KENYA COORDINATING MECHANISM
CONSTITUENCY FEEDBACK MEETING REPORT- JANUARY 2021

REPORT OUTLINE:

1.1 Cover page

2.1 Executive Summary

3.1 Table of contents

4.1 List of Tables

5.1 List of Figures

6.1 Acronyms/abbreviations

7.1 Introduction

- The Global Fund assesses CCMs through 6 Eligibility requirements.
- Constituency engagement is a key eligibility requirement for CCMs.
- One of the strategic objectives of the KCM is to engage constituencies and share Global Fund information transparently, equitably and accurately.

8.1 Purpose and Objectives of the Constituency feedback workshop

- Engage with Constituent members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

Objectives

1. Update constituency members on Funding Request Application /Grant Making/SR Selection Process
2. Receive feedback from PRs on Grant Implementation status

3. Compilation of 2019/2020 Constituency Report
4. Development of 2021/2022 Constituency workplan

Discuss HIV/TB/Malaria Programme priorities for 2021

9.1 Highlights of sessions covered during the meeting

Day One

Members congregated at Uhuru Park from 11:30am in readiness for travel from 12:00 noon. Travel was done in two trips with respect to COVID – 19 travel restrictions. The last team arrived by 05:00pm, had a meal and settled at the venue before congregating for an orientation session by the NGO KCM Member- Faith Mwende, who introduced the alternate member Pamela Kibunja and gave an overview on logistics forms to fill and a meal plan discussed.

The Kenya Coordination Mechanism (KCM) mandate is to attract funds from The Global fund for HIV and AIDS, TB, Malaria and recently COVID – 19. In this regard, KCM held an NGO constituency engagement and feedback meeting to update members on the project state of affairs.

This came as a welcome move as members had only interacted virtually from the advent of COVID- 19 in March 2020 and the restrictions on public gatherings by the Republic of Kenya. The meeting thus set out to refresh memory of the constituency members and open a platform for them to raise questions and concerns of the constituency. It also had an objective of connecting members physically with the Principal Recipients (PR) and share challenges of implementing the Global Fund form grant application to final report writing. This also served the purpose of clarifying funding periods and eligibility for application

DAY TWO

Session 1: KCM

The day began with prayers from a Kanyi followed by a round of introductions. An overview of the program then followed and some working norms agreed upon. Logistical updates were done. Remarks from the constituency were then given by the vice chairperson of KCM and representative of the NGO Constituency. She gave and overview of global fund as having started in 2002 and where TB, HIV and MALARIA is the key focus. Its mission is to end and protect countries and improve their health. Informed that Global fund is disbursed through the national treasury as the Bonafede government institution.

She further shared the role of the 23 members of KCM which is to listen, guide, oversight, receive funds and bring views from different people. Among points of reflection emanating from her presentation were:

- Lack of allocation by GF for Paediatric interventions
- Reluctance by youth to sit at the KCM despite being given a slot
- Need for more advocacy on Marginalized groups e.g.; Physically challenged, MSM etc
- Wake up call for members to join solidarity forums

Principal Recipents (PR)

Resources from Global Fund (GF) is disbursed through Principal Recipients who make calls for proposals and distribute the funds received to different Sub Recipients in accordance to GF rules and procedures. The non state PR currently are KENYA RED CROSS (HIV)and AMREF (TB and Malaria). The two institutions were invited to make presentations and did a thorough account of what they had engaged In since 2020. They shared that the funding period was for 2019 to 2021 and ends in June where another call for proposals will be sent out. They shared facts and figures as experienced and the areas of interest in proposal implementation. The two shared their challenges in implementing the projects and offered caution to the Sub recipients to read GF requirements early and begin preparation for proposal submission early. Among the things that knock out NGO was the last minute rush then they discover that they needed government clearance letters that a good number does not have. It was shared that once the tender box has been closed it cannot be opened again thus arriving late on the last minute is a technical knockout.

