



**KENYA COORDINATING MECHANISM  
SPECIAL KCM MEETING HELD ON 9<sup>TH</sup> JUNE, 2021 BETWEEN 9.25AM AND 12.35 PM  
AT SAROVA PANAFRIC HOTEL**

1. Ms. Faith Ndung'u	Member/Vice Chair-NGO
2. Dr. Bernhards Oguttu	Member/GOK/KEMRI
3. Mr. Peter Njane	Member/KP Rep-NSA
4. Mr. Philip Nyakwana	Member/PLWD-TB
5. Ms. Eva Muthuuri	Member/ Malaria-NSA
6. Dr Heather Smith	Member/BL
7. Mr. Titus Munene	Member/FBO
8. Dr. Joe Lenai	Member/COG
9. Ms. Lucy Njenga	Alternate PLHIV
10. Ms. Rosemary Kasiba	Member/KP Rep.-NSA
11. Mr. Iattif Shaban	Member/FBO/SUPKEM
12. Mr. John Kihui	Member/Private informal sector
13. Dr. Daniella Munene	Alternate/Private Formal Sector
14. Dr. Vernon Mochache	Alternate/GOK/NACC
15. Mr. Samuel Muia	KCM Coordinator

**In Attendance**

1. Ms. Pamela Kibunja	Alternate/NGO Constituency (Chairing)
2. Ms. Zilpha Samoei	Alternate FBO/CHAK
3. Ms. Patricia Kilonzo	Alternate/Informal Private Sector
4. Mr. Vincent Obwanda	Alternate/KP Constituency
5. Mr. Muiruri Nyakinyi	Alternate/Malaria Constituency
6. Mr. Ahmed Said	KCM Member- Key Populations
7. Dr. Washington Omomwo	Member/BL/ML
8. Mr. John Ocheru	Snr Global Fund Portfolio Manager
9. Ms. Soukeyna Sylla	GF CT
10. Ms. Lisa Butler	GF CT
11. Ms. Elisabeth Magnes	European Union
12. Mr. Joseph Kagiri	LFA
13. Ms. Veerle Coignes	GF
14. Dr. Bernard Langat	C19 FR Secretariat Chair
15. Ms. Margaret Ndubi	C19 FR Secretariat Vice Chair
16. Dr. Dan Koros	PEPFAR/C19RM Secretariat
17. Ms. Annette Msabeni	KRCS
18. Dr. Catherine Ngugi	NASCOP/Covid 19 writing team

19. Dr. Valeria Makory	MOH
20. Ms. Khalda Mohammed	Covid 19 writing team member
21. Dr. Andrew Wamai	Covid 19 writing team member
22. Mr. Leonard Kingwara	Covid 19 writing team member
23. Mr. John Kabuchi	Covid 19 FR Secretariat
24. Ms. Rhoda Lewa	C19RM FR Consultant
25. Mr. Tom Mogeni	Covid 19 FR Consultant
26. Ms. Joy Gakenia	Covid 19 writing team member
27. Mr. Jeremiah Mbwiria	Covid 19 writing team member
28. Mr. John Wanyungu	Covid 19 writing team member
29. Ms. Josephine Mwaura	KCM Secretariat
30. Mr. Kevin Ogolla	KCM Secretariat

### **Apologies**

1. Ms. Susan Mochache, CBS	KCM Chair
2. Dr Medhin Tsehau	KCM Member/ML
3. Ms. Jacinta Mutegi	KCM Alt Member/FBO
4. Ms. Joyce Ouma	KCM Member/AYP

### **Agenda**

1. Introduction/Apologies
2. Remarks by the KCM Chair
3. Declaration of Conflict of Interest/ Ethics Committee Report
4. Review of C19RM Full Funding Request
  - Presentation by Dr Bernard Langat - C19RM Funding Request Chair
5. Closure

### **Min 1/1/6/2021 Introduction/Apologies**

Meeting was called to order at 9.25 am. Opened with a word of prayer.

Apologies are as above.

### **Min 2/1/6/2021 Remarks by the KCM Chair**

The KCM Vice Chair welcomed all members to the day's meeting. She informed members that she was to join another meeting in an hours' time and there was need to select an acting chair.

