



## **MINUTES OF THE KCM - KEY POPULATION (KPs) CONSTITUENCY TEAM**

**Venue: Aberdare County Club- Nyeri**

**Date: 28th and 29th January 2021.**

### **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

**Mint 01/01/2021. ARRIVAL AND REGISTRATION.**

The registration process was initiated as soon as delegates presented themselves to the Meeting facility. It was a straight forward exercise and it was completed on time by Rosemary Kasiva.

### **Mint 02/01/2021. Opening Remarks and Introductions**

The meeting was called to order by Mr. Peter Njane , who thanked everyone for availing Themselves and apologized for starting the meeting slightly late.

Everyone present was requested to introduce themselves using the following criteria:

- Name
- Network representing
- Marital status.

### **Mint 03/01/2012 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

### **Min 04/01/2021. PR1 Presentation**

The National Treasury is the state PR under GF, managing three grants; HIV, TB and Malaria. The grants started in January 2018 and will end in June 2021.

The outline of the presentation tackled issues listed as below.

- Allocation categories
- KP interventions under PR 1
- Overall achievements in HIV (and TB & Malaria)
- Challenges in GF PR 1 Grant implementation

### **Min 04/01/01/2021.Allocation categories.**

#### **Description Amount allocated (USD)% allocation**

##### **HIV grant**

- Procurement of commodities through KEMSA 145,708,342 79%
- Technical support for HIV care services through NASCOP & NACC 31,031,264 17%
- Program management 6,581,573 4%

##### **TB grant**

- Procurement of commodities through KEMSA 7,255,870 24%
- Technical support for TB care services through NTP 19,657,298 65%
- Program management 3,129,952 10%

##### **Malaria grant**

- Procurement of commodities through KEMSA \$ distribution of nets 39,435,223 73%
- Technical support for malaria treatment and prevention through NMCP 11,713,085 22%
- Program management 3,008,328 6%

### **Min 04/02/01/2021 KP interventions under PR1**

- Under the Global fund grant started in January 2018 and will end in June 2021. The following responsibilities were under **PR1** as presented by
- Procurement of STI drugs, Methadone and buprenorphine, Naloxone, Assorted commodities for MAT (cups, take home bottles & naltrexone tablets), Hepatitis B screening and vaccination kits, Hepatitis C screening, confirmation and treatment, Condoms, lubricants & dispensers (categorized under general population), Technical support through NASCOP and NACC, Technical assistance – communication messaging packaging for HIV prevention, overdose
- management, SOPs , Coordination – TWG meetings, review meetings, stakeholder meetings, consultative forums, Implementation – guidelines, performance tracking tools, program review / evaluation, Capacity building-Trainings and supportive supervision.

### **Min 04/03/01/2021 Achievements (Outcome indicators)PR1**

- Some of the achievements presented during the workshop as follows.

**Under HIV** - Increasing number of people enrolled in anti-retroviral treatment. Currently, 1,191,206 million adults and children are on ART and Declining HIV / AIDS related deaths.

**Under TB** - TB case detection rate approximately 60%. TB case finding increasing target for 2020 is 104,704, with 56,122 TB patients diagnosed as at Sept 30, 2020 (54% of target). Performance largely affected by COVID-19 pandemic and High TB treatment success rates for new and retreatment patients sustained at above 80%.

**Under Malaria** - Reported 47% reduction in malaria incidence between 2015 and 2017. Status to be updated on conclusion of the ongoing KMIS

### **Min 04/04/01/2021 Challenges.PR1**

Poor commodity management systems that cuts across the three programs contributing to:

- Occasional expiries
- Occasional stock-outs
- Pilferage of commodities

Weak health systems for effective integrated HIV, tuberculosis and malaria control response:

Inequitable access (physical access, availability of services, acceptability of services and some aspects of affordability) Sub-optimal quality of services.

Low domestic funding allocated for HIV, tuberculosis and malaria control programs

National government co-financing commitment for 2018 – 2021 grants amounting to KES 10.4 billion for procurement of commodities County government co-financing commitments.

### **Min 04/01/2021 Update from KRCS.**

Under the Global Fund HIV, KRCS was allocated total Grant Amount: 75,191,227 USD for the HIV implementation program. The Grant Goal: To contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care for all. Program Objectives is to reduce new HIV infections by 75% and Reduce AIDS related mortality by 25%.

