



**KENYA COORDINATING MECHANISM  
MINUTES OF THE KCM MEETING HELD VIRTUALLY ON 2<sup>ND</sup>  
DECEMBER, 2020 BETWEEN 9.00 AND 11.00AM**

**Present**

1. Ms. Faith Ndung'u	Member/Vice Chair-NGO
2. Dr. Bernhard Ogutu	Member/KEMRI-Gov
3. Mr. John Kamigwi	Member/NACC-Gov
4. Mr. Stanley Bii	Member/DP-BL
5. Mr. Pierre-Yves Bello	Member/DP-BL
6. Mr. Philip Nyakwana	Member/PLWD-TB-NSA
7. Ms. Eva Muthuuri	Member/ Malaria-NSA
8. Mr. Peter Njane	Member/KP Rep-NSA
9. Ms. Zilpha Samoei	Alternate FBO/CHAK
10. Ms. Patricia Kilonzo	Alternate/Private Sector Inf
11. Dr. Ischar Oluoch	Member/COG
12. Ms. Joyce Ouma	Member/AYP-NSA
13. Ms. Maurine Murenga	Member/PLWD-HIV
14. Ms. Ruth Masha Laibon	Member NACC
15. Dr. Medhin Tsehiau	Member/DP-ML
16. Mr. Samuel Muia	KCM Coordinator

**In Attendance**

1. Ms. Pamela Kibunja	Alternate/NGOs
2. Dr. Dan Koros	Funding request team
3. Ms. Eunice Fedha	Alternate/COG
4. Mr. Ahmed Said	Alternate /KP Rep.
5. Mr. Vincent Obwanda	Alternate/ KP Rep.
6. Ms. Lucy Wanjiku Njenga	KCM Alternate/HIV Constituency
7. Dr. Nazila Ganatra	MOH, HSWG Chair
8. Dr. Clare Obonyo	C19 Funding Request Team/TNT
9. Mr. David Muttu	C19 FR writing team/KEMSA
10. Dr. Peter Kimuu	C19 FR writing team/TNT
11. Dr. Bernard Langat	C19 Funding request team/Chair
12. Ms. Jane Kitonga	C19 Funding request team/ Amref Health Africa
13. Mr. John Kabuchi	C19 Funding request team /MOH
14. Ms. Margaret Ndumbi	C19 Funding request team
15. Mr. Newton Omale	C19 Funding request team
16. Ms. Khalda Mohammed	C19 Funding request team
17. Ms. Kamene Kamenye	C19 Funding request team

- |                           |                          |
|---------------------------|--------------------------|
| 18. Ms. Elizabeth Onyango | C19 Funding request team |
| 19. Ms. Josephine Mwaura  | KCM Secretariat          |
| 20. Mr. Kevin Ogolla      | KCM Secretariat          |
| 21. Ms. Margaret Mundia   | KCM Secretariat          |

### **Apologies**

- |                            |                            |
|----------------------------|----------------------------|
| 1. Ms. Susan Mochache, CBS | KCM Chair                  |
| 2. Ms. Rosemary Kasiba     | Member/KP Rep-NSA          |
| 3. Mr. Jackson Mwangi      | Member/Min. of Devolution. |
| 4. Ms. Jacinta Mutegi      | Alternate member-FBO       |

### **Agenda**

1. Introduction/Apologies
2. Opening Remarks by the KCM Chair
3. Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by KCM Ethics Committee Chair.
4. Endorsement of Funding Request Application to the Global Fund to support COVID 19 Response in Kenya (Additional Funding)
  - Presentation by Dr Langat -Chair C19 Funding Request Writing Team.
5. AOB

### **Min 1/1/12/2020 Introduction/Apologies**

The meeting was called to order at 9.26 am and thereafter opened with a word of prayer.

Members were taken through the agenda items.

The agenda of the day was adopted as

**Proposed by Mr. Phillip Nyakwana**

**Seconded by Mr. Peter Njane**

Members were requested to register in the Chat Box. Apologies were registered as above.

### **Min 2/1/12/2020 Opening Remarks by the KCM Chair**

The chair welcomed the members into the meeting by expressing her optimism that the meeting would see the country access extra funding to mitigate the effects of C19 on Malaria, TB and HIV programs and help scale up the fight against C19.

