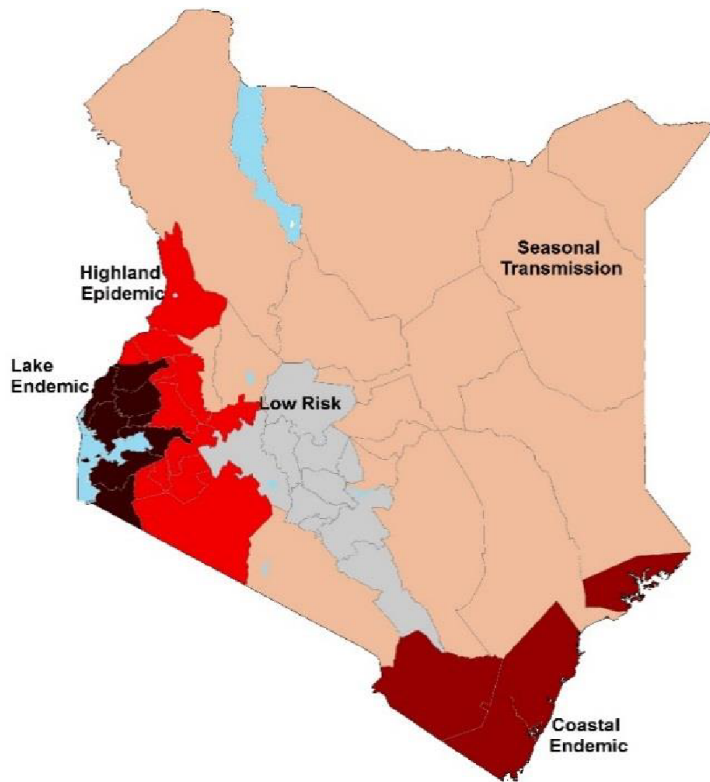


MALARIA CIVIL SOCIETY CONSTITUENCY FEEDBACK MEETING

Report of January 2021



The annual malaria CSO meeting held at Aberdares Country Club on 27th and 28th January 2021 bringing together over 25 CSOs to discuss malaria and global fund agenda in Kenya

EXECUTIVE SUMMARY

Introduction

The Kenya Country Coordinating Mechanism – KCM's mandate is to attract funds from the Global Fund to fight against HIV and AIDS, TB and Malaria, as well as to offer oversight in coordination and implementation of the Global Fund grants and investments in country.

Purpose and Objectives of the Constituency feedback workshop

Constituency engagement is a key eligibility requirement¹ for a country to qualify for the global Fund grant. It is therefore against this background of this that the Malaria Civil Society in collaboration led by their leadership at the Kenya Coordination Mechanism (KCM) hosted a two-day meeting. The focus of the meeting was to:

Specific Objectives

- To update constituency members on funding requests application.
- To receive feedback from PRs on grant implementation status.
- To compile 2019/2020 constituency report.
- To develop 2021/2022 constituency work plan.

The forum also provided a platform for stakeholders to provide an update on the implementation of:

- The Kenya Malaria Strategic Plan 2019-2023.
- To show case various interventions in the malaria sector

In the backdrop of COVID 19 pandemic as well as widespread Kenya Health sector industrial challenges the CSO's discussed how they may participate in the implementation of the malaria control and elimination activities to ensure that the gains recorded over the years are not lost.

Meeting Outcomes

1. CSO participants were updated the NMP's Malaria Strategic Plan
2. Participants got updated on the Grant implementation 2017-2021
3. Updates on the grant negotiation plans for the 2021/2024.
4. Elections for CSO's representation in the different national policy and technical working groups
5. Constituency workplans.

Participants

Workshop participants included teams from Principal Recipient, Division of Malaria Program, KeNAAM membership, Malaria Civil Society Partners, technical experts/consultants, development partners and private sector players. All COVID-19 MOH regulation were observed during the meeting.