Some of the challenges noted during implementation and as represented by KRCS are:

- Uncertainty around COVID-19 disrupted implementation
- Donor guidance on VAT a challenge to SRs and PR
- Health as a devolved function with counties having multiple directorates in Health department

UNDER COVID-19 IMPLEMENTATION – There was: Re-allocation of savings of Kes. 29M received and implemented by SRs. Closeout done by Sept 2020

- Additional Country grant-KRCS-21 counties, to run concurrently with the current grant.
- Masks and sanitizers for community volunteers and implementers done.

### **Min 05/01/2021. Update from Amref**

**Malaria grant** – The objective of the grant is to contribute to the national goal of reducing malaria incidence and deaths by at least 75% of the 2016 level by 2023.

### **Project implementation period:**

January 2018 – June 2021: Budget USD 16,059,470

### **Coverage:**

10 Counties - Community Case Management of Malaria

14 Counties – Promotion of malaria prevention interventions through school pupils

47 counties – Health Facility Support Supervision and Data Quality Audit

11 grant Sub Recipients.

### **Amref GF Malaria Key activities**

Case Management: Community Case Management of uncomplicated malaria by trained CHVs

RSSH : Provision of incentives to CHVs

RSSH : CHU Supportive Supervision Specific prevention Interventions: Promotion of Malaria prevention and Control through school children

CSS: Pilot of integrated Malaria, TB and HIV interventions in Emuhaya Sub County

RSSH : Supportive Supervision of health facilities

RSSH: Routine Data Quality Audit to health facilities

RSSH : Printing of CHV reporting tools

### **Key Challenges**

- Delay in CHV stipend payment by the 5 counties that have taken up payment
- Court ruling on task shifting of lab testing
- Malaria Commodity (mRDT) stock-outs
- Cancellation procurement of PPEs for mass LLIN distribution through WAMBO; UNICEF were unable to undertake pre-importation inspection as required by KEBS
- COVID-19 restrictions
- Lack of access to case management and IPTp, particularly in endemic remote rural populations.
- Weak governance for RSSH investments

- Lack of available routine malaria data captured by the District Health Information Software 2 (DHIS2)
- Insufficient attention to human rights barriers for migrants, refugees and diverse ethnic groups
- Insufficient detail on addressing inefficiencies in the proposed use of resources

**Mitigation.**

- Advocacy to counties to regularly and consistently pay
- Addressing issues of the regulator through development of CCMm policy documents and MoH legal team pursuing the issue.
- Advocacy to link health facilities to issue commodities to CHVs whenever available
- Local procurement to be initiated
- Requested some from KEMSA to enable continuity of mass LLIN distribution. To replace once procured
- Provision of PPEs to CHVs for continuity of services

**TB Grant** – Objective is to accelerate reduction of TB Leprosy and Lung disease burden through provision of people-centered universally accessible, acceptable and affordable quality services in Kenya.

**Coverage:** 47 Counties

**Project implementation period:** 1<sup>st</sup> January 2018 to 30th June 2021

**Total Budget** = USD 39,945,624

**Key activities**

- Targeted TB Screening outreaches using digital X-ray and GeneXpert
- Football tournament for awareness creation and TB screening – 2018
- School health awareness campaign in 5 counties – 2018-19  
integrated HIV, TB and malaria community implementation pilot

**Min 05/02/01/2021 Updates on Funding Request.**

TRP Responses and revised grant documents to be submitted to GF before 21st January 2021. funding Request July 2021-June 2024 \$USD 415,310,170.

- F.R Application documents submitted on 31st August 2020
- 22.09.2020- GF Access to funding acknowledged receipt of all documents

- October 2020- Technical review Panel
- Global Fund recommended Kenya's funding Request application to proceed to grant-making
- TRP Responses and revised grant documents to be submitted to GF before 21st January 2021.

### **Timeline for Kenya grant-making and grant signing**

22 January 2021- Country submits applicant response forms + grants documents.

25 Jan – 5 February 2021- GF / LFA review

8 February – 5 March 2021- Grant negotiations with country stakeholders through virtual meetings

12 March 2021- Country submits final grant documents + applicant response forms to CT

24 March 2021- Deadline for CT to submit documents for GAC meeting

15 April 2021- Grant Approval Committee (GAC) Meeting

17 May 2021 - Estimated Board Approval

June 2021- Estimated Grant Signing ahead of 1 July 2021 start date

### **SR Selection**

- KCM coordinates, monitors, evaluates and supports the implementation of the Global Fund grants.
- One of the roles of KCM is to select one or more appropriate Principal Recipient (PR) for a Global Fund Grant. The PR implements GF activities through Sub-Recipients (SRs)
- KCM has therefore developed guidelines for the selection of non-state SRs to ensure that SRs are selected in a timely manner through a transparent and well documented process.
- 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.
- SR Selection guidelines shared with KCM Members, Constituencies, PRs, HSWGs
- KCM has constituted an all-inclusive TRC.