She thanked the funding request writing team for working round the clock and over the weekend, to develop the draft C19 funding request application.

**Min 3/1/12/2020 Declaration of Conflict of Interest/ Code of Ethical Conduct – Remarks by KCM Ethics Committee Chair**

The chair Ethics Committee noted that as part of the eligibility requirement, members were required to familiarize themselves with the ethical code of conduct. In his presentation he highlighted the, Code of Ethical Conduct for CCMs; The CCM Code of Ethical conduct outlines how individual CCM Members, Alternates, and CCM Secretariat Staff Members should perform their duties, which are outlined in the Guidelines and Requirements for CCMs and internal CCM policies. **The Code of Conduct expects CCM Members** observe the GF ethical Values - Act consistently: with their *Duty of care*; with *accountability*; with *integrity*; with *dignity & respect* and Speaks out as necessary.

**Duty of Care;** CCM Members' duty of care is first and foremost to people living with, affected, or at risk of contracting HIV, Malaria, and Tuberculosis. CCM Members' obligations towards their constituency and stakeholders are expected to support, not undermine, this broader public health interest to end the epidemics. CCM Members are expected to ensure that Global Fund resources are used efficiently and wisely to achieve maximum impact by: Submitting funding requests that are designed to propose the most effective mix of interventions. Ensuring that implementers and systems are capable of implementing the grant effectively. Overseeing effective and timely implementation of grants with careful and appropriate use of resources in order to attain or surpass anticipated results. Speaking out if the above activities are not happening

**Declaration of Conflict of Interest;** A conflict of interest occurs where a member of the KCM and/or its committees uses his or her position to advance personal ambitions or interests, the interests of an institution with which he or she is affiliated, or those of a close associate, in a way that disadvantages or excludes others. Conflicts of interest, whether actual, potential, or perceived, may diminish public confidence in the KCM as an institution. The Ethics Committee Chair requested members to declare conflict of interest

*No conflict of interest was declared.*

**Min 4/1/12/2020 Endorsement of Funding Request Application to the Global Fund to support COVID 19 Response in Kenya (Additional Funding)**

The meeting was informed that Dr. Langat was selected as the chair of C19 Funding Request Writing Team to replace Dr Carolone Olwande who had taken up another assignment out of the Country. Mr. David Muttu was selected as the Secretary. Dr Dan Koros was selected to represent the multilaterals and development partners in the Funding Request writing team.

The C-19 chair appreciated the C19 team and their diligence to work within strict timelines. Team members worked over the weekend- both on Saturday and Sunday. The team bore in mind that the country had received 24 Million \$USD. He informed the meeting that the funding request application was shared with Joint Health Sector Working Group on 29<sup>th</sup>

December,2020 for review. The C19FR Chair welcomed Mr. John Kabuchi to make the presentation on **Kenya’s Application for Additional GF C19RM Funding**

Presentation by Mr. John Kabuchi- Member C19-RM Funding Request Writing Team;

**Application roadmap and progress to date;** KCM meeting on November 25, 2020; 1<sup>st</sup> writing team meeting, November 26, 2020; 2<sup>nd</sup> writing team meeting, November 27, 2020; 3<sup>rd</sup> writing team meeting, November 28, 2020; 4<sup>th</sup> Writing team meeting, November 29, 2020; Joint TB, HIV and Malaria HSWG endorsement, November 30, 2020; KCM endorsement, December 2, 2020; Submission of C19RM additional funding application submission, December 4, 2020

**Introduction;** The Global Fund; through its COVID-19 Response Mechanism (C19RM), is implementing an investment approach to “top-up” already approved C19RM funding requests for a number of priority countries. TGF goal is to fight HIV, TB and malaria, and fight against COVID-19 to ensure protection of gains on the three diseases and not lose ground due to the new pandemic, which remains a serious threat for many countries. Through the C19RM, Kenya has been invited to apply for the additional funding request equivalent to up to 4% of its 2020-2022 allocation amount, i.e. up to US\$ 16,612,407. **Submission deadline of 4 December 2020. Focus areas of investments;** The additional funding is intended primarily to be invested in the procurement of COVID-19 diagnostic tests (with a specific focus to scale-up testing with antigen rapid diagnostic tests (RDTs)) and personal protective equipment (PPE). There is a window for Kenya to request investments to take urgent implementation-ready improvements to health and community systems or mitigate COVID-19 impact on the three diseases based on the country context and provided that these interventions can be implemented by 30 June 2021.