Ms. Pamela Kibunja was selected to Chair the meeting

Proposed by; Ms. Rosemary Kasiba and Seconded by Dr Joe Lenai

### **Remarks by the Global Fund Country Team**

The Chair invited the Global Fund Country Team to make remarks.

The Senior Global Fund Portfolio Manager acknowledged CCM Kenya for the commitment and efforts to end HIV/TB and Malaria.

He thanked the funding request writing secretariat for the quick turnaround time in developing the C19RM FR Application. He informed the meeting that the Country team was available during the meeting to provide clarification and guidance regarding the C19RM Application process/tools.

### **Min 3/1/6/2021 Declaration of Conflict of Interest**

Members were requested to declare their COI

*No conflict of interest was declared.*

### **Min 4/1/6/2021 Review of C19RM Full Funding Request**

Presentation by Dr Bernard Langat - C19RM Funding Request Chair

**Country Context:** Since 13 March 2020 when the first case was confirmed in Kenya, a total of 171,658 C19 confirmed cases have been detected. The laboratory test rate currently stands at 6460.2 samples per 1,000,000 people. Disaggregation by sex age and sex: 61% are males and 39% are females; most of the cases (27%), are in the age group of 30-39 years. COVID-19 infection among healthcare workers - Among the cases who had their occupation filled in, a cumulative of 5,195 health professionals and 39 deaths

Geographical distribution by country – All counties are affected (Nairobi, Kiambu and Mombasa are the top 3 counties), Total number of people vaccinated - 972,000, Trend in COVID-19 outbreak in Kenya - 171,658 C19 cases, 3 major waves Disaggregation by age and sex – More cases detected among males, persons aged 30-39 years. Vaccination initiated – 972,000 people vaccinated, 45% males and 55% females; 11% of targeted persons 58 years and above vaccinated.

**Challenges encountered in C19 containment and control:** Stigmatization and discrimination on COVID-19 suspects affecting willingness to seek testing, Commodity insecurity at the sub-national level of both personal protective equipment and laboratory reagents and kits at COVID – 19 testing laboratories, Oxygen among others: Industrial action by health workers continues across several counties: Challenges in COVID-19 data quality: weak data quality audits and inadequate capacity in data management; weak real time data reporting: Inadequate funding of the C19 response : Lack of updated National Strategic Preparedness and Response Plan for C19 response: Stakeholder Engagement

**Prioritisation Approach:** C19RM 2020 award: Interventions and activities funded under the C19RM 2020 award were considered, taking into account whether implementation of activities has been completed or will be carried over to this grant period (with its current funding).: Global Fund NFM3 grants: NFM3 grants for HIV, TB, Malaria and RSSH were taken into account in the prioritization to harness possible synergies with this funding request and to avoid duplication. Funding from other

sources: Funding for interventions from other sources other than Global Funds was also considered to avoid duplication.

**Gap analysis:** The gaps in the response to COVID-19 and the impact of COVID-19 on programmes and on vulnerable and key populations including cross cutting issues such as human rights and gender were analyzed and the most critical gaps were identified. **Maximizing outcomes:** The principle of maximizing results or outcomes from this funding request guided the investment in this funding request. The focus on ensuring interventions have sufficient funding to achieve expected results rather than thinly spreading the funds across several interventions. **Prioritised interventions for C19RM Funding Request.**

