

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

Presented by: KP Representatives

Venue: Lake Naivasha Resort

Date: 10th March 2021

Purpose and Objective of the Constituency feedback workshop

- ▶ The purpose this workshop was to engage with the constituencies 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.

NSP coverage and procurement

- ▶ The legal tendering process imposes barriers that limit access to commodities.

MAT coverage and Procurement

- ▶ The dispensing points and distance to where the beneficiaries lead to inaccessibility of the clinics by the PWIDs.

Hepatitis C diagnosis and treatment

- ▶ There is delay in treatment for those who are diagnosed positive for HCV.

Livelihood development programs

- ▶ This is key in accelerating uptake and adherence to HIV, TB and malaria treatment. However, there is no direct support towards this intervention.

Overdose prevention and management

- ▶ Possession of Naloxone by the community is still prohibited.
- ▶ Additional support in transporting PWIDs who encounter overdose to health facilities is not readily available

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.

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

	Activity	Responsible	2021			
			Jan-Mar	Apr-June	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		

THANK YOU

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