Mr. Peter Tum,CBS	KCM Chair
2. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
3. Mr. Douglas Bosire	Alternate NSDCC
4. Ms. Margaret Mundia	KCM Secretariat

#### Agenda

1. Call to order/Introduction/Apologies
2. Declaration of Conflict of Interest
3. Remarks by the KCM Chair
4. Endorsement of C19RM Wave 2 Funding Request Proposal
  - Presentation by the C19RM Writing Team Co-Chair
5. Update on GC7 Funding Request Development Process
6. Confirmation of GC7 Program and RSSH Splits
  - Presentation by GC7 Funding Request Core Team
7. Review and Confirmation of Minutes of KCM Meetings held on 13<sup>th</sup> April,2023 /Matters Arising
8. AOB
9. Closure

**Min 1/1/05/2023 Call to order/Introduction/Apologies**



Meeting called to order at 9.06am. Opened with a word of prayer.

Introductions and apologies are as registered above. Agenda projected and adopted as above.

*The meeting was informed that the days meeting was attended by the KCM Members and alternates, Global Fund Country team, MOH, GC 7 Funding Request core team and COVID 19 wiring team in view of the standing agendas under deliberation in the days meeting.*

**Min 2/1/05/2023 Declaration of Conflict of Interest**

*No COI was declared.*

**Min 3/1/05/2023 Remarks by the Chair**

The Co Chair appreciated the Meeting invitation. He registered apologies from the KCM Chair. He informed the meeting that in the previous month, the KCM Chair hosted the Global Fund mission from Geneva and discussed key issues and ways to improve Health Care in Kenya including exploring opportunities to make Universal Health Coverage (UHC) a great success. In addition, the Government of Kenya had also committed to support over 100,000 Community Health Volunteers to assist in Primary Health Care as envisioned in the Afya bora Mashinani, this includes HIV, TB and Malaria response.

He reminded the meeting that the KCM held a meeting on 11<sup>th</sup> January, 2023 to kick off the process of developing the Funding Request Application to be submitted to the Global Fund on 21<sup>st</sup> August, 2023. The GC7 Funding request development process was on track and the writing team was to share an update during the days meeting. That the Global Fund invited Countries to submit request for funding under the C19RM Mechanism and the window for wave 2 closing on 12<sup>th</sup> May, 2023. During the last KCM meeting a request was made to the C19RM writing team to start off the process of packaging the C19RM wave 2 request and present to the KCM for endorsement during the next meeting. As per the Global Fund Guidelines, the eligible components for the C19RM Wave 2 include surveillance systems strengthening, laboratory and diagnostics, medical oxygen, respiratory care and therapeutics, health products, waste management systems and community systems strengthening.

The C19RM Writing team had finalized the process of developing the C19RM Request and would be presenting the request in the days meeting for endorsement and thereafter submission to the Global Fund on 12<sup>th</sup> May, 2023. He was happy to inform the meeting that the Joint Health Sector Working Group held a virtual meeting on 8<sup>th</sup> May, 2023, reviewed and recommended the C19RM Request for endorsement by the KCM. The Director General for Health extended his appreciation to the C19RM Writing team members for their Contribution, effort, and commitment during the Funding Request development process. The Co Chair Congratulated the new KCM Vice Chair and informed the meeting that he was to hand over to the Vice Chair immediately she joined to continue Chairing the meeting. With these few remarks, he wished all a very fruitful meeting.

**Remarks by the Senior Global Fund portfolio manager**

The Senior Global Fund Portfolio manager appreciated the meeting invite. Further he appreciated the remarks by the Director General for Health and noted that the Global Fund was encouraged by the support that the Government of Kenya was providing to the Community Health Promoters. He



noted that once deployed and adequately equipped, they would be a real boost to the fight against the three diseases as well as surveillance and community awareness at the grassroots. He requested that the Director General convey the Global Funds deep appreciation.