Proposed Splits for Additional C19RM Funding; Testing *Proposed Splits* 60% USD 9,967,444.20; PPE; *Proposed Splits* 30%; USD 4,983,722.10. Supporting activities; *Proposed Splits* 10%; USD 1,661,240.70. **Total Funding in USD 16,612,407.00**

**C19RM Covid 19 test and PPE request- Testing Strategy for SARS – COV – 2 in Kenya**

**SARS-COV-2 Testing;** Polymerase Chain Reaction (PCR) - based tests; Gold standard for testing which is currently in use; Various platforms available in country. Antigen based tests- Viral antigen tests; Can either be point of care tests or lab-based tests; To be introduced in country. **Antibody based tests;** Currently used for research purposes, not yet approved in Kenya. **Challenges with PCR-based testing;** Long turnaround times; Few laboratories with testing capacity; Increase in demand for testing leading to a global shortage of commodities; Cold storage requirements; Relatively high cost of testing; These factors have led to the development of antigen-based tests.

**Covid 19 Antigen Testing Strategy**

**Target for Antigen Testing I;** High Prevalence Settings: A positive Ag test will not require PCR confirmation; Persons who meet the criteria for case definition- symptomatic and

contacts; Health care workers; Congregate settings e.g. prisons; Household contacts; Outbreak investigations in super spreader events

**Target for Antigen Testing II;** Low prevalence settings: A positive Ag test will require PCR confirmation\* (*\*tentative proposal to be agreed on*) Students; Congregate settings such as prison; Patients before surgical procedures; Screening of patients at the hospital settings; In facilities far from PCR based tests; Truck drivers; At the points of entry for arriving passengers; If they have symptoms of COVID-19; Whose COVID-19 certificates have expired.

### **Pending Procurement and Stock on Hand**

**Testing Kits and Extraction Reagents** Abbott Real-Time SARS-COV-2 Test Kits *No of Tests (Pending + SOH) 523,200*; 2. cobas® SARS-CoV-2 Test Kit (Roche) *No of Tests (Pending + SOH) 38,400*. 3. Cepheid GeneXpert SARS-COV-2 Cartridges *No of Tests (Pending + SOH) 29,900* .4. COVID- 19 diagnostics kits- TaqPathCOVID-19 (Thermofisher) *No of Tests (Pending + SOH) 64,000*. 5. DaAN Gene extraction kits SARS COV-2 and related consumables *No of Tests (Pending + SOH) 81,600*. 6. Sansure Extraction kits SARS COV-2 and related consumables *No of Tests (Pending + SOH) 19,200*; 7. Da An Gene Detection kit for SARS -COV -2 *No of Tests (Pending + SOH) 302,016*. 8. TianAmp Viral RNA Mini Kit (250) (Tian Gen/Qiagen) extraction kit *No of Tests (Pending + SOH) 223,800*

**PPES;** Surgical Face Masks 3 ply; *Pending procurement 10,029,506; Stock on Hand (KEMSA Capital stock) 350,513; Total 10,380,019*. 2. Hand sanitizer (500ml bottle); *Pending procurement 489,900; Stock on Hand (KEMSA Capital stock) 199,987; Total 689,887* .3. Surgical Gloves; *Pending procurement; 2,500,000; Stock on Hand (KEMSA Capital stock) 106,728; Total 2,606,728*. 4. Water Resistant Gowns/Plastic Aprons (Disposable); **311,500**; *Pending procurement; Stock on Hand (KEMSA Capital stock); Total 311,500*. 5. Particulate Respirator Mask (N95); **291,081**; *Pending procurement; Stock on Hand (KEMSA Capital stock) 1,684,210 Total 1,975,291*. 6. Disposable coveralls; *Pending procurement 332,800; Stock on Hand (KEMSA Capital stock) Total 332,800*. 7. Examination gloves; *Pending procurement 1,747,200; Stock on Hand (KEMSA Capital stock); Total 1,747,200* .8. Face shields; *Pending procurement 66,560; Stock on Hand (KEMSA Capital stock); 66,560; Total 67,824*. 9. Thermo guns; *Pending procurement 8,320; Stock on Hand (KEMSA Capital stock); 17,831; Total 26,151*. 10. Reusable Face Mask; *Pending procurement 2,954,000; Stock on Hand (KEMSA Capital stock); Total 2,954,000* .11. Hand Sanitizers (200ml bottle); *Pending procurement 317,400; Stock on Hand (KEMSA Capital stock) Total 317,400*.