The fund will be released by June and focusing more on adolescents and teenage pregnancy look for relation between teenage pregnancy and HIV and being on the ground you know the problems of the community. To look for solution for tb malaria and HIV and come up with a solution. As a result, the two Principal Recipients: Kenya Red Cross and AMREF were present to make presentations and take Questions from plenary.

PR 2 HIV: KRCS

The Turkana program initially had a lot of issues that led to delays, however this was dealt with. Some girls who are 25 years and above could pose as adolescents to benefit, others who are 16 years were married and would also come for support. The mentor mothers program is run by MOH and KRCS is just coordinating. The programs were disrupted by C19 and savings were used to fund C19 emergency. The defaulter rated went up and this prompted very fast to train CHVs on C19 and to secure the programs. The MOH and KRC staff were also trained. Implementation will go on up to April and then reporting begins. Cumulative program absorption up to September 2020 is 79%. SR cumulative absorption stands at 80%. Hoping to disburse the 20% by April 2021.

Q. Are we able to absorb the 20% of the monies that are remaining by May 2021?

The specific modules are generally for C19. There were some areas that were not easy to reach and implement. An acceleration plan was done. From March to July no activities were done. Looking to cover lost grounds. They had to run with activities that had huge budgets to be able to be covered.

Q. With the speedy covering for the lost ground was the quality not compromised? And why not involve other CSOs not in the initial programs to implement?

Q. What is the program outcome of the 92%

The cash transfers for the 9000 girls was moving fast and that is why it is at 92%.

Q. What is HIV testing doing that it is at 100%

KRC was only supporting RRIs in specific counties

Q. PMTCT is the weakest and the worst at 65%

A lot of funds are under MOH and we don't have much I programing. Much of the work is at the facility.

Should we change strategy at midway or just move on?

Q. When you say 100% what do you mean?

It is funds. GF is performance based funding which is financial reflecting on the program

Q.What are the structures?

Human rights needed a manual which took a long time to develop.

Q. GF is a visitor passing. How do we build capacity of these organizations beyond GF

Q. What lessons have we learnt about C19? What are the lessons learnt? How can we eradicate the non-communicable diseases.

Q. How do we involve the non SRs?

C19 is a human Rights issue. PPEs are found in Dandora dump site and people are seen wearing them at the site. The doctors are letting us down. Public health has let us down. No one is inspecting the clinics

For public health the CHVs are misused. The CHV goes to the ground and the public health officer comfortably seats in the office. PPE's are no longer a public health issue because everyone is using them. We are using a lot of the PPE's at home. Where are the I nsunerators.

Q.How do we have CHVs in the cadre. To remember the days of CHVs in blue uniforms and BAMACO error. Counties say that CHVs is devolved.

Challenge:

Working with the MOH sometimes you find chief officer medical supplies and public health officer and wonder who to work with.

10.1 *Discussion/action points/recommendations.*

Why is it important to support the adolescents on treatment?

- *They are in school*
- *Treatment interruption*
- *The media has so much information out there*

Swaleh Ahmed: We criticize the young people more than understanding them more. Young people don't want rejection and that is why they go into drugs.

The social issues in homes are not talked in homes but they talk to friends.

Young people get confused because of biological changes in the body

''A case where a young man gives his wife ARVs cheating her that they are drugs for gouts. Disclosure is important and education on sex using protection.

Young women are no longer afraid of HIV but pregnancy.

The community (parents) should talk to their children.

The girls are going for family planning at Marie stops now shifting from P2 drugs. The girls who go for family planning should actually be given contraceptives (change of strategy)

A girl 14 years was taking weed after watching pornography and the mother had stopped her. When she went to consult the peers they introduced her to weed.. When I say my child only comes to dinner and go to her room to watch pornography on her phone. Social media is here with us.

Q. Now that we have accepted masks how can we embrace new strategies of curbing social media?

When we do programs we involve the child than imposing programs on them

Q. Why are the young people behaving how they are behaving now. Doing a comparative study of 20years back and now?

We are dealing with a complex social issue that programs may not address. The question is , Is this only happening in Kenya or globally? How do we mainstream operational research to shape the policy that will inform the program

Q. Treatment support should be interrogated and documented to know the extent of the problem. We need to crystalize lessons learnt and best practices. These are critical issues for CSOs

Our beliefs and values as programmers have an influence on us. Sexuality is important but it is not in the strategic plan. The curriculum has sex education that is diluted. CSOs struggle even to see uniformed girls going to get DEPO.