He acknowledged the KCM, and different writing groups on the different writing processes, noting that this was a huge responsibility involving consultations and discussions across the country. The Global Fund looked forward to receiving the final proposal. He thanked the KCM Secretariat and the Writing Teams.

He noted that the scope of work was continually expanding in a number of areas i.e. the population of people living in HIV was increasing in Age, this presented new challenges, outcomes in regard to prevention, Emerging challenges in malaria, and health systems and community systems in regard to surveillance and pandemic preparedness. The country had a massive investment in oxygen and the Global Fund appreciated the Undertaking.

He appreciated the commitment that the Ministry of Health had made to ensure that there were no disruptions to service provision.

Further he appreciated the KCMs engagement in ensuring that the concerns raised by the Key Population groups were being addressed and welcomed further discussions into the days meeting. Global Fund was clear that health was a human right for all people and the focus then becomes what is best for the public health and follow through this logic to the very end.

In conclusion, he appreciated the meeting invitation and vowed to support the KCM secretariat and KCM Processes as best as he could.

Agenda	Discussion	Recommendation
<b>Min 4/1/05/2023</b> <b>Endorsement of C19RM Wave 2 Funding Request Proposal</b>	<b><i>Presentation on C19RM Wave 2 Funding Request Proposal.</i></b> <i>The Funding application targeted Surveillance and systems, HRH and community system strengthening, Laboratory and diagnostics, Health products and waste management, medical Oxygen and respiratory care. Focus areas include:- <b>Promotion of RSSH and PP interventions</b> that are cross-cutting, multi-disease and that promote integration to boost and sustain HIV, TB and malaria outcomes, complementing Grant Cycle 7 (GC7) investments in: laboratory strengthening; community health workers (CHW)/ community systems and responses; multi-disease platforms for screening and diagnosis; and supporting integrated “end-to-end” surveillance, Joint Health sector</i>	<ul style="list-style-type: none"> <li>• <b>C19 Funding request submission date extended to 19<sup>th</sup> May 2023.</b></li> <li>• Writing team to include all the gaps and priorities as deliberated in the days meeting.</li> <li>• The final Application/ Narrative to be complete and shared with the KCM by COB Monday 15<sup>th</sup> May 2023 via email</li> <li>• KCM to review and input on the C19 Funding Application by 17<sup>th</sup> May 2023. Endorsement to follow thereafter.</li> </ul>

	<p><i>Working group Recommendations, and actions taken, and additional activities from communities. (Presentation is Annexed)</i></p> <p><b>Request to the KCM</b></p> <p><i>Endorsement of the C19RM Wave 2 Funding Request Proposal for submission to Global Fund.</i></p> <p>Members appreciated the comprehensive presentation made and requested to deliberate and conclude on the lengthy agenda first before moving to the next agenda.</p> <p><b>Questions</b></p> <p>Provision of more detail regarding slide number 7, on the synergy of the Pandemic Preparedness fund.</p> <p>Whether the C19 Proposal had factored innovations to ensure self-sustainability in either Oxygen Generation, or Distribution etc.?</p> <p>COVID 19 response confirmed that primary Prevention by the community and community players was the game changer in prevention and mitigation of diseases, Pandemic preparedness was missing, what were the best practices picked for scale up?</p> <p>Does your proposal include piping for oxygen to enhance individual patient reach?</p> <p>Need to adopt the best practices to strengthen interventions in the community beyond the health facility?</p> <p>Beyond the public institutions, how many health facilities under the private sector and Faith Based Institutions had been targeted for this support in view of the high volume beneficiaries supported?</p>	<ul style="list-style-type: none"> <li>• Meeting unanimously agreed that the KCM Secretariat submits the C19RM Funding Request Application on 18<sup>th</sup> or 19<sup>th</sup> May 2023.</li> </ul>
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	<p>Is there a component supporting community engagement linkage and working with existing champions?</p> <p>The COVID-19 response clearly showed that primary prevention by the community and community players is the game changer in mitigation and prevention. Unfortunately, community interventions on pandemic preparedness is missing. We need to pick the best practices and scale them up at all stages.</p> <p>Had the gaps under the supply chain been addressed in this grant? Under Systems strengthening, the teams needs to re-look at the gaps in supply chain and be very deliberate in the support</p> <p>Whether the use of the community score card in the Community Led Monitoring (CLM) presented in 2 parts/ contexts – Human resources for Health and Community Systems strengthening was well aligned with the available framework and governance structures. It would important to align the same with Community CLM inoder to achieve effeciencies in already set up structures.</p> <p>Team to explore possibility of the scale up of Mental Health and GBV trainings with organizations implementing the same in the current grant. Team to underpin what in the wave two proposal is being kept, Scaled up and what is being eliminated.</p> <p>Whether the communication from Global Fund regarding applications to pandemic fund was received in the previous week?</p> <p>Clarification on who the Community Health Promoters are</p> <p>Clarification was sought on the timelines for proposal submission?</p>	
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The CSS interventions to also factor in /address gaps prioritised by KP constituency and support the community DICes Laboratories, mental health and human rights interventions.

