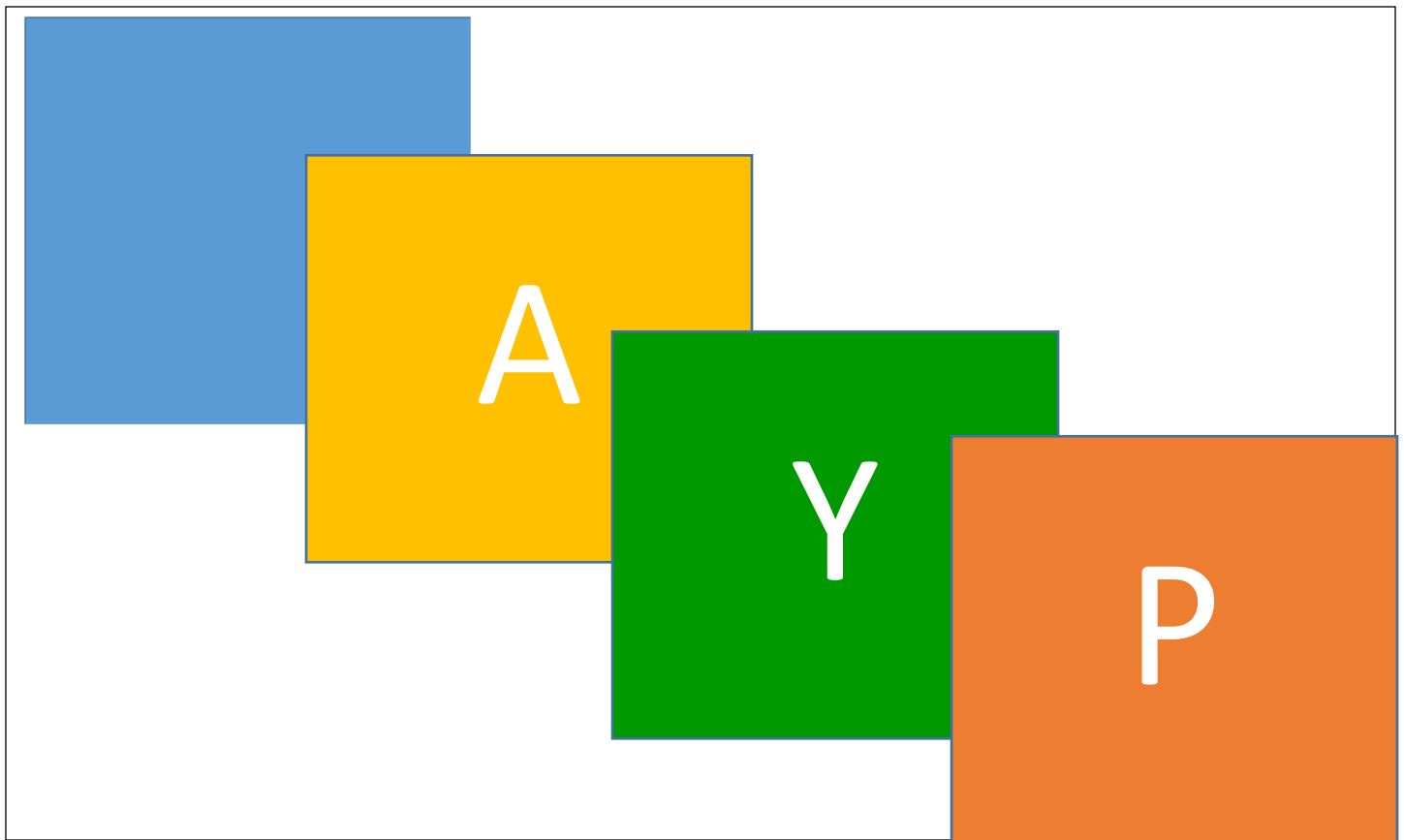


Adolescents and Young People Constituency

CONSULTATIVE ANNUAL MEETING, 17 – 18 JUNE 2022



MAANZONI LODGE: 17 – 18 JUNE 2022

BACKGROUND AND CONTEXT

Adolescent and young persons (15-24 years) constitute 11% of the Kenya population, however they are greatly affected by HIV. Kenya is among the countries with highest HIV, TB and Malaria burden ranking 4th among countries with highest HIV burden. Approximately 1.4 million people are infected with HIV in Kenya (NACC, 2018) 184,000 among them adolescents and young people. Kenya has made giant strides in the fight against HIV, TB and Malaria, however, Kenya still records high new HIV infections annually averaging 52,000, 34% occurring among AYPs; adolescents girls and young women contributed 24% (12,500) of the new infections in 2017. Of the 28,200 deaths that occurred in 2017, 2,830 occurred among AYPs. HIV prevention services are widely available at no / minimal cost across the country however AYPs access to these services is still minimal. Slightly less than half (49.8%) of AYP aged 15-19 years have tested for HIV, while 80% 20-24 AYPs have tested for HIV; access to HIV care and treatment has improved, ART coverage among AYP averaging 80%; less than the UNAIDS target of 90%. Similarly, AYP record sub-optimal viral suppression as evidenced by the relatively high HIV related HIV deaths among them. Kenya has categorized AYPs, especially adolescent girls and young women aged 15-24 years as a priority population needing specific high impact interventions in addressing new HIV infections, related morbidity and mortality.

Tuberculosis (TB) and Malaria are prevalent infections in Kenya; TB generalized in all regions of Kenya while malaria exhibits geographical disparities with some regions having high infection rates; and with seasonal peaks. Although TB is generalized across Kenyan counties, persons with low immunity including persons living with HIV are more susceptible to it. In 2017, 16.7% of HIV infected persons were also infected with TB; a co-infection rate that is slightly above the global average of 15%. Tuberculosis is fourth leading cause of death in Kenya placing a heavy strain on health resources. The TB burden in Kenya has mostly been estimated through program data; however, the 2016 TB survey found a higher burden than previously reported from program and surveillance data, estimated at 558 per 100,000 people. The same report indicates that approximately 138,105 people fell sick with TB. However, the average annual TB diagnosis was fall lower, for instance 82,000 had been diagnosed with TB hence a 40% diagnosis gap. The most affected age group was 25-35, with more males infected than females. Of the TB infected approximately 70% of them were below 44 years, majority them living in urban areas. Reducing TB/HIV co-infection highlights the success of HIV care in Kenya and underscores the importance ensuring all age groups attain viral suppression, to reduce opportunistic infections key among the TB. In view of the sub-optimal ART coverage and viral suppression among AYP living with HIV, TB prevention and management remains an important health consideration. There still exist information lacuna on the impact of TB