**Risk Communication: Proposed Activities, *generating evidence*** -KAP survey to provide data on vaccine hesitancy, myths and misconceptions to inform targeted interventions, Partner/implementers mapping exercise to map geographical coverage to sub-county level, identified audiences reached at county and community levels and identify gaps in coverage of communication activities. *Targeted risk communication focusing at community level* Identify and train 2 Community COVID-19 Champions in each of the 6890 Community Health Units in the country who will be promote COVID testing, Vaccination and other control and containment measures, Develop/disseminate messages to address Covid-19 vaccine hesitancy, testing and prevention and control protocols ,Conduct COVID-19 SBCC training to county, sub county and community level implementers (community champions, women's, elder's, religious groups, youth groups, Key population peer networks among others),Train local media to communicate facts, mitigate rumors, myths, and misperception, interpersonal communication to callers and people who may be affected by “infodemic”, psychosocial support, grief, loss, etc. calls to action ,Train teachers, matrons and COVID-19 committee members on COVID-19 prevention, referral and vaccination in learning institutions to facilitate dissemination of learner friendly age specific COVID-19 communication materials. **Surveillance and epidemiological investigation and contact tracing: proposed activities, *Genomic surveillance*** -Support specimen referral mechanisms to allow selected counties to submit specimens to the National Public Health Laboratory and other Sequencing Laboratories. This activity will leverage on the existing laboratory system, support current centers supporting COVID-19 sequencing and additionally leverage on the Global Fund sequencing platforms investment at the NPHL to conduct COVID-19 sequencing. **Layout data infrastructure to allow data sharing between various sequencing laboratories with the COVID-19 data center with coordination at NPHL; Train a team of lab personnel and surveillance officers on genomic data analysis and utilization; Support contact tracing of possible contacts of individuals having VOCs for immediate containment to curb the spread. Approximately 3 waves being supported by 6 teams per wave; *Field Epidemiology Laboratory Training*** -Support the revision of FELTP curriculum to include COVID-19 pandemic and training of 8 cohorts of 40 FELTP trainees on a 2 weeks course. **Laboratory systems: proposed activities** ,Support for introduction and adoption of Antigen SARS CoV-2 testing into the national Lab Information System platform, Review of Lab Information System data reporting tools to include SARS CoV-2 antigen tests, Develop and deploy testing allocation systems/tool, and pilot the reporting/ allocation tool in five counties; Support quarterly technical assistance on the newly deployed tools, **Quality Management (Quality Oversight and M&E):** Antigen and Molecular PCR Proficiency testing panels will be developed and shared

with the testing sites. Support for implementation of continuous quality improvement plan at testing sites to identify gaps and target interventions, Continued support for the 33 laboratory personnel supporting COVID-19 testing at Kenya Medical Research Institute (KEMRI) to sustain the current level of COVID-19 testing, Laboratory systems: proposed activities ; Strengthening Laboratory Information Management System; Support for the LMIS to enhance the data center and data management to support antigen testing sites and peripheral molecular testing sites; Support for deployment of LIMS in various COVID-19 testing centers.. Strengthening biosafety, biosecurity and waste management of COVID-19 Lab related waste; Supporting laboratory COVID 19 Antigen and PCR waste management curriculum development and deployment-based findings from health facility assessment; Transition COVID-19 specimen referral into the mainstream routine and specimen referral systems used for other tests e.g., HIV, TB etc.; COVID-19 laboratory health facility assessment report, 2021

**Mitigation for HIV programmes: proposed activities; *Increasing HIV treatment adherence and improving care for PLHIV*** -Provide mental health support for PLHIV (AYPLHIV, men, WLHIV, KP, PWDs, CALHIV, PBFWLHIV).; Support enrollment of PLHIV (AYP, KP, Men, Women) on “USHAURI” platform to coverage through peer to peer sensitization and communication between facilities and clients ;Develop interconnectivity between the USHAURI and Afya Start digital platforms to allow exchange of data between the two systems and enable USHAURI system to send information to clients; Develop a module on Afya Start App to facilitate COVID-19 screening among PLHIV attending HIV clinic ; Support peer to peer virtual engagements for AYPs, KPs and PLHIV to provide community-led psychosocial support to enhance HIV treatment adherence ; Train communities (KPs, PLHIV and AYP) on community led monitoring (CLM) and facilitate them to conduct and use data generated from CLM of HIV services; Increase enrolment of PLHIV in community DSD models and facilitate them to access ART drugs at facilities ; Mitigation for HIV programmes: proposed activities *Increasing HIV treatment adherence and improving care for PLHIV*.Facilitate peer educators (expert client, mentor mother) in thirteen (13) Counties (Marsabit, Elgeyo Marakwet, Samburu, Narok, Busia, Trans Nzoia, West pokot, Uasin Gishu, Bungoma, Laikipia, Mombasa, Taita taveta and Kakamega) to linelist defaulters, conduct home visits, conduct defaulter tracing and link them to the facility; Develop online viral load and early infant diagnosis training materials for laboratory personnel and facilitate on-line training for laboratory personnel; Develop and share human interest short stories to encourage PLHIV, KPs and AYP to adhere to treatment during COVID-Pandemic ;*Increasing provision of HIV prevention services* - Conduct outreach services for PWIDs using Mobile methadone dispensing in Nairobi County ; Support community groups to distribute PrEP medicine and other related prevention products such as condoms, lubricants, self-test kits among KPs and Discordant couples; Support community-based HIV testing in the 10 least performing counties. ; Develop and scale up electronic behavior change communication in virtual & social media platforms; Mitigation for HIV programmes: proposed activities