Whether Oximeters were factored in as important tools in point of care , oxygen diagnosis and first response?

There is a huge vulnerable population living in the streets. They are exposed to the three diseases because of their living environment. Team to consider them in this application

### **Responses**

*The draft Wave 2 Funding application took cognizant of the intervention in the current COVID 19 Grant under application, the NFM3 Grant, and the interventions proposed under the GC7 grant and gaps identified during the GC7 and C19RM Dialogue These have been aligned to ensure no duplication.*

The team had included installation of piping infrastructure in various health facilities.

Opportunities for innovation were available. lessons learnt from wave 1, are the key drivers to the needs that have been identified and customized interventions based on what has been learnt on implementation.

The pandemic preparedness fund supports 3 areas of the Funding application. They include Human resources for health, Surveillance and laboratory systems. The writing team looked at the inherent grant gaps and what is supported in the various streams. The Pandemic Fund writing team was represented and included in C19RM

	<p>Secretariat.</p> <p>Supply chain looks at rolling out the system developed under the support of Global fund. That it was an intergrated Logistics Management Information System which encompassed 3 types of sytems- in commodity early warning and alert Systems, allocation system for commodities (KEMSA LMIS) and electronic proof of delivery. This will ensure that the quantification is automated hence apply data that can be used to inform decision making.</p> <p>The team also looks at conducting the supply chain training package, which will ensure all the teams in the supply chain are compliant in order management from the grassroot to the National level.</p> <p>For Community led monitoring, the proposal is to implement Commmunity Score card as a continuation grant supporting 10 Counties with involvement of the Community Health resource persons and Promoters.</p> <p>In addition the CLM component is also implemented through the I Monitor App where recipient of care will also provide feedback hence resolution of bottlenecks.</p> <p>AMREFs Africa support for CLM goes upto December 2023. However with the support from COVID Grant, the expansion can be sustained to 2025. This is inclusive of Mental health.</p> <p>Community Health Promoters are CHVs.</p> <p>Proposed interventions under GBV and Mental Health are expansions from what is currently being supported to the 47 counties.</p> <p>The vital signs Monitors/devices highlighted are improved Oximeters which</p>	
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would be used to support Primary, Secondary, and tertiary facilities as well as the Faith based organizations. This would strengthen the diagnosis. Support to Community Health Promoters to also be factored in.

Support for FBOs highlighted as follows:-

**Fast track: Oxygen In cylinder support-** 1. Lowarengak H/C, 2. Loiyangalani and Kataboi health center. *Piping and infrastruicture:-* North Kinangop Catholic Hospital, Ortum Mission Hospital, St Orsola Mission Hospital, Githumu Mission Hospital, Bishop Kioko Hospital, Maua Methodist, Kapsowar Mission Hospital, and Kaplong St Clara's Mission Hospital. *Proposed support under C19RM Wave 1 & 2:- Installation of oxygen infrastructure (manifold, piping system, outlets and alarms) at 47 FBO facilities – 1 per county pending GF board approval under C19RM Wave 1: Additional 7 facilities identified for prioritization under C19RM wave 2.*

#### **ASK/ Next steps**

The COVID 19 wrting team to have additional deliberation on the CLM component with statekholders to ensure that ambiguity is averted and implementation is according to the Global and national frameworks. Community representatives to join the COVID 19 Writing team in the afternoon and following day.