### **Forecast for PPE.**

Disposable Protective Coverall, Level 2 Protection; **Quantity Needed 315,972; Estimated total price (USD) 3,128,122.80; 3 months projection; Quantity Needed 1,263,888; Estimated total price (USD) 12,512,491.20. 12 months projection** 2. Scrubs, tops; *3 months projection Quantity Needed 1,220; Estimated total price (USD) 3,172.00; 12 months projection; Quantity Needed 4,880 Estimated total price (USD) 12,688.00* 2. Scrubs, pants;

3 months projection **Quantity Needed** 1,220; **Estimated total price (USD)** 3,172.00; 12 months projection **Quantity Needed** 4,880 **Estimated total price (USD)** 12,688.00. 3. Disposable Coverall Type 4, For use in isolation in the outpatient, ward and laboratory of medical institutions for medical staff or patients; 3 months projection **Quantity Needed** 159,606; **Estimated total price (USD)** 796,433.94; 12 months projection **Quantity Needed** 638,424; **Estimated total price (USD)** 3,185,735.76 .4. Apron, heavy duty, reusable; 3 months projection **Quantity Needed** 357; **Estimated total price (USD)** 1,428.00. 12 months projection **Quantity Needed** 1,428; **Estimated total price (USD)** 5,712.00. 5. Gum boots **Quantity Needed** 357; **Estimated total price (USD)** 1,642.20; 3 months projection **Quantity Needed** 1,428; **Estimated total price (USD)** 6,568.80. 12 months projection .6. Gloves, heavy duty **Quantity Needed** 357 **Estimated total price (USD)** 642.60; 3 months projection **Quantity Needed** 1,428; **Estimated total price (USD)** 2,570.40 12 months projection.7. Gloves, examination **Quantity Needed** 3,009,142; **Estimated total price (USD)** 180,548.52; 3 months projection **Quantity Needed** 12,036,568; **Estimated total price (USD)** 722,194.08 12 months projection.8. Gloves, surgical **Quantity Needed** 155,713; **Estimated total price (USD)** 62,285.20; 3 months projection **Quantity Needed** 622,852; **Estimated total price (USD)** 249,140.80 12 months projection. 9. Goggles, protective **Quantity Needed** 897; **Estimated total price (USD)** 2,511.60; 3 months projection **Quantity Needed** 3,588; **Estimated total price (USD)** 10,046.40 12 months projection.10. Face shield **Quantity Needed** 166,193; **Estimated total price (USD)** 99,715.80; 3 months projection **Quantity Needed** 664,772; **Estimated total price (USD)** 398,863.20 12 months projection. 11. Mask, particulate respirator **Quantity Needed** 311,425; **Estimated total price (USD)** 467,137.50 3 months projection **Quantity Needed** 1,245,700; **Estimated total price (USD)** 1,868,550.00 12 months projection. 12. Mask, medical **Quantity Needed** 2,748,220; **Estimated total price (USD)** 1,923,754.00; 3 months projection **Quantity Needed** 10,992,880; **Estimated total price (USD)** 7,695,016.00 12 months projection; **Estimated total price (USD)** 6,670,566.16; **Estimated total price (USD)** 26,682,264.64