### **Min 06/01/2021 Key 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.

### **Min 07/01/2021Recommendation**

- With shrinking funding and GFs investments into strengthening Resilient Sustainable Systems for health-(RSSH), it is undeniably demonstrated (through Community/KP SRs) that community-led health interventions are a sure bet to building HIV health outcomes beyond grants. Case in reference is the engagement of MSM networks in the ongoing GF grant cycle where community SRs have contributed immensely to achievement of the targets and outcomes as set in the project. Investing in Community/KP/AYP SRs enhances community HIV prevention expertise that can endure beyond the end of any grant cycle. It builds communities capacity to deliver HIV prevention services such that should funding continue to shrink further or end, service deliveries and outcomes can/will still continue.
- With these realities and as envisioned in the country GF proposal and as per the Technical Review Panel (TRP) recommendations, the emphasis on community-led initiatives should indeed translate to meaningful involvement and engagement in the implementation of the interventions through a mechanism that emphasis the community-led implementation. To this end the KP/AYP constituency wishes to make the following request/demands, that:
  1. 50% of KP/AYP SRs/SSRs is reserved for KP led networks.
- The SR selection criterion in the country guidelines includes a third pathway besides the performance appraisal of ongoing SRs/SSRs and opens tendering to include Affirmative action in the spirit of strengthening RSSH. This will ensure that potential community/KP/AYP led CSOs are engaged through affirmative action. This 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:-

- i. 10 Tran's networks/groups/CSOs
  - ii. 13 FSW networks/groups/CSOs
  - iii. 15 MSM networks/groups/CSOs
  - iv. 10 PWIUD networks/groups/CSOs
  - v. 10 AYP networks/groups/CSOs
- 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 KP/AYP grassroots groups that do not qualify under the Affirmative action including submitting endorsement/support letters and or collaborative MOUs/Activity based consultancy collaborations that are geared towards capacity building of the groups to gain expertise, skills, knowledge and attitudes to implement HIV prevention interventions as a sustainability and resilience building as Kenya transitions fully to middle-income country that will qualify GF to transition funding for Kenya.
  - 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 it is less costly (administratively) and has high impact implementing through community-led SRs/SSRs
- KP SRs engaged during the ongoing cycle (3-year cycle 2018-2021) performing above 50% in the performance appraisal is testimony enough that the SRs/SSRs have demonstrated beyond average their capacity to manage and implement GF grants and therefore cannot be disqualified under the same parameters as mainstream SRs with over a decade of implementing large scale projects.

- 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. The same spirit is mandatory important to be spread to other KP caucuses such as PWID, SW and Trans Genders communities.

### **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 raised across the 4 KP communities that they serve and the incumbent of new SRs as well as a result of the increased costs of running projects due to the economic constraints brought by the outbreak of COVID-19.

<b>KP COMMUNITY ENGAGEMENT BY GF MEETING ON THE 28TH AND 29TH JAN 2021</b>				
<b>No.</b>	<b>Name</b>	<b>Representation</b>	<b>Email</b>	<b>Telephone Number</b>
1	Seanny Brokovich	TG	<a href="mailto:westernkitgnetwork2015@gmail.com">westernkitgnetwork2015@gmail.com</a>	0710632755
2	Alesandra Ogeta	TG	<a href="mailto:alesandra@jinsiangu.org">alesandra@jinsiangu.org</a>	0700423343
3	Brian Macharia	Advisory	<a href="mailto:brian@healthgap.org">brian@healthgap.org</a>	0714932340
4	John Mathenge	Secretariat Team	<a href="mailto:johnricky444@yahoo.com">johnricky444@yahoo.com</a>	0725608724
5	Dorothy Agalla	Core Team	<a href="mailto:nvaragalla@gmail.com">nvaragalla@gmail.com</a>	0714868336