In as much as it may not be moral but we need to respect people's health space. We need to program with detached emotions.

In as much as we empower the young person we need to empower the parent as well. We need to merge so that the two agree. We need forums where all the constituencies seat together and agree to listen and reach a consensus. The FBO to talk abstinence and the CSOs give the prevention bit.

Q. Sam: Is there a way that the CSOs who did not qualify to get grants in 2020 to be considered and capacity built to get grants in the next funding?

Yes, this is possible through CSS funding. Link up with Amref

Q. Do we have a correlation of mainstream media on the health seeking impact?

During application the mainstream and social media had been considered. But what they realized is that there was no value on using media.

Recommendations

Sensitize the communities on the importance of CHVs to support the Bill in the Counties to be passed.

That was the first day of the meeting which came to a close at 5:30pm with a word of prayer.

PR 2: AMREF TB

TB program affected by C19 so there is no money to cover for TB patients support. Looking at Pr1 to support.

Q. Are there TB support groups?

In the current grant there was none but in the next grant it will be there.

There is a lot of activities on pulmonary TB how about extra pulmonary TB?

TB awareness; was there any situation where TB cases were identified from the campaigns?

Q. What are the social economic factors driving TB? We know that TB is air born. Have you looked at TB interventions addressed through macro interventions?

Poverty and underlying conditions will expose one to TB disease.

MDR Tb patients get social support of Ksh. 6ooo

Q. Lastly TB and disability; can you give us any cases on TB and disability

The data is not segregated so you can't know how many were persons PLWD

Q. What happened that the 2 counties had no champions?

Nyeri has managed to get one now. But the champions used to drop out

Strategic initiative

a. Kenya Innovation Challenge TB Fund (KIC TB)
b. Public Private Mix (PPM)
c. Pay For Performance (P4P)

Q.While implementing in Busia did you come across C19 and TB. How do you see that synergy has amplified the efforts. If so what were the lessons learnt?

Comorbidity of C19 and TB were not heard. Differentiated care is done so that drugs are delivered to them at home. It is not so much for them to have two SRs in a county. Wofak is in 2 sub- counties and the other is given to another SR. This will sort double reporting.

Q. If CHVs were not used in contact tracing , which mechanism was used? Is there a reward for the CHVs who have given their best?

The CHVs were still doing their work. They now use triple packaging, gloves. They have been left at the mercy of the hospitals. There is no formular for contact tracing. Every county is doing their own thing.

Q. The young organizations were not included why?

Last grant KPs were not included but this grant they hope that this will be considered.

Q. How are they engaging men in TB activities and TB re infections?

They have been there and they are supported. The relapse takes a more sophisticated test. They also check the environment and social factors to deal with that. There could be a gap at policy level on male engagement.

PR 2: AMREF – TB and Malaria

AMREFs goal is to contribute to the National goal of reducing malaria.

In 7 sub recipients who use CHVs to trace test and treat malaria. This did not affect the reporting because 'No report is a report'. There was a court case where CHVs were not allowed to test at the community therefore this affected the number of people reached for treatment.

Challenge;

5 Counties have not paid CHVs for 7 months. They have written to AMREF committing to pay the CHVs.

Q. How is the grant managed in the counties?

Amref has done advocacy at Senate level not only in these counties but also in other counties. They are helping them to come up with policies on CHVs. The current grant will be there only up to 2020. The counties gave promises but did not honor. The issue has been discussed at TWG and KCM secretariat. Need to put in savings to support payment to the CHVs.

Q. Routine it means it was budgeted for only the mask was new.

In Baringo what happened about Malaria

Low coverage in terms of what was done but the absorption is very high.

WAMBO is the pooled procurement by GF. Is it that we do not want to procure through WAMBO

Q. If you treat malaria in hospital and then they go back to the community.

One may not see the nexus between the facility and the community.