In conclusion, the demonstrable drive of the Constituency feedback forum is for the KCM is to engage the constituencies and share information transparently, equitably and accurately with a view to strengthen and sustain global fund investments in country. In turn CSOs crafted a three-point agenda for the year 2021.

¹ To access global funding, KCM has to follow some processes; GF funding request, Sub Recipient selection, grant negotiation and grant making and the KCM oversight field visit and constituency feedback meetings.

1. **Advocacy.** This entails coalition building and social accountability a key agenda is to push for access of commodities by Community Health Volunteers (CHVs) at community level. Main activity is advocacy around the court case that stopped CHVs from carrying out community malaria testing.
2. **Quality of care.** To advocate for improved quality of care by providing evidence-based messages on the need for quality of care.
3. **Artificial Intelligence.** Advocacy for the Adoption of artificial intelligence in Health Management Information systems (HMIS).

1.1. INTRODUCTION

The Kenya Country Co ordinating Mechanism – KCM’s mandate is to attract funds from the Global Fund to fight against HIV and AIDS, TB and Malaria, as well as to offer oversight in coordination and implementation of the Global Fund grants and investments in country. Constituency engagement is a key eligibility requirement² for a country to qualify for the global Fund grant.

It is therefore against this background of this that the Malaria Civil Society in collaboration led by their leadership at the Kenya Coordination Mechanism (KCM) hosted a two-day meeting.

The Malaria Civil Society constituency workshop participants included teams from Kenya Co ordinating Mechanism, the Principal Recipients, the Division of National Malaria Program, Ministry of Health, KeNAAM membership, Malaria Civil Society Partners, technical experts, consultants, development partners and private sector players. All COVID-19 MOH regulation were observed during the meeting.

This team crafted a platform that will drive their agenda of ending malaria by 2030. The participants were able to have an interactive meeting in which they came up with some strategies to aid in malaria control and elimination.

1.2 Purpose and Objective of the Constituency feedback workshop

1.2.1 Main Objective

- To engage constituencies and share global fund information transparently, equitably and accurately.

1.2.2 Specific Objectives

- To update constituency members on funding requests application.
- To receive feedback from PRs on grant implementation status.
- To compile 2019/2020 constituency report.
- To develop 2021/2022 constituency work plan.

1.2.3 The Purpose of the workshop

- To engage with constituent members and share global fund information with a view to strengthen and sustain global fund programming in Kenya.

² To access global funding, KCM has to follow some processes; GF funding request, Sub Recipient selection, grant negotiation and grant making and the KCM oversight field visit and constituency feedback meetings.

1.3 Opening Ceremony and Climate setting – Mercy Musomi and John Muiruri

The meeting started at 9:00 am with an opening prayer from Eva Muthuuri- KCM member and thereafter members introduced themselves by name, organization and a small thought on malaria. John Muiruri KCM alternate Member gave the general overview on malaria.

1.4 Expectations, Purpose and Objectives – Eva Muthuuri

Stakeholders were first asked to list their expectations of which they did, and they included;

- Update of Request for Application
- Revitalizing CSO (malaria involvement)
- Linking CSOs, county, national governments and private sectors in addressing Malaria
- Focus on prevention for the children in the orphanages and streets (vulnerable) from contracting malaria
- Technology and innovations used in the response to the malaria disease area.
- Media participation in the response to malaria.
- Technology for case management, treatment and general malaria control.

1.5 About the Global Fund for TB, HIV and Malaria- John Muiruri

Thereafter the facilitator presented on the general global fund mechanism overview including;

- The Global fund mission and vision
- Global fund structure and architecture and board membership
- The KCM mandate and eligibility requirements for the global fund country application.