The writing team to undertake an analysis and quantify the elements/support to the Communities vis avie the Government Health Facilities immediately the Budget assumptions are ready. Team to share the same with KCM.

COVID 19 writing team to incooperate recommendation and share the updated C19RM Funding request proposal for endorsement by the KCM.

<b>Min</b> <b>5/1/05/2023</b> <b>Update on</b> <b>GC7 Funding</b> <b>Request</b> <b>Development</b> <b>Process</b>	<b>Update on GC7 Funding Request Development Application (Annexed) was presented.</b> The meeting was informed that three processes from the PEPFAR COP 23 processes, COVID 19 Wave 2 application and the GC 7 Processes were undertaken in tandem in order to ensure efficiencies are realized and duplication is averted.  The GC 7 application presentation highlighted proposed new splits including matching Funds. These were: - HIV- 238,385,474.91; TB- 61,573,040.98; Malaria- 73,342,350.15; RSSH- 34,688,201.96; <b>Total 407, 989,068.00.</b>  <b>KCM ASK Approval/Endorsed</b> 1. Malaria Change from Tailored to NSP To full Review application. 2. Proposed Disease AND RSSH splits  <i>No descending opinions were expressed during the meeting.</i>	Endorsement of Malaria Change from Tailored to NSP To full Review application and Proposed Disease And RSSH splits were <b>Proposed as</b> <i>Dr. Ruth Masha</i> <b>Seconded by</b> <i>Mr. Brian Rettmann</i>  The KCM Chair, and Chair of the non-state actors to sign off the same.  KCM to officially send the communication to Global Fund .
	<b>Information notes 1:</b> Since 2018 the implementation of breaking Down barriers has been ongoing,. As a requairement for GC7 FA Application submission a mid term assement was to be undertaken, the Global Fund had secured a consultant to support the assessment starting the week of 16 <sup>th</sup> May,2023.  <b>Information notes 2:</b> <i>Rolling out the PSEAH list Statement and pilot.</i> Within the application, there is an option of carrying a risk assessment on PSEAH and providing the same as an annex, This can be done through Options 1: During the dialogue process. Options 2: At the grant making stage.  On 13 <sup>th</sup> April GF CT provided communication that the country was a pilot country for the grant under developement. A preparation meeting was held on the 9 <sup>th</sup> May in order to chat the way forward.  <i>The KCM Vice Chair appreciated the various teams who had worked tirelessly on the Funding Applications. She thanked GC 7 FA Members, Core team members, as well as the COVID 19 Writing teams and for joining the meeting. She requested them to exit the meeting to allow the KCM members discuss on inhouse matters .The Chair wished all a good rest of the day.</i>	



