THE KCM - KEY POPULATION (KPs)
CONSTITUENCY FEEDBACK
ENGAGEMENT MEETING HELD ON
28<sup>TH</sup> & 29<sup>TH</sup> JANUARY 2021 AT Aberdare
Country Club, Nyeri County

Presented by: KP Representatives

Venue: Lake Naivasha Resort

Date: 10<sup>th</sup> March 2021

# Purpose and Objective of the Constituency feedback workshop

The purpose this workshop was to engage with the constitutes members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

#### **Specific Objectives were:**

- Update constituency members on fund request application/ Grant Making /SR Selection Process.
- Receiving feedback from PRs on Grant Implementation status
- Compilation of 2019/2020 constituency report
- Development of 2021/2022 constituency work plan
- Discuss HIV/TB/Malaria program priorities for 2021

### Agenda outline / points of discussion during the KP constituency feedback engagement meeting

#### **AGENDA**

- Registration
- Opening Remarks and Introductions
- Purpose and Objective of the Constituency feedback workshop
- Update from state PR1
- Update from KRCS
- Update From Amref
- Highlights of sessions covered during the meeting
- Key concerns
- Action Points/Discussions/Recommendations

## Number of Participants : community members

Total Participants: 31

Transgender (TG)	: 6
Men who have sex with men (MSM)	:9
Sex workers (SW)	:8
Persons who use/inject drugs (PWUD)	: 8

#### **KEY COMMUNITY CONCERNS**

#### **Lack of Lubricants**

Commodities like water based lubricants across the period 2018-2021 have been a challenge. KP constituency therefore recommends PR2 to do the procurement and supply as a complimentary other than KEMSA.

#### STI Drugs being unavailable

Equipment and STI Drugs procurements are only placed by the national Treasury (PR1). This poses as a challenge during implementation of global fund grant 2018-2021 with regards to supply of STI drugs, commodities like water based lubricants across the period. KP constituency therefore recommends PR2 to do the procurement and supply as a complimentary other than KEMSA

#### Lack of TB/Malaria Funding for KPs

► There is very minimal visibility of KPs in Malaria and TB programmers. Allocate and reserve 50% of the selected sub-recipients for KPs for each disease burden

#### **Human Rights Grant.**

► KP constituent recommends reallocation of 50% Human rights grant which has been under PR1 to PR2 under the next grant. This is because constituents have not seen any significant impact.

#### KEY COMMUNITY RECOMMENDATIONS

#### **SR Selection**

- Sub-recipients will be selected via two pathways. SRs performance will be assessed and those meeting threshold per the selection criteria will be retained. Open competitive tenders shall be conducted to fill in vacancies where SRs fall below the set threshold.
  - There is no clear criteria for community led network selection process.
  - ► The SR selection criterion needs to factor in community led selection process as part of Affirmative action in the spirit of strengthening RSSH.
  - This is to be done through an independent organizational capacity assessment for KP/AYP-led grassroots networks/CSOs recommended through a resolution endorsed by the members and partners of the KP consortium of the vetted KP/AYP groups as per its membership.

The KP constituency therefore recommends the following proportion of groups to be considered through the affirmative action in SR selection as follows:-

► 10 Tran's networks ;13 FSW networks ;15 MSM networks ;10 PWIUD networks ;10 AYP networks.

#### RECOMMENDATIONS

- KP targets in NFM 3 have immensely increased yet funding has reduced.
  - Recommend for increase in funding proportional to the increased targets
- As per the Technical Review Panel (TRP) recommendations, the emphasis on community-led initiatives should indeed translate to meaningful involvement in the implementation of the interventions. Hence request that 50% of KP/AYP SRs/SSRs to be reserved for AYP/KP led networks as per target allocation.

• That mainstream CSOs/SRs qualified under performance appraisal and open tendering SR selection as per the guidelines be required to demonstrate how they shall engage with community led grassroots groups that do not qualify under the Affirmative action

• Funds Splits- the Global fund grant has of 2021 – 2024 has increased significantly in comparison to the previous grant. It is expected that an increment in targets demands an increase in funding. However, the criteria used by PR1 in the allocation and splitting of funds disadvantages KP constituents since it reduces their final allocation.

#### Affirmative action.

In our definition of affirmative action this is what as a constituency we ask the KCM to put into consideration.

- ► That MSM networks and KP SRs have demonstrated excellence in GF grant implementation and realization of grant goal, objectives and outcomes over a very short period of time it was piloted so to say.
  - ► That Funds Managing Agencies has worked well in building SSR capacities where majority of MSM SSR networks were graduated to SRs through the mechanism, and therefore maintain the same under the affirmative action will address risks of bringing on board KP/AYP networks with above average capacity. ISHTAR MSM/ BHSEP SRs managed funds for EMAC, KYDESA, MPEG and HOYMAS respectively and have all graduated to SR status. This is a best practice that as a country we need to keep and scale up.
  - Community led organizations should not be subjected to the same criteria for the mainstream organizations.
- ► That it is less costly (administratively) and has high impact implementing through community-led SRs/SSRs

## **Conclusion**

The KP Constituency believes that the above issues are critical and need to be addressed or enhanced for better outcomes and all-inclusive programming for the three disease burdens

The funding allocation to the Non State PR leading HIV program has significantly reduced with approximately 40%. This also need to be addressed based on the targets increase under the non-state grant.

## THANK YOU