1.6 About the KCM Strategic plan

KCM Mission:

Harnessing full potential of partners and resources to fight AIDS, Tuberculosis and Malaria in Kenya

KCM Strategic Plan 2021- 2025

- Strengthened devolved engagement
- Improved quality of services, effective use of available resources and grant performance
- Strengthened harmonization in delivery of results

1.7 Update on the Global funding Request 2021-2024 – Edward Mwangi

He noted that the total funding was \$USD 415,310,170 and that the process for grant making is still on and will run up to June 2021. The contractual signing will be done before 1 July 2021 when the program is expected to commence.

To be eligible to submit a funding request on behalf of a country to utilize and implement its allocation, the Country Coordinating Mechanism is evaluated to ensure it meets certain standards of good governance, transparency and inclusivity. These are known as eligibility requirements:

- Eligibility requirement 1: Carry out a transparent and inclusive funding application development process
- Eligibility requirement 2: Facilitate an open and transparent Principal Recipient selection process
- Eligibility requirement 3: Oversee program implementation and implement an oversight plan

- Eligibility requirement 4: Document the representation of affected communities
- Eligibility requirement 5: Ensure representation of nongovernmental members through transparent and documented processes
- Eligibility requirement 6: Adopt and enforce a code of conduct and conflict of interest policy –

1.7.1 Eligibility Criteria 1: Principal Recipient and Sub Recipient’s selection process

KCM developed guidelines for the selection of sub-recipients. The guidelines were circulated to KCM members, constituencies, PRs, HSWGs. Selection will happen before July 2021. This is part of fulfilling the countries eligibility for the award.

1.7.2 Eligibility Criteria 2: Open and inclusive funding application development process.

The ongoing road map for the grant making process was shared as follows.

	Activity	Dates
1	Core team orientation meeting	8th December 2020
2	Present roadmap to KCM	9th December 2020
3	Response to TRP comments	9th to 17th December 2020
7	Harmonization meeting	5th to 6th January 2021
8	Endorsement by joint HSWG	7th January 2021
9	KCM Meeting to Approve grant making documents/TRP Responses	19 th January,2021
10	Submission to The Global Fund	21 st January 2021

1.7.3 Eligibility Criteria 3: KCM oversight field visit findings

In line with the KCM mandate to coordinate, monitor, evaluate and support the implementation of the Global Fund Grants, the Over Sight Committee is scheduled to conduct 4 visits to; Nairobi, Kwale, Busia, Garissa and Homa Bay counties.

1.7.4 Eligibility Criteria 4 and 5; Constituency Feedback meetings

This action covers 2 eligibility criteria

- Eligibility requirement 4: Document the representation of affected communities
- Eligibility requirement 5: Ensure representation of nongovernmental members through transparent and documented processes

1.7.5 Eligibility requirement 6: Adopt and enforce a code of conduct and conflict of interest policy

Code of ethics

- The CCM Code of Ethical conduct outlines how individual CCM Members, Alternates, and CCM Secretariat employees 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 that is to: Act consistently, with their duty of care, Act accountably, Act with integrity, Act with dignity & respect Speak out.

2.0 Update on the Kenya National Malaria Strategy – Dr. George Githuka

The Kenya National Malaria Strategy is steered by the vision of a Malaria Free Kenya and anchored on the goal to reduce malaria incidence and deaths by 75% of the 2016 levels by 2023.

2.1 Malaria disease burden in Kenya Key points.

- Malaria second leading cause of morbidity after diseases of the respiratory system.
- Malaria accounts for 15% of all outpatient visits
- In 2019, the incidence of malaria was 66 per 1,000 population
- About 20% of the population is reported to have been subjected to a malaria test (RDT or microscopy) every year out of which the Malaria test positivity stands at 32%.
- Malaria is the 6th leading cause of death.

2.2 Endemicity

Kenya has four main malaria epidemiological zones with diversity in risk determined largely by altitude, rainfall patterns, and temperature, as well as the prevalence of malaria.