<p><b>Min</b> <b>7/1/05/2023</b> <b>Review and Confirmation</b> <b>of Minutes of KCM</b> <b>Meetings held on 13<sup>th</sup></b> <b>April,2023</b> <b>/Matters Arising</b></p>	<p>Members were taken through the Minutes of the KCM meeting held on 13<sup>th</sup> April,2023 /Matters Arising.</p> <p><b>Matters Arising</b> <i>Min 6/1/4/2023 KCM Management Committee/ Evolution Task Force Report.</i></p> <p><b>Recommendation</b> The PR selection Guidelines were approved with the recommendation. Open tender for the Non state PR selection. each applicant can only apply for one or a Maximum of disease areas. ITRC membership approved.</p> <p><b>Status</b> EOI /Advert finalized. Clearance granted for the advert to run on 16<sup>th</sup> May,2023 on the print media and uploaded on KCM, Public Procurement Portal and MOH Website and share via email with KCM Members. KCM Chair formally requested DPHK on 19<sup>th</sup> April,2023 to nominate experts to Join ITRC. The nomination process to be finalized on before 15<sup>th</sup> May,2023.</p> <p>The KCM was within the required timelines.</p> <p><i>Min 7/1/4/2023 Discuss the letter received from the Key Population Consortium of Kenya</i></p> <p><b>Discussion /Recommendations</b> KCM acknowledged receipt of the request during the last meeting. NSDCC tasked to lead a multisectoral approach/response to address the issues raised regarding disruption of services. Multistakeholder engagement should be advocated. Implementers work closely and in collaboration with the CHMT, local leadership and communities. NSDCC to fast track the Multisectoral response and engagement and present report during the next KCM meeting</p>	<ul style="list-style-type: none"> <li>• The minutes were adopted as <i>Proposed by</i></li> <li>• Mr. John kihiu</li> <li>• <i>Seconded by</i></li> <li>• Mr. Brian Rettmann</li> </ul>
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	<p><b>Status</b>  The joint team visited Taita Taveta county the week of 8<sup>th</sup> May, 2023. KP Constituency represented in the team. The Team paid a courtesy call on HE the Governor of Taita Taveta, MCAs and CECs incharge with health attended the meeting. The team made a presentation on KCM Operations, Global Fund support to the County. An update of HIV response was also provided. Meeting resolved that the county response was key. Hapa Kenya and CEC Health to work out the bottle neck. The SR would be supported by the County Government to resume the services. KRCS also joined the mission. The Governor noted that he would support the same. Mission was successful and a way forward was reached. That moving forward the NSDCC, KCM and multisectoral team conducts a sensitization to the counties especially this time when we have new leadership in Counties.</p> <p><b>Discussion</b>  Key population appreciated the mission for the effort, however based on the experiences and lessons learnt, there was need to reach out to other Counties.</p> <p><b>Min 8/1/4/202 Ethics Committee Report. Discussion</b>  Revised Conflict of Interest (COI) and Code of Ethical Conduct Form and Ethics Committee report Approved.</p> <p><b>Status</b>  Signing of COI/CECF ongoing. Members requested to fill in the</p>	<ul style="list-style-type: none"> <li>• The Multisectoral response and engagement need to continue with the representation of the Key under the leadership of NSDCC.</li> <li>• The Joint Team to report progress made during the next meeting</li> <li>• communication was imperative between the county leadership, and implementers. Entry process of the SRs needs to be relooked to avert similar problems in implementation.</li> <li>• Ensure that Key Population TWG is up and running.</li> <li>• The community leaders such as the MCAs, Chiefs, Village elders, Nyumba Kumi leaders wielded a lot of influence and hence there is need to increase funding and plans to sensitize the community leaders on Key population programming during the county leadership changes and transition.</li> <li>• The Faith based Organizations were informed of the visit but the</li> </ul>
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		<p>notice was short. They hence did not take part in the mission. That in future the meeting notices are shared in good time to allow for FBO Constituency involvement.</p> <ul style="list-style-type: none"> <li>• Key Population Constituency Representatives in the KCM to communicate and disseminate the progress made so far to constituents</li> </ul>
<b>Min</b> <b>8/1/05/2023</b> <b>AOB</b>	<b>When will KCM members receive Airtime</b> <b>Response</b> KCM Secretariat rolled out the Mpesa platform which was used/piloted to reimburse transport during the GC7 Constituency Dialogue meetings. The Secretariat was now finalizing the process of processing Airtime for the KCM members.	

**Min 9/1/05/2023 Closure**

Being no other business, the meeting closed at 12.52pm with a word of prayer.

Sign: .....

**Mr. Samuel Muia**  
**KCM Coordinator**

Date: .....

Sign: .....

**Ms. Maurine Murenga**  
**KCM Vice Chair**

Date: .....