*Strengthening social protection for PLHIV*- Provide social support in form of cash transfer and/or food baskets for vulnerable PLHIV, WLHIV, KPs, PWDs and AYPs and procurement of dignity packs for vulnerable AGYW. *Sensitizing PLHIV on COVID-19 pandemic* - Sensitize PLHIV, AYP,

KPs networks on COVID 19 response, prevention, home based care, nutrition, referral mechanisms and vaccination; Sensitize expert clients/mentor mothers, caregiver, pregnant and breastfeeding women on infant feeding in the context of HIV and COVID 19 ; Mitigation for TB programmes: proposed activities , Mainstream bi-directional screening and testing for both COVID-19 and TB among presumptive patients for either condition (situational screening) at SDPs (including private sector), Review of SOPs/guidelines/training materials/reporting tools; sensitization of HCW, CHMTs and lab personnel using virtual platforms.

**Improve access and strengthen linkage to TB and COVID-19** services through awareness and demand creation at the community level and at SDPs , Mass campaigns, targeted media campaigns, IEC materials, and sensitization of CSOs, CHVs, TB advocates, Community PE, KPs/PLHIV networks , Targeted integrated TB/C19/HIV community case finding; targeted outreach in high TB-C19 hotspots, Community sputum sample collection, community DS-TB drug delivery, Integrate COVID-19 and TB activities within strategic initiatives including PPM , Strengthen access to TB diagnostics by expansion of gene expert and CXR capacity at the diagnostic and screening services in high burden counties for TB and COVID-19, Procure 20 additional G/Experts for multi-disease testing platforms , Mitigation for TB programmes: proposed activities ; Decentralize patient-centered quality TB care, treatment and support to the community level; Capacity building for HCWs (on TB/C19 management); development of patient education materials plus reminders on treatment appointments; new technologies to assist DOTs delivery; and facilitating virtual support groups for TB/C19 ; Addressing co-morbidities and risk factors for both TB and C19 for favorable outcomes for TB patients ; Capacity building for HCWs and CHWs on management of TB/C19; and cash transfers to TB patients with MAM, SAM, elderly, diabetic patients for transport, RBS testing and food security ; Improve access to TB diagnostic services for children i.e. gene xpert, CXR and COVID-19 services , Transport reimbursement for children requiring CRX services from lower level facilities; and nation-wide scale up of use of stool for diagnosis of TB in children, TB and C19 response among high risk populations and congregate settings, Sensitize HCWs and CHWs in prison settings on bi-directional screening and IPC for TB and C19; and distribute re-usable masks, branded with TB messages, in prisons; Scale up TB preventive therapy and infection Prevention and Control for TB and COVID-19; Provide B.C TB patients with masks to incentivize TPT initiation; and strengthen delivery of community TPT ;