on AYPs, hence the need for more involvement of AYPs in TB prevention and management programs.

Kenya ranks 11th in Malaria burden globally (WHO, 2016). While Malaria is curable, lack, late and / or misdiagnosis leads to malaria fatalities. Malaria is among top ten causes of death in Kenya. Seventy per cent (70%) of Kenyans are at risk of malaria, pregnant mothers, children under five years and individuals with lowered immunity including persons living HIV are at the greatest risk of Malaria. Early diagnosis plays a key role in successful treatment. In 2017, Malaria formed 16% of health consultations in Kenya. Malaria prevalence is estimated at 8% from a high of 11% in 2005. In the fight against Malaria Kenya developed a Malaria strategy whose aim is to strengthen prevention, diagnosis, and early treatment of Malaria for a Malaria free Kenya.

Given the large proportion of youths in Kenya and the impact of the three diseases on their lives especially HIV, the global Fund, established AYP constituency, under Kenya Coordinating Mechanisms (KCM) to meaningfully involve adolescents and young persons' in decision making, planning, implementation and monitoring of HIV, TB and Malaria health services.



ADOLESCENTS AND YOUNG PEOPLE ANNUAL CONSTITUENCY MEETING

A two-day meeting was held on the 17th and 18th of June 2022 at Maanzoni Lodge, Machakos county. The meeting brought about 34 adolescents and young people representatives two of whom were representatives at the KCM. The meeting was aimed at engaging with the constituent members and share global fund information with the view to strengthen and sustain global fund programming in Kenya.

The following were the specific meeting objectives.

- NFM3 GF Grant implementation status including C19
- Review of previous constituency work plan and development of a new work plan
- Update on the 7th Global Fund replenishment
- Update on KCM Evolution project

Sessions Content

- Overview of the Global Fund /KCM operations in Kenya
- Update on the KCM evolution Project
- Updates on the 7th GF Replenishment
- Feedback from PRs
- Review of 2021/2022 Work plan
- Development of 2022/2023 work plan

DAY 1

The team arrived at the meeting venue on the 16th evening, the meeting started on the 17th morning with word of prayer by one of the members. Introductions followed using the sequence below:

- Name
- Organization
- Expectations
- Relationship status
- County of residence
- Last thing you watched

Climate setting for the meeting was done and the participants shared their expectation which were as follows.