AMREF implements malaria in the community. They do not report indicators. They only refer and ensures that the patient is followed up. The facility point is for national team.

Q. Prevention measures?

AMREF only advocate for trace test and treat.

The Kenya Malaria indicator survey shows the measure. We can see that community case management of malaria might have contributed to the decrease. Malaria prevention happens in Homabay and there is also a pilot survey.

Q. Does it mean that there is no malaria in Nairobi?

The case management at community level is what matters.

11.1 **Challenge**

Bio safety at the community level. There was collaboration at the county and partners. AMREF thought the counties will provide additional gloves but it has been eratic. They have put this PPEs as a priority in this next grant.

Q. Is this a case where we purchase and then see where to take them?

No. The CHVs are not just for these programs. It is an inter governmental aspect. They do many other things like polio. GF has not restricted AMREF to do non monetary issues.

DAY THREE

DR. KIMUU TNT PR1 PRESENTATION

The day started with a word of prayer from a participant (Mary) and participatory recap of what the participants could recall to memory and points highlighted by the members were:

- Parental involvement in reaching and engaging Teenagers and adolescents
- Medium to use when targeting Youth and Adolescents
- Understand who is Global Fund in length and its key functions
- Civil servant to dialogue with national leaders
- Challenges affecting teenagers
- The policy to implement to make sure the CHVs gets their allowance
- Human rights and the policies to protect them
- How the PRs and SRs are positively dealing with covid 19
- Resilient and sustainable system for health in promoting and protecting gender
- Capacity building and sustainability
- Tb screening target locations
- The level of collaboration with facility becoming a challenge to service delivery
- Documentation of people living with disability which is lacking at the moment.

Dr Kimuu of national treasury gave a representation virtually and detailed report on global fund and how the funds were dispensed and asked the NGOs representative to wake up and take their roles seriously in making sure that the funds are used accordingly and appropriately.

Global Fund was established in 2002and has so far signed 25 grants with Kenya Worth USD 1, 000, 902, 810. Current grant of Kshs. 38Billion will close out on 30th June 2021. Kenya has benefitted immensely from Global Fund and collaboration with civil society and other nonstate actors has seen number of people enrolled to 1,136251 people in 2019 from 98,000 in 2006. This has seen a significant drop in infections and almost contained Malaria in most parts of Kenya. The fund is keen on documenting and tracing data.

Kenya has been allocated USD 415, 310, 170 for HIV, TB, Malaria and Building Resilient and sustainable systems for health for the year 2021 -2024 In addition Kenya is eligible for CATALYTIC MATCHING FUNDS

Adolescent Girls and Young Women in high Prevalence settings, Human Rights, Scaling up community led population programs, finding missing people with TB. Focus for new FR Application were discussed with explanation given on the broader focus on what has not been working. Prevention, human Rights barriers and prevention were emphasized. Timelines

for grant making and grant signing were discussed and meeting given the process through which countries request for grants. Kenya plans to implement by June 2021.

Role of NGO in health sector

- NGOs are funding agencies as well as implementers and provide technical support
- Cuts across: i. Funding ii. Technical support iii. Implementers
- Health facility by ownership: FBO and NGOs1346 out of 9362

HIV, TB and Malaria funding mechanism

- Highest funding is for HIV, followed by TB and malaria
- Co-financing commodity procurement gap for FY 2020/2021 is Ksh.3.7B.
- Kenya Co-financing through UHC for FY 2019/20 is at Ksh. 300M

The transaction of grants is through the government processes eg included in annual budgets and disbursed to relevant MOH departments

Main Funding sources for HIV

*USAID- PEPFAR
* GOK- Co-financing
* Global Fund

TB support

- GOK – Largest funding source
- Global Fund – MDR TB commodities and Lab

Malaria support

Q & A

1. Human Resources for Health:

1. How do we fill the Humana resources gap in Kenya?
2. How can we support CHVs for improved demand creation for services

Answers

Global Practice is that all human workforce for health take up more than 60% of the health budget