- Endemic areas (lake and coast): These are areas of stable malaria transmission around Lake Victoria and the Coastal regions. Transmission is intense throughout the year.
- Highland epidemic prone areas: Malaria transmission in the western highlands of Kenya is seasonal, with considerable year-to-year variation.
- Semi-arid, seasonal malaria transmission areas: experiences short periods of intense malaria transmission during and immediately after the rainfall season, with high morbidity rates due to the population's low immunity to malaria.
- Low risk malaria areas: Temperatures are usually too low to allow survival of the malaria parasite in the vector. However, increasing temperatures and changes associated with climate change are likely to increase the areas suitable for malaria vector breeding and malaria transmission.

2.3 Key Highlights on the Kenya Malaria Program

- HE. President Uhuru Kenyatta the current **Chair of the African Leaders Malaria Alliance (ALMA)**
- **Kenya Malaria Indicator Survey** – Data collection completed in December 2020
- Ongoing **mass net distribution**. 15.7 million nets to 27 Counties
- **Larva Source Management** in 8 lake endemic Counties (Kenya-Cuba malaria vector control project)
- **Malaria Vaccine** Implementation Program in 8 counties, Preliminary data expected this year

The Road to a Malaria Free Kenya.



3.0 Updates by the Principal Recipients

National Treasury - Antony Miru

HIV Grant Rating at A2; Cumulative Budget \$136,587,520; Cumulative Expenditure \$47,398,520; commitments \$36,513,487; Absorption and commitments and expenditure 87.8%; Absorption and commitment and obligation 87.8%

TB Grant Rating at B1; Cumulative Budget \$25,758,187; Cumulative Expenditure \$20,799,603; commitments \$791,282.23; Absorption and commitments and expenditure \$ 95.5%; Absorption and commitment and obligation 95.5%.

Malaria Grant Rating at B1; Cumulative Budget \$63,564,562; Cumulative Expenditure \$ 13,033,418; commitments \$3,094,651.64; Absorption and commitments and expenditure 21%; Absorption and commitment and obligation 79%.

The Kenya Red Cross Society- Samuel Gachau

HIV Grant Rating at A2; Cumulative Budget \$ 54,388,377; Cumulative Expenditure\$ 44,820,085; commitments\$ 1,085,828; Absorption and commitments and expenditure 84%; Absorption and commitment and obligation 84%. Beneficiaries - key populations under HIV/AIDS, and also the cash transfer programs launched in Turkana had ended but the impact results finding was on going. They worked with 73 civil society organizations as sub recipients.

Amref Health Africa – Lilian Manyonge

TB Grant Rating at B1; Cumulative Budget\$24,388,202; Cumulative Expenditure\$ 18,016,691; Absorption and commitments and expenditure Absorption 92% and commitment and obligation 92%.

Malaria Grant Rating at A2; Cumulative Budget \$11,775,995; Cumulative Expenditure \$9,693,299; commitments \$4,445; Absorption and commitments and expenditure 82.4%; Absorption and commitment and obligation 82.4%.

Some challenges in implementation

- 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
- Stipend payment of CHV incentives in 5 Counties (Kakamega, Homabay, Migori, Kisii and Nyamira) *Responsible* -KCM, MOH, HSWH, Counties and PRs
- MOH to provide way forward on the Court ruling on testing by non-medical laboratory personnel *Responsible*- MOH
- Procurement and distribution of LLINs is behind schedule

4.0 The Partnerships Forum

There were partnership forums whereby representatives from every CSO present shared their feedbacks as follows;

4.1 USAID AFYA UGAVI - Dr Victor Sumbi

Full Project Name: USAID Afya UGAVI Activity

Contract Type: Task Order under the USAID Global Health Supply Chain Program–Procurement and Supply Management (GHSC-PSM)

Period of Performance: September 2016 – December 2021

Activity Scope:

- Provides comprehensive technical assistance to strengthen Kenya’s supply chains for HIV/AIDS, malaria, and family health at the national and county levels
- Afya Ugavi will in FY2021 implement interventions in 47 counties, scaling up from 10 counties in previous years