**Mitigation for Malaria programmes: proposed activities** ; Support facilitated referral by CHVs in malaria endemic areas and high burden C19 counties for pregnant women and children under 5 years; Engage and mentor informal private sector to improve quality of malaria services - Mapping of sales of anti-malarial to determine initial target, engaging with private healthcare providers to advocate for their buy-in, capacity building on malaria treatment guidelines and facilitating oversight and mentorship by county and sub-county teams ; Facilitate rapid QA visits to mitigate false results-Strengthen implementation of QA, support continuous competency assessment for EQA for malaria diagnosis and conducting targeted oversight -Engage human

rights and gender TWG in the development of the HRG framework based on Malaria matchbox assessment findings -Develop C19 and Malaria synergistic messaging using a digital solution  
Ensure digitization of documents for mass LLIN households, Carry out research to ensure persons are incorporated into the SBCC interventions ,Adopt and develop SBCC intervention ; Carry out campaigns targeting at-risk, vulnerable and marginalised populations ; Evaluate the effectiveness of the campaign ; Response to Gender Based Violence – Proposed Activities ; Sensitize county government multisectoral teams, healthcare workers community Leadership (elders/ opinion leaders, chiefs, sub-chiefs), faith based organizations and private sector and rescue centers on GBV; Create awareness on GBV including psychological first aid sessions , referral for services targeting PLHIV, KPs, AYPs, PWDs, OVC, TB patients, informal sector, general population in 47 Counties; Create awareness on GBV in relation to COVID 19 response activities (enforcement of C19 GOK directives) in correctional facilities, holding cell, pre-trial facilities and refugee camps among others ; Develop and disseminate mass media messages on GBV in the context of COVID 19 through radio and TV spots ; Provide support to GBV survivors including post violence counselling, referral, and linkage to healthcare services.’ Support GBV survivors to access justice and legal redress; Provide peer-led post violence counseling, referral and linkages to post violence support to gender-based violence survivors

**Response to human rights and gender related barriers to services ;** Raise awareness on the barriers different populations are facing in accessing health services in the context of COVID 19 through development and dissemination of mass media messages using radio and TV; Print and disseminate the reviewed Community AIDS Programme Reporting (CAPR) tool to include GBV and Human right violations; Support monitoring and documentation of human right abuses for improved COVID 19 responses; Scale-up rapid response mechanisms including safe houses with comprehensive vulnerable populations friendly services; Conduct dialogues between law enforcement officers and communities (including community leaders and community-led networks), on responsive policing, including responding to and addressing intimate partner and gender-based violence which increased because of COVID-19; Support vulnerable populations (including AGYW, KPs, Women, TB patients, People with disabilities) to access justice and legal redress as a result of human right violation ; Develop health related human right in pandemics guidelines with teams from law enforcement, Judiciary, MOH, education, social protection , JHR TWG and communities

**COVID-19 CSS: Community-Led Monitoring –** Proposed activities ; Develop an adapted CLM training package for HIV, TB, Malaria and COVID-19 ; Undertake capacity building and CLM conceptualization workshops to design tailored integrated HIV/TB and COVID 19, and malaria and COVID 19 mechanisms and their respective tool; and in addition map 15 high incidence counties for HIV, TB, malaria and COVID 19 will be mapped; Conduct county level workshops to build the capacity of county level CSOs and communities on CLM; Support relevant staff to support the design and implementation of the CLM mechanisms will be recruited and oriented. Support data collection (phones/tablets) and data processing software, community monitoring and coordinators who will be trained on how to collect, analyses, triangulate, validate and disseminate

findings at various levels; Conduct quarterly review meetings will be held to make sense of the findings and strategize on how best to use them for advocacy; Establish and support a national level steering committee to champion high level advocacy; Conduct annual review and planning workshops to provide a basis for continuous improvement of the CLM mechanisms; COVID-19 CSS: Community-Led Advocacy and Research – Proposed activities ; Develop comprehensive community-led advocacy and research training guide focused on HIV, TB, Malaria and COVID-19 for CSOs and communities ; Conduct capacity building and conceptualization workshops on Community Led Advocacy and Research for CSOs and communities (networks and community members including KPs, AYPs, PLHIVs, Malaria and TB community) across HIV, TB, Malaria, COVID-19); Set up an innovation challenge fund to support community-led research on issues related COVID-19 ; Support dissemination of research findings through multiple fora including webinar and dissemination meets; Undertake a county community-led campaign for HIV&COVID-19, TB & COVID-19 and Malaria and COVID-19; Social Mobilization–Proposed activities ; Build the capacity of community-based champions from networks, FBOs, informal sector and CBOs in community mobilisation for COVID-19 prevention, vaccination and treatment; Support the champions to conduct social mobilisation at county and sub-county levels; CBOs Institutional Capacity Building – Proposed activities ; Undertake organizational capacity assessment of the community based organizations and networks and develop a capacity strengthening plan for these organizations ; Capacity building and mentorship of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization, community-based monitoring and advocacy during COVID-19 ; Infrastructure and core costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy; Support the community based organizations and networks to develop resilience and recovery plans.