1. 2008 donor funds were more than 2 times the GOK funding for health, this has changed with reduced donor funding. We will need more Domestic resources allocated to health
2. Policy environment should be responsive towards the current gaps
3. Need reorganisation of the system to encourage integration at health service provision

2.Domestic Resources for health especially at County level

Answer

1. This is not clear due to the current way that the budget structure is, hence not easy to quantify the County inputs
2. Co- financing commodity procurement gap- Is usually filled by the current main funders of the 3 diseases. This is done through partnership to ensure that we don't experience a gap

3.PMTCT and AYP program, where we are and next steps

Answer

1. There still is a big gap in the PMTCT program

2. The gaps can be filled through strengthened partnerships between state and non state. Private and public sector

4.Coordination of the programs in health sector

Answer

1. Sector wide approach is the direction that should be embraced
2. In current grant will look at ensuring that there will be collective planning and implementation, through improved leadership
3. Key focus will be improving the HIV- HSWG for better service delivery

5.Absorption level for the current grant

Answer

- PR 1 grant is heavy procurement
- The plan is to ensure that procurement is initiated and done before end of the grant

SR Selection process

The Sub Recipient Selection Road Map was projected and shared by Rose Kaberia informing that a proposal needs to ensure that all listed requirements have been adhered to. Uniqueness of the proposal and mention of all the stake holders. Ensure you have good relations with facilities and County Authorities. This will be helpful when the second stage of on sight assessment is done. Not being known by county officials and beneficiaries may knock one out.

Pamela Kibunja explained further the need to commit time in proposal development to ensure that it is given the best. She emphasized on the need to concert our synergies and not view ourselves as competitors. Building each other's capacity was encouraged and growing together as the NGO cluster. Yvone Okundi WOFAK gave an account of their experience in

receiving global Fund Grants. She advised the constituency to diverse in areas of interest and operation for competitive advantage as opposed to remaining on one area and one region. All partners need recommendations from the Directors of Health in the county and this can cause tension if time is limited so need to begin early.

It is important to be going for stakeholder meetings for visibility. In the meetings, caucus and influence positions that will make you be remembered by the county structure. Expand on area of coverage so that if your proposal fails to sail through in one area, it can pass in another. The cardinal rule after winning is to seek approval before making any expenditure. Members were impressed upon to join stakeholder groups for counties. Lias with County Aids Coordinators (CACC) and join Whatsapp groups, lobby groups Technical Committees and others.

Broader program areas and what it constitutes followed by what is required to fit in that SPACE. The Global Fund is open and anybody can apply. This session assessed what are the biggest mistakes NGOs (Sub Recipients) make when applying for Global Fund funding. They gave tips to look for when applying which include:

- Paying attention to detail
- Be unique and creative
- Have your NGO certificate
- Have an audited account

- Certified bank account
- Minutes to be signed, duly stamped and dates entered accordingly
- The work to be documented
- Constitution of the group
- Both gender in board of management in line with organization policies.

NGO Constituency Transition

Declaration of interests in transition as the vice chair Faith Mwende reported that her term at the KCM as representative of the NGO Constituency was coming to an end in November 2021 and that her hands were so full that she will not be seeking reelection. She thanked the membership for the time and continued to inform that KCM operates on zero budget and is a voluntary undertaking. There is need to have a smooth transition and that constitutes the reason for her early communication. The two began their term with no hand over notes and it was a very rough sailing as KCM has many documents to read without which the constituency may not make meaningful contribution thus wasting its membership at the decision making organ. She advised the membership to begin thinking about committed people to take over. This elicited the following recommendations from members:

The members agreed that the alternate member Pamela Kibunja should automatically be the main member and elect an alternate member and be gender who will be mentored. This was proposed by Rose Kaberia and seconded by Sam Makau.

The participants agreed on the work plan and they highlighted the following points:

I. We need to set our way of doing things as NGO constituency. Have a one pager leading document to be ratified. All were in agreement.