Of particular interest is that Afya Ugavi will strengthen citizen participation in accountability and surveillance for health products and technologies (HPT) at the last mile

Activities will include:

- Establish an oversight system for HPT through the County Assembly health committees
- Engage with civil society/ community-based organizations and private sector for a stronger voice and better advocacy to increase government transparency and accountability
- Involve the Office of the Auditor General to facilitate actions for full accountability of funds and health commodities at all levels of the health system
- Improve access to, and accountability for, malaria commodities for community case management of malaria

4.2 KeNAAM- EDWARD MWANGI

The presenter shared on their digital messaging solution in increasing utilization of malaria and health interventions. Sharing its success which was mainly via partnerships with various organizations, working with the communities and engaging various health facilities.

4.3 JHPIEGO; USAID IMPACT MALARIA- HELLEN GATAKAA

Existing gaps impairing proper malaria management which were.

- Inadequate provider-client communication
- Unavailability of functional directly observed therapy (DOT)
- Inadequate information on malaria drug dosing

Solutions to the existing gaps above:

- Mentorships facilitation

- Supporting DNMP in reviewing training curriculum
- Continuous medical education and targeted supportive supervision
- Working with counties in service training provision.

4.4 LIVING GOODS- GEORGINA MBEKI

She helped the members understand on how their organization. she emphasized the connection with the community based volunteers therefore they focused more on prevention than cure.

Among the activities they do were; empowerment of CHVs, capacity building in counties for sustainability, collaboration with national MOH, digitizing of community health through collaboration with countries in technology adoption, innovation for health and having integrated platform.

4.5 PHARMA ACCESS Angela Sitayi

Their aim is to increase access to better care. The facilitator shared their holistic approach in building trust to decrease transaction costs. She also shared with the stakeholders on how they use the M-TIBA; conditional payments for malaria treatments using digital mobile diagnostic and healthcare exchange program.

They use holistic approach in building trust to decrease transaction costs in the apps they use for medical payments. The facilitator shared on how they use M-TIBA for conditional malaria treatments payments.

4.6 END MALARIA COUNCIL Dr. Willis Akhwale

He introduced the participants to the African Leader's Malaria Initiative.

- HE. President Uhuru Kenyatta the current chair of the African Leaders Malaria Alliance (ALMA)
 - Launched the Zero Malaria Starts with Me Campaign on 31st October 2020
 - End Malaria Council and Fund appointed on 15th January 2021
 - Planned Kenya Malaria Youth Army
 - Larva Source Management in 8 lake endemic Counties (Kenya-Cuba malaria vector control project)
 - Establishing structures to malaria elimination

He encouraged the civil society to connect to the EMC and ALMA efforts through the CSO representative – Eva Muthuuri

4.7 VESTAGAARD - Harki Sehmi

They develop new LLIN types, this is because mosquitos have become resistant to repeated applications (IRS, pyrethroid only LLINs, WHO GPIRM 2012 raised the concern on the growing problem of insecticide resistance, and there is limited number of insecticides that can be used for public health.

Their areas of focus include;

- Advocacy on LLIN quality, efficacy, equity with malaria stakeholders
- Continuously involved in innovation, research and capacity building

- Advocate for in country testing of LLINs – post shipment inspections
- Participate in global policy level- provide inputs towards recommendations on testing a deployment on new generation LLINs.
- Developing digital technologies that will aim to identify how the end user perceives and use the LLIN

4.8 PS-KENYA- Tony Wambua

The facilitator gave an overview on their strategies, that's supporting social and behavior change of people by using the private sector techniques. Their interventions in regard to malaria elimination were the use of CCMM by trained CHVs and provision of incentives to CHVs.