6	Peter Njane	KCM	<a href="mailto:pnjoro2002@gmail.com">pnjoro2002@gmail.com</a>	0721952570
7	Rosemary Kasiba	KCM	<a href="mailto:rosemarykasiba@yahoo.com">rosemarykasiba@yahoo.com</a>	0722829948
8	Ahmed Said	KCM	<a href="mailto:Ahmedsaid2882@gmail.com">Ahmedsaid2882@gmail.com</a>	0725288312
9	Vincent Obwanda	KCM	<a href="mailto:obwanda@pemakenya.org">obwanda@pemakenya.org</a>	0729955380
10	Pascal Macharia	MSM	<a href="mailto:pmacharia0791@gmail.com">pmacharia0791@gmail.com</a>	0710481536
11	Achims	MSM	<a href="mailto:wachahealth@gmail.com">wachahealth@gmail.com</a>	0723909511
12	Paul Mwaura	MSM	<a href="mailto:pakamwa2014@gmail.com">pakamwa2014@gmail.com</a>	0723764468
13	4 Phil kelly	MSM	<a href="mailto:philkeny1@gmail.com">philkeny1@gmail.com</a>	0711408582
14	Don Abdul	MSM	<a href="mailto:donabdul6@gmail.com">donabdul6@gmail.com</a>	0707073067
15	Nelson Silas	MSM	<a href="mailto:emackenya5@gmail.com">emackenya5@gmail.com</a>	0727815386
16	Phelister Abdalla	SW	<a href="mailto:phelisterabdalla@yahoo.com">phelisterabdalla@yahoo.com</a>	0720333141
17	Caroline Kemunto	SW	<a href="mailto:kemunto70@gmail.com">kemunto70@gmail.com</a>	0724352288
18	Jane Mburu	SW	<a href="mailto:mburujane49@gmail.com">mburujane49@gmail.com</a>	0704352168
19	Carolyne Njoroge	SW	<a href="mailto:carol@keswa-kenya.org">carol@keswa-kenya.org</a>	0729987870
20	Benter Joseph	SW	<a href="mailto:bentasjoseph@yahoo.com">bentasjoseph@yahoo.com</a>	0722406011
21	John Kimani	PWUD	<a href="mailto:kimanijohn699@yahoo.com">kimanijohn699@yahoo.com</a>	0728459113
22	Evan Kimani	PWUD	<a href="mailto:evankimani70@gmail.com">evankimani70@gmail.com</a>	0706459871
23	Irene Nyambura	PWUD	<a href="mailto:misshabibhabib@gmail.com">misshabibhabib@gmail.com</a>	0707670964
24	Stephen Ochieng	PWUD	<a href="mailto:ochiengstephen672@gmail.com">ochiengstephen672@gmail.com</a>	0795420200
25	Abdalla Ahmed	PWUD	<a href="mailto:abdallabadrus@gmail.com">abdallabadrus@gmail.com</a>	0722677481
26	Robinson Shiyalo	Advisory	<a href="mailto:robinsonshiyalo100@gmail.com">robinsonshiyalo100@gmail.com</a>	0701824923
27	Gordon Opondo	Advisory	<a href="mailto:GOnyango@ishtarmsm.org">GOnyango@ishtarmsm.org</a>	0719240832
28	Solomon Wambua	Advisory	<a href="mailto:kpconsortium1@gmail.com">kpconsortium1@gmail.com</a>	0727785629
29	Dorris Achieng	SW	<a href="mailto:daisyachieng57@gmail.com">daisyachieng57@gmail.com</a>	0725974321
30	Mary wangare	PWUD	<a href="mailto:kenpud17@gmail.com">kenpud17@gmail.com</a>	0790978235
31	Victor Digolo	MSM	<a href="mailto:victormaaygo@gmail.com">victormaaygo@gmail.com</a>	0723285425

**Kenya Coordinating Mechanism  
Constituency Feedback Work plan 2021  
Key Population Constituency Work plan**

Activity	Responsible	2021			
		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec

1	Actively participating in the grant making Process and ensuring KPs issues are well captured as per grant writing process	KCM MEMBERS and KP CONSORTIUM	X			
2	KP recommendation on SR selection	KP CONSORTIUM	X			
3	Disseminate information on GF grants through the E- platform - Google Group platform WhatApps networks groups and Through The Key Population consortium Website	Rosemary, Ahmed , Njane & Vincent	x	X	X	X
4	Maintaining a vibrant Key Population Consortium mailing list to networks and Community Groups through the KP consortium Secretariat for updates and discussions	Ahmed & Vincent	X	X	X	X
5	Develop messages, Validate and to be disseminated to the Key Population Networks and Groups	Rosemary & Njane	X	X	X	X
6	Participate in the Key Populations TWG National and County levels	Ahmed & Vincent	X	X	X	X
7	Experiencing Sharing of existing KP SRs and New SRs	Rosemary & Njane	X	X	X	X
8	Participate of the Key Populations to all ICCs	Rosemary & Njane	x	x	x	x
9	Planning and implementation of the Constituency Feedback Meetings	vincent & Rosemary		X		