### **Proposed Procurement of Testing and PPE.**

**Proposed Procurement – Testing. Laboratory Consumables.** Microfuge tubes; Pack of 500; **Quantities required;** 997; **Unit Cost USD;** 12.00; **Total Cost USD;** 11,964.00. 2. Cryovials; **Unit of measure;** Pack of 100; **Quantities required** 1000; **Unit Cost USD** 10.00. **Total Cost USD** 10,000.00. 3. Nasopharyngeal swabs **Unit of measure** Pack of 100; **Quantities required** 600; **Unit Cost USD** 70.00; **Total Cost USD** 42,000.00. 4. Oral Pharyngeal swabs **Unit of measure** Pack of 100; **Quantities required** 600; **Unit Cost USD** 70.00; **Total Cost USD** 42,000.00. 5. Pipette tips 200ul **Unit of measure** Racks of 96 tips in a pack of 10; **Quantities required** 900; **Unit Cost USD** 576.00; **Total Cost USD** 518,400.00. 6. Pipette tips 10ul **Unit of measure** Racks of 96 tips in a pack of 10; **Quantities required** 810; **Unit Cost USD** 576.00; **Total Cost USD** 466,560.00. Sub totals for commodities **Total Cost USD** 1,090,924.00. 8% PSM Cost; **Total Cost USD** 87,273.92 **TOTAL COST (COMMODITIES+ PSM Cost)- 1,178,197.92.**

Testing Kits: Antigen tests; **Unit of measure-** test; **Quantities required** 1,356,365; **Unit Cost USD** 6.00; **Total Cost USD** 8,138,191.00. 8% PSM Costs; **Total Cost USD**

651,055.28. Total cost (commodities +PSM Cost; **Total Cost USD8,789,246.28. Total Cost for Lab Consumables and Antigen Tests; 9,967,444.20**

### **Proposed Procurement – PPE**

Disposable Protective Cover all, Level 2 Protection **Unit of Measure Piece Unit Cost USD; 9.90; Quantity; 214,129 Total Cost USD 2,119,882.02. 2.** Disposable Coverall Type 4, For use in isolation in the outpatient, ward and laboratory of medical institutions for medical staff or patients **Unit of Measure Piece Unit Cost USD 4.99; Quantity 119,949; Total Cost USD 598,543.92.3** Gloves, examination **Unit of Measure Piece Unit Cost USD 0.06; Quantity 2,815,506 Total Cost USD 168,930.33. 4.** Face shield; **Unit of Measure Piece; Unit Cost USD 0.06; Quantity 124,900; Total Cost USD 74,939.88.5.** Mask, particulate respirator **Unit of Measure Piece; Unit Cost USD 1.50; Quantity 234,047; Total Cost USD 351,070.00. 6.** Mask, medical; **Unit of Measure; Piece; Unit Cost USD 0.70; Quantity 1,858,844; Total Cost USD 1,301,190.95.** Sub-Total for Commodities **Total Cost USD 4,614,557.09.** 8% PSM Cost **Total Cost USD 369,164.57.** Total Cost (Commodities + PSM cost) **Total Cost 4,983,721.66.**

### **C19RM Covid 19 Community and Health Systems Strengthening activities and mitigating impact of covid on TB/HIV/Malaria**

**Proposed Activities;** Support targeted community dialogue days through virtual meetings reaching to the opinion leaders in the 47 counties to engage with communities on COVID-19, demystify the myths and discuss mitigation; **Budget KSH 17,980,000; Budget USD (Rate 103.01753) 174,533;**

Support virtual mental health programs for health care workers and Community Health Volunteers **Budget KSH; 28,200,000 Budget USD (Rate 103.01753) 273,740.** Procurement of Reusable masks for Community Actors and clients **Budget KSH122,700,000; Budget USD (Rate 103.01753) 1,191,060.** Support Virtual Adolescent Adherence and Adolescent groups **Budget KSH 2,280,000 Budget USD (Rate 103.01753) 22,132 Total Budget KSH 171,160,000 Budget USD (Rate 103.01753) 1,661,465.**

**Proposed activities;** Support targeted community dialogue days through virtual meetings reaching to the opinion leaders in the 47 counties to engage with communities on COVID-19, demystify the myths and discuss mitigation. Five virtual meetings monthly per county countrywide with key community influencers e.g. youth, women and religious leaders who can influence communities to change their attitudes and practices. Data from KAP surveys shows that there are a lot of misconceptions in the community. The meetings will discuss and resolve myths and misconceptions around COVID-19. Facilitation by County and Sub County Community Focal Persons (C/SCCFP), County and Sub County AIDS STI Coordinators (C/SCASCO), County TB and Leprosy Coordinators (C/SCTLIC), County and Sub County malaria focal persons and local administrators. Airtime for 4 facilitators, 30 participants and national coordination by the Division of Community Health