- To learn about the KCM
- To network with other young people
- To learn how best to support the AYP representatives in the KCM
- An update of the 7th Global Fund Replenishment and where young people can plug in.

A presentation by KCM AYP member was made after the climate setting session. The first presentation focused on GF's Key principles and overview, implementation structure and funding mechanism including the new GF grant components, the presentation also highlighted KCM structure and mandate of the AYP representatives in implementation of the GF grants.

Plenary sessions included;

Where do young people fall in the KCM; are they under the AYP representatives

The feedback was provided in a participatory manner by highlighting that the representatives work hand in hand with young people in highlighting the issues facing young people.

Principle Recipients presentations: the two presentations updated the members on the implementation status of the GF grant as it relates the mandate of each of the PRs. Key highlights were:

1. AMREF, TB and Malaria grant

- Grant coverage, number of counties implementing TB grants
- TB Sub Recipients
- TB key interventions
- TB grants achievements and outcomes
- Challenges experienced and mitigation measures

Presentation on Malaria grant was not provided.

2. Kenya Red Cross Society Presentation

- HIV grant implementation updates
- Overview of AGYW
- AGYW interventions
- Implementation challenges and proposed way forward

The AYP members were given chance to ask questions following each presentation. Some of the questions and comments raised during this plenary session also served as feedback on HIV and TB services received by AYP.

The following questions and comments were raised to KRCS during the plenary session;

What is the status on the youth friendly centers?

5 youth friendly centers were planned but only 1 is fully functional and it's in Machakos county. The highlighted reasons for the delay were limited support from the remaining counties and different counties offering different areas of support which are land and an

office space. The representative from KRCS also shared that the youth friendly centers in Kisii and Turkana will soon be done as what was remaining was the signing of an MoU with the respective counties.

Why is the guideline for key population taking long to be available and implemented?

The delay was brought about by the guidelines contradicting what the constitution states when it comes to adolescents but they were released recently and peer educators are to be trained to be focal persons for key populations seeking health services.

What is the reason for unavailability of viral load testing and commodities?

A memo was shared by NASCOP to the KCM secretariat which had the following content; Interim guidance for prioritizing viral load testing (county received initial stock of testing commodities)

Facilities encouraged to actively recall the following populations;

- ✓ CALHIV <20kg who need to be optimized
- ✓ CALHIV 0-19 years without VL in the last 6 months
- ✓ Pregnant and breastfeeding women without valid VL test
- ✓ PLHIV with STF without confirmatory VL test results
- ✓ PLHIV who have had a regimen change without a repeat VL test results.

An update on the timelines for when other population will receive VL testing will be shared with the AYP representatives once the information shared by NASCOP.

Unavailability of commodities was brought about by global disruptions like COVID 19 and countries are working towards recovering and also there has been corruptions issues with KEMSA the body in charge of procurement of commodities.

What support do the PR require from young people and youth led organizations to support in meeting targets?

Conduct joint advocacy activities on the issues affecting young people and presentation of issues affecting young people living with HIV in the different communities.

The following questions and comments were raised to AMREF during the plenary session;

What is the status of the gene expert machines?

There was issue with the procurement process which is efforts are being put towards the procurement of the machines.

Are there options to have X-ray conducted for vulnerable communities other than under 5?

X-ray services are available for people over five years and it is a new areas of intervention that is currently being looked into by AMREF.

From the presentation done by the two PRs, the members had the following comments and observations;

- The data presented by AMREF did not match the reality at the community level
- AMREF only has one young youth led organization as one of their SR and one of the members pointed out that the said organization was not youth led.
- AMREF does not work in partnership with young people
- PRs would not respond to the questions asked instead they would redirect the questions to the members present who are their SR.

KRCS presented on the different interventions they are implementing for young people and during the plenary session the following issues and comments came up,

- Overlapping of interventions which they members were informed that the difference comes in when implementing activities. Unfortunately, the activities were not shared since they require time to presented which the member did not have since it was a two-day meeting.
- KRCS to continue working closely with the Ministry of Education, Ministry of Health, Ministry of Gender and Public service and other relevant ministries for adolescent in school to receive human sexuality education.
- The biggest opposition on comprehensive sexuality education are religious leader and hence the members suggested that the PR should engage religious as champions for CSE so at to get a buy in from parents. The members further suggested for KRCS to plug in and be part of the review of the National Adolescent Sexual Reproductive Health policy and the validation process of the Reproductive Health policy (2020-2030).
- The members noted that mental health support was not one of the interventions captured but they were informed that it was a component under each of the presented interventions and the functional wellness center has a psycho counsellor that offers services to young people and they are referred when there is need.