He also shared on the challenges that faced the CBOs in malaria programs that's; inadequate funding, staffing, resource mobilization more so through proposals to donors outside the country and weak organization systems and structures for effective implementation of projects.

4.9 – Novartis Dr. Nathan Mulure

Novartis has been committed to the fight against **malaria** for the past two decades, launching the first fixed-dose ACT in 1999 and the first dispersible pediatric ACT developed in partnership with Medicines for **Malaria** Venture (MMV) in 2009.

Integrated community case management (iCCM) initiatives is recognized as a key strategy for increasing access to essential treatments and reducing child mortality from treatable conditions, such as malaria, pneumonia and diarrhea.

Timely diagnosis: The availability of high-quality rapid diagnostic tests (RDTs) for malaria has made testing for malaria at the community level possible. The iCCM approach incorporates WHO's recommendation that all suspected malaria cases undergo diagnostic testing prior to treatment.

Programmatic experience suggests that the iCCM strategy can be effective in achieving high treatment coverage and delivering high-quality care for sick children in the community.

Any organization interested in exploring linkages with Novartis was encouraged to contact them. By utilizing the convening power of the Global Fund this discussions promises to be a great opportunity.

5.0 DISCUSSION/ACTION POINTS/RECOMMENDATIONS

The participants gave their view on how malaria free Kenya could look like come by 2030. Below are the responses;

- Communities will be more involved in care participation
- Members will be adhering to 3Ts initiative
- There will be reduced mortality rates leading to a longer life span
- Improved social amenities and other activities since the malaria resources will be funded elsewhere.
- There will be more travels hence increasing foreign investments
- Mosquito bites will not bother people
- There will be more responsible communities- uptake of commodities in a responsible way.
- Citizens will not be worried of malaria at the borders
- There will be reduced/ zero malaria treatments
- Time lost in malaria treatments will be used in other issues

2019/2020 ACTIVITY REPORT

No	Activity	Progress
1	Disseminate information on global fund grants during KeNAAM annual general meeting	the meeting has been held and the information disseminated
2	provide feedback on GF grants during review meeting	CSO representatives participated in the Kenya program review meetings
3	Disseminate information on newsletter and website	Over 100 messages have been disseminated. Contents in the messages include capacity building and funding opportunities
4	Maintain vibrant malaria mailing stakeholder list serve and goggle group for updates an discussions	
5	develop messages to be disseminated to the malaria constituency	
6	participate in the malaria ICC and TWG	Participation happened via zoom
7	Regional malaria networks activities	malaria advocacy networks had their meetings supported.

9.1 CONSTITUENCY WORK PLAN 2020/2021

S. NO	ACTIVITY	EXPECTED RESULT	RESPONSIBLE	TIME FRAME			
				JULY-SEP	OCTO-DEC	JAN-MARCH	APRIL-JUNE
1	Advocacy for technology & technology	Adoption of artificial intelligence in HMIs	UGAVI LEAD AFRICA GCN OTHERS ARTIFUL PRODUCTION S				
2	Strengthen county engagements	County malaria forums strengthened					

		and supported					
3	Formation of steering committee to lead team working on AI	Committee leading team working on AI	KENAAM LG P.ACCESS				
4	Lobbying for establishment of malaria innovation fund to fund various innovations	Established malaria innovation fund funding various innovations	SCOPE CCBI				
5	To advocate for improved quality of care by providing evidence based messages on the need	number of stakeholders advocating for improved quality of care	IMPACT MALARIA REDCROSS AFH				
6	Sensitization of members on malaria prevention and care	Number of people sensitized	NOVARTICS WE REACH				

10.1 CONCLUSION AND RECOMMENDATIONS

Some changes took place elections conducted in the previous KCM meeting as follows;