**Proposed activities;** Support virtual mental health programs for health care workers and Community Health Volunteers. This will target HCWs including those in isolation centers and CHVs per county for high burden counties. Two group sessions per county per month facilitated by 10 counsellors per county. Each counsellor will work with a group of 11 people. Procurement of Reusable masks and pocket sanitizers for Community Actors and clients. Two reusable masks per community actor and client. Pocket sanitizers for community actors. Support Virtual Adolescent Adherence and Adolescent groups. COVID-19 has affected a number of adolescents. As a result, some are currently are not adhering to treatment hence the need to increase support on adherence for this target population. Counties with high number of COVID-19 cases reported will be prioritized

**Issues to Note;** Lab team has confirmed that the 2 Ag RDTs: SD Biosensor and Abbott are the ones which are on the WHO EUL (emergency use listing) so Global Fund strongly recommends these 2. But the GF QA list includes a few others which countries could pick from. Procurement of Ag tests will be through the GF pooled procurement mechanism. Recommend that the additional diagnostic products to be put under one of the NT grants to facilitate grant revision process and PPM order. PPE and HSS/CSS to be managed by Non-state PRs (KRCS and Amref)

*Writing Team ask to KCM*

*Endorsement of the proposed focus investments splits and implementation arrangements*

### **Discussion**

The chair thanked the C19 writing team for the work done and turning the proposal around in less than 7 days. She opened the meeting for deliberation to KCM members and their alternates first followed by the members in attendance.

Member/DP-BL thanked the C19 writing team for the quick around time in developing the C19RM Funding Request. He however enquired why the team had not factored in adequate PPEs, He pointed out that there was need to focus more on N95 and surgical masks and trainings for health workers on modalities to carry out Rapid tests.

Member PLWD-TB Constituency appreciated the C19 team for a job well done albeit the limited timelines. He highlighted that resource distribution within the Funding Request was not evenly done. That the C19 FR was an emergency and the risk should have been spread between state and non-state organizations to help speed up procurement process. He stated that community-lead non state interventions example interventions directed towards vulnerable populations, men, peer educators and the PLWD needed to be born in the presentation.

Member Multilateral/ bilateral Partner congratulated the C19 team for the deliverable and how much work had gone into realization of the C19 FR. He stated that the testing strategy was very broad and needed to be more defined/specific. He enquired on what was the Need/forecast/ unit cost of the PPEs/Test kits to be procured He wondered on whether the



dollar/ pricing stated within the FR was an international price or it could be negotiated and whether the PSM costs were standard or could be lowered?

*Response by the C19 writing team were as follows,*

Funding request writing team member, TNT, appreciated the questions by members and on the question of coveralls vs surgical masks, she stated that there were pending country procurements which included a pending stock of N-95 amounting to 10.3 million stock at hand and a total of 1.9 M of Surgical masks in the pipeline hence its minimal quantities within the C19-FR. The quantity of coveralls however in the country were less than 332,000. This presented the need to increase its allocation on the coveralls than the N95 and Surgical masks.

She added that there were various procurements under the GF within the pipeline; within this allocation the diagnostics Would be procured through the GF PPM and the stocks would be received through Kemsas as the national procurement agent; The TNT will then follow up on the procurement by KEMSA. whereas the PPES would be procured by the non-state entities.

Funding request writing team member-KRCS, stated that the itemization within the C19- FR was based on ready and updated information on what was on the pipeline vs what the prevailing needs were; priorities within the main C19 Grant would then address the gaps. She noted that the current HIV/TB/Malaria grants had realized savings which would be utilized in procurement in some of the pending engagements. She retaliated that the PPEs factored in the C19 FR were not procured in the main grant hence a gap.

Funding request writing team member responded by stating that the team did not factor in training of health care providers because the time projection for the arrival of the antigen tests was in February-April 2021. It would hence not be practical to hold the funds allocated to training till then. He reassured the meeting that that the TNT would mobilize the resources that will go into training once the products are in the country. The representative from the National Treasury reassured the meeting that pending procurements will be fast tracked.