II. Transition is the whole mark of good leadership. We need to set the temple.

III. Consider gender. Current alternate member to be the member and elect an alternate.

IV. Member and Alternate to continue working closely as the member mentors the alternate.

V. We also need to have constituency sub committees that engage in thematic areas.

VI. Institutional memory backs that the alternate takes over for smooth running of the constituency.

Next Steps

- A representation transition document to be developed for posterity
- For institutional memory, the alternate member be transited to substantive member and elections be done to fill position of alternative member
- That upon end of the term, the member should not abandon the constituency but remain and active member
- There is need to have virtual pre conference on SR selection facilitated by the PR2

12.1 Conclusion and recommendations

The meeting concluded with a session to strengthen the KCM NGO Constituency strategy document that informs future activities. Advocacy shall be left to the member organizations but the leadership shall help in lobbying for solidarity from other NGOs not directly involved. Among activities to be strengthened shall be:

- Early communication from KCM to NGO constituency to apply SR in time
- Get a platform for networking and collaborating
- A quarterly meeting with the PR virtually and semiannual meeting
- Encourage members to Join working group, even though WhatsApp invites
- Continuous tapping of resources for the NGO constituency

13.1 Constituency Work plan 2020/2021- (***as per work plan template -annexed***

KENYA COORDINATING MECHANISM ...Constituency Report 2019/2020				
S.No	**Planned Activity**	**Achievements**	**Challenges Noted**	**Suggestions for Improvement/Remarks**
1	UPDATING NGO DATA BASE& NETWORKS WORKING IN KENYA WITH INTEREST OR WORKING IN HIV, TB ANDN MALARIA	**This activity was not concluded .**	Email list / Email content informing members on upcoming moments & Global Fund Opportunities	Time and resources to finalise the database
2	ADVOCACY AT KCM MEETINGS ON THE INVOLVEMENT OF COMMUNITY BASED ORGANIZATIONS IN ACCESSING GLOBAL FUND	**Review was done on the networks application by advocating for a criteria which was CBOs friendly**	Meeting minutes	
3	DEVELOPMENT OF COMMUNICATION PLAN (Including a mailing list serve)	**This activity was not done**	A email list serve with constant communication by KCM NGO Member and alternative	
4	QUARTERLY FEEDBACK FORUMS	**Done through the HENNET forums (national and Nairobi Chapter)**	Meeting reports, List of participants, Minutes	

		and also at the annual CSO forum held in Dec 2018		
5				
10	UPDATING NGO DATA BASE& NETWORKS WORKING IN KENYA WITH INTEREST OR WORKING IN HIV, TB ANDN MALARIA	**This activity was not concluded .**	Email list / Email content informing members on upcoming moments & Global Fund Opportunities	Time and resources to finalise the database
	ADVOCACY AT KCM MEETINGS ON THE INVOLVEMENT OF COMMUNITY BASED ORGANIZATIONS IN ACCESSING GLOBAL FUND	**Review was done on the networks application by advocating for a criteria which was CBOs friendly**	Meeting minutes	

NGO Constituency Work plan 2020/2021							
S.No	Activity	Expected Result	Responsible	TIME FRAME			
				July-Sept	October to Dec	Jan-March	April to June
1	Advocacy on implementation of CHV act	Operationalization of Policies				XXXXX	xxxxxxxxxx
2	Virtual Dry run for members to give them a competitive advantage	Members get a competitive advantage in SR selection process	KCM Members And Constituent members			xxxxxxxx	xxxxxxxxx
2	Lobby for Establishment of a Public Health Sector Working Group	For greater involvement and participation in the national and county levels				XXXXXXx	XXXXXXX
3	Activate Quarterly Feedback Forums to the Constituency	Enhanced ownership and information sharing				XXXXXX	XXXXXX
4	Set up a Platform for Members to network and build Solidarity	Improved best practice and benchmarking				XXXXXX	
5	Member's Pre-Conference to share GF call for proposals for competitive advantage	Members preparedness to apply for funds Improved engagement between the	PR 2 AMREF AND RED CROSS			XXXXXX	XXXXXXX

		constituency and PRs