NAME	ORGANIZATION	POLICY BODY
Eva Muthuuri	African Family Health	KCM Malaria Representative member
John Muiruri	Action for Children in Conflict	KCM Malaria Representative Alternate
Erick Omondi	Blue cross (lake endemic region)	Malaria sector working group
Ngeno Titus/ Justine Karimi	ECO/AAHRED (highland endemic region)	
Michael Mwanza	Malaria no more (low endemic region)	
Harry Mwakilenge	Coast youth coalition (coast endemic region)	
Committee of experts	Prevention	PS Kenya
	Case management	Amref Health Kenya
	Elimination	World vision Kenya
	SBCC	PS Kenya /KeNAAM
	SMEOR	Smile Africa
	Program management	Smile Africa

11.1 ANNEXE (PROGRAM, WORKPLAN REPORTS, PARTICIPANTS LIST AND PHOTOS)

KENYA CO-ORDINATING MECHANISM

CONSTITUENCY ENGAGEMENT FEEDBACK MEETING - 2021

PROGRAM

TIME	SESSION	FACILITATOR	SESSION CHAIR
	Travel to Aberdares Country Club		
8:30 – 8:45 am	Registration	KENAAM	Mercy Musomi
8:45 – 9:00am	<ul style="list-style-type: none"> Prayers – Volunteer Introduction Remarks by KCM Constituency representatives. Logistics 	John Muiruri	
9:00 – 9:15 am	<ul style="list-style-type: none"> Purpose and objectives 	Eva Muthuuri	
9:15-9:30am	Update on the Kenya Malaria Strategy	National Malaria Program – MoH	
9.30am-10.45am	<ul style="list-style-type: none"> Overview Global Fund /KCM Update on GF Funding Request Application/community interventions/ Grant Making process /SR Selection Road map/requirements. 	John Muiruri Eva Muthuuri Mercy Musomi Edward Mwangi	
10.45am -11:15am	TEA BREAK		
11:15 – 12:30 pm	Feedback from PRs; <ul style="list-style-type: none"> GF Grant implementation status /Acceleration plans/GF Commodities security status/transition arrangements/plans. Global Fund Grants successes & lessons learned. 	Amref/KRCS/National Treasury/DNMP Patrick Igunza	

	<ul style="list-style-type: none"> • GF C19 RM grant Implementation status • Updates on implementation of GF Regional Grants. • Review of the Malaria priority issues 2021(Community targets as per the national plan 		
1:00 – 2:00 pm	LUNCH		
2.00-3.00pm	<ul style="list-style-type: none"> • Partnership Forum <ul style="list-style-type: none"> o USAID Afya Ugavi o End Malaria Council o KeNAAM o JHPIEGO –USAID Impact Malaria o Living Goods o PS Kenya o Pharma Access 	Dr. Victor Sumbi Dr. Willis Akhwale Edward Mwangi Hellen Gatakaa Georgine Mbeki Tony Wambua Rep	Eva Muthuuri
3.00-4pm	Plenary session		
Day 3 28th/January/2021			
8.30-9.00am	Recap		
9.00am – 9.45am	KCM Governance – (i)Strategic Plan (ii)Ethics and Conflict of Interest (iii)Renewal of Membership	KCM Member & Alternate Eva /John	Eric Okoth
9.45am -10.15 am	(Q & A)	Plenary	
10.15am to 10.45am	BREAK		
10.45am – 11.45am	Review of Previous Report & Work plan 2018/19/20 <ul style="list-style-type: none"> • Lessons Learnt • Documentation of Best Practices 	All Edward/Mercy	Nelly Luchemo
11.45am to 12.45pm	Development/Compilation <ul style="list-style-type: none"> • Constituency Annual report 2020/2021/2022 • Constituency Annual work plan 2020/2021/2022 • 	All Edward/Mercy	John Muiruri
12.45pm- 1.00pm	Plenary		
1.00 to 2.00pm	Lunch		
2.00-3.00pm	Way forward/ Next Steps		
3.00- 4.00pm	Closure		
Day 4 29th/January/2021	Travel from Aberdare Country club		