The Chair C19 Writing team stated that priority areas within the FR Proposal followed the guidance by GF. He reassured members that the PPES would be procured through the non-state actors/ organizations. He stated that the strategy for testing is based on the first turn around time and was a work in progress. On the dollar pricing, he stated that the prices were negotiated as per the GF pool procurement.

Funding request writing team member, MOH– stated that the Ministry of Health has adopted the use of antigen rapid diagnostic tests (RDTs) in C19. The guidelines on testing have been adopted based on ease of use, scalability, adequate sensitivity and specificity and turnaround time of 10-30 min. This would help diagnose more and at a short period. Kenya will adopt this test for use at all levels of care up to the dispensary level with priority given to the high-volume county and subcounty hospitals at both public and private sector.

The targeted populations had also been selected based on the prevalence of C19 and the risk they are at or pose to others in the community. The main target groups are those that meet the

case definition of C19, students, health workers, congregate settings like prisons, homes for elderly, children homes, arriving passengers with C19 symptoms or expired C19 certificates and special populations such as street families. Hard to reach areas will be the first to benefit from this test. The testing would be conducted by trained laboratory staff. That the antigen tests did not replace the PCR but would work in conjunction with the current testing to improve service delivery.

Alternate member NACC appreciated the inputs by the C19 writing team. He however noted that the community component needed to be harmonized based on expectations of existing grant and what this grant would achieve in terms of missed opportunities/gaps.

The Member Key Populations stated that information on prevailing gaps in the previous grant vs the current gap was not clear. That the non-state community component needed to be included defining the roles/ contributions of peer educators and KP Constituency. That information on savings realized within the grant needed to be made available.

Alternate Key population member agreed with the previous presenter and stated that there was need to include information on how the communities would benefit from the C19 RM Proposal. That the team needed to make adjustment to not only factor in the roles of CHVS but also to include the Key population and HIV Constituency.

Member PLWD/Malaria Constituency added her voice to the discussion by congratulating the C19 Writing team for the well thought out presentation. That there was need for demand creation and the uptake from the communities needs to be re-looked to ensure that there is supply and demand.

The KCM Coordinator highlighted the letter received from the Global Fund dated 20<sup>th</sup> November,2020 regarding COVID-19 Response Mechanism: Second Additional Funding for the Republic of Kenya.

Member PLWD TB Constituency clarified that the guidelines were fine and well structured, however the community's needs should be prioritized.

Member PLWD-HIV Constituency stated that communities are very important and not secondary in the GF mandate and members should not lose focus of that.

*The chair thanked all members for their contribution and inputs and requested the C19 writing team to incorporate all the discussion/recommendations made by members and share the revised application on 3<sup>rd</sup> December,2020 for members to review and endorse online.*

The Chair C19 writing team reassured members that the C19 Funding Request writing was to convene and in cooperate inputs made by members.

**Way Forward**


1. The C19 RM Writing team to revise the Funding Request Application as per inputs and recommendations made during the meeting and send an updated version the following day by 8am.
2. The Funding request writing team to capture in details community led interventions to be implemented by non-state actors.
3. The Funding request Writing team to include the current implementation status of C19 Activities / interventions implemented by the Principal recipients.
4. Secretariat to share the documents online including the request for endorsement immediately the C19 writing avails the documents.
5. KCM Members to review the Funding Request Application and endorse online on the 3<sup>rd</sup> December 2020.

**Min 6/1/12/2020 AOB**

The KCM Coordinator reminded members to join a High-level Multi-stakeholder meeting on comprehensive response to human rights-related barriers to HIV, Tuberculosis, and Malaria services that would be held on 3<sup>rd</sup> December,2020 between 9am-1pm.

Members agreed that the next KCM Meeting would be held on the Wednesday 9<sup>th</sup> December 2020 from 9am to noon. 4 agenda items will be deliberated on i.e. 1. Approval of SR selection Technical Review Committee/SR selection Road Map. 2. Approval of KCM Strategic Plan. 3. Discuss Oversight Field Visit Report 4. Update on grant making process

There Being no other business. The meeting ended with a word of prayer at 11.07am.

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

  
Date: .....

  
Sign: .....  
**Ms. Faith Ndungu**  
**KCM Vice Chair**

  
Date: .....