### **Above Base Allocation Request**

Intervention: COVID Diagnostics and Testing; Support 5 million Antigen test kits to expand to COVID-19 testing; Support 3.6 million people to access COVID-19 molecular test kits; Superior automating extraction processes and enhancing genome surveillance capability at NPHL by procuring a genetic analyzer. Intervention: Mitigation for HIV Programmes -Support for outreach services targeting beneficiaries at community level (HIV prevention services such as PMTCT Prep, FP services) using Beyond zero vans or any other available mechanism in selected Counties. Support peer to peer virtual engagements for AYPs, KPs and PLHIV to provide community -led psychosocial support for an enhanced adherence follow up. Provide social support in form of cash transfer/ food baskets for vulnerable PLHIV, WLHIV, KPs, PWDs and AYPs and procurement of dignity packs for vulnerable AGYW. Support the development and dissemination of human-interest stories on COVID-19 and HIV through Radio, TV and Online Support media round Science Cafes targeting health journalists to improve the quality of reporting on HIV and COVID-19



Intervention: Mitigation for TB programmes; Procurement and maintenance of 10 digital mobile x-rays to conduct outreaches; Procurement of 20 additional gene-xperts for multi-disease testing platforms for simultaneous bi-directional testing (BDT; Provision of reusable masks to the elderly and diabetic patients with TB; Transport reimbursement for children requiring CXR services from lower-level facilities through linkage assistants (in 10 HB counties for TB, HIV and COVID-19) Intervention: Surveillance systems; Roll out of electronic Community based Health Information System in 10 Counties with the highest Community Health Services coverage - (Kilifi, Turkana, Nairobi, Machakos, Meru, Garissa, Nyeri, Nakuru, Homabay and Kakamega). Intervention: Infection prevention and control; Procurement of additional PPEs Intervention: Cas management; Therapeutics and related equipment (Oxygen)

## **Discussion/inputs / Review Recommendations**

### **General Comments**

- Funding request narrative comprehensive, detailed and well packaged.
- Inclusive /participatory Dialogue/meetings held
- Excellent Approach used in Prioritization/ gap analysis
- Inputs /comments made during HSWG meeting on 8<sup>th</sup> June,2021 incorporated /addressed

### **Recommendations/ inputs**

1. Procure of additional Gene xperts need to be relooked. Prioritize and invest in improving the utilization rate of the existing Gene 200 xperts
2. Funding landscape to indicate clearly amounts and C19 components supported by Partners/GOK. Funding landscape template and other annexes to be finalized and shared on 10<sup>th</sup> June,2021,
3. Alignment of the prioritized interventions/budgets with the main grant / previous approvals granted for C19RM.
4. The Key and vulnerable population with regards to COVID 19 cuts across and this needs to be defined further. Need for a deep analysis
5. Explore on sustainable way of ensuring adequate supply of PPEs-the need for PPEs is long term
6. Include additional information regarding social protection support / safe houses
7. Include interventions to address Human rights issues/arrest of hawkers / predisposition to COVID 19
8. Ensure that specific / pre identified SRs are not included in the Narrative.
9. PRs to adhere to KEBS standards during procurement process/ discuss further request by the informal private sector.
10. The informal private sector to be included as one of the constituencies to benefit from the capacity building component prioritized in the C19 Full funding request.


The Funding request secretariat was requested to in cooperate the inputs and share the final documents with the KCM on 10<sup>th</sup> June,2021.

**Min 5/1/6/2021 Closing Remarks by the Chair**

The chair thanked all the members for attending the meeting.

Being no other business, the meeting ended at 12.35pm with a word of prayer.

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

Date:  .....

Sign:  .....  
**Ms. Pamela Kibunja**  
**Acting Chair**

Date:  .....