The members highlighted the following activities that they will offer support to KRC and they are subject to availability of resources from KRC;

- Advocacy on comprehensive sexuality education to support buy in from religious leaders.
- Document challenges experienced by young people in the community
- Review and give feedback on policies that are currently under review
- Mental health awareness creation/sensitization.

The requested to be provided with an outline of what PR look for when selecting SR and the following was shared;

- The organization must have a board that is properly constituted
- The organization needs to demonstrate they have experience managing resources
- Have an existing relationship with the county of operation
- Demonstrate capacity to implement projects
- Proper documentation; finance manual, monitoring and evaluation frame work, project management plan
- Provide information on organization tax
- The organization needs to have local presence



DAY 2

The day started with a recap of the discussions that took place the previous day. The AYP constituent KCM member requested the members to provide feedback pertaining to the presentations and discussions that took place the previous and the members pointed out the following;

- The low absorption rate by the PRs are brought about by activities being conducted in a rush when the funding cycle is coming to an end and all the pressure to implement activities are placed on the SRs
- Engagement of community by AMREF had not improved despite it being pointed out severally.
- The data presented did not match the situation of young people at the community level.
- Treasury did not send a representative to report for the members and the KCM constituent member informed the members that an invite was sent to them but they never responded not even to send an apology

Based on the discussion that took place the previous day, the members had the following recommendations for the PR in order for them to meaningfully engage and get to understand what the PR will be presenting;

- Presentations to be disaggregated to capture outcomes for both male and female. Challenges experienced and the mitigation measures.
- For the PRs especially AMREF to send a representative who has an understanding of Global fund activities had been actively involved in the implementation.
- The Secretariat and PRs will not be sitting in AYP constituency meeting unless it's their session.
- Feedback on Malaria implementation in relation to young people to be provided.
- ODSS to be available for youth led organizations on request.
- Capacity building of AYP members on the procurement process of commodities

Work plan review

The AYP constituent KCM member and the alternate went through the previous year's work-plan and highlighted that the activities were not implemented due to unavailability of resources. The members agreed to carry forward the activities and work towards gathering resources from the PR to implement the activities.

Conclusion and recommendations

The meeting achieved its objectives of providing GF implementation status and gathering feedback of the same from the AYP, the 2022/2023 AYP constituency work-plan was also developed. Moving forward the members agreed that the AYP constituent KCM member and alternate with the support from members will document the number of

PWID who require access to MAT services, Map out clinics offering MAT services in order to be aware of how best to support this population especially those below the age of 18.

Recommendations for NFM4

- Creation of a fund specifically for youth Networks within the Global Fund.
- Decentralizing methadone distribution sites to cater for young drug users
- Having mental health as an intervention standing alone
- Support for the new innovations that are in the pipeline
- Commodity security

APPENDICES

Meeting Program

**KENYA COORDINATING MECHANISM
CONSTITUENCY FEEDBACK MEETING HELD ON 17, 18, JUNE 2022
AT MAANZONI LODGE
PROGRAM**

| TIME | SESSION | FACILITATOR/PANELIST | SESSION CHAIR /MODERATOR |
|-------------------------------|---|--|--------------------------|
| Day 1 8:30 – 9.00am | <ul style="list-style-type: none"> • Introduction • Remarks by KCM Constituency representatives. • Logistics | KCM Member & Alternate | Constituency Member |
| 9:00 – 9:15 am | <ul style="list-style-type: none"> • Purpose and objectives | KCM Alternate Member | |
| 9.15am-10.45am | <ul style="list-style-type: none"> • Overview of the Global Fund /KCM operations in Kenya • Update on KCM Evolution Project • Updates on 7th GF Replenishment | KCM Member KCM Secretariat | |
| 10.45am - 11:15am | TEA BREAK | | |
| 11:15 – 12:30 pm | Feedback from PRs; | <ul style="list-style-type: none"> • The National Treasury • Amref Health Africa | |

| TIME | SESSION | FACILITATOR/PANELIST | SESSION CHAIR /MODERATOR |
|----------------|---|--|---|
| | <ul style="list-style-type: none"> NFM3 GF Grant implementation including C19 status | <ul style="list-style-type: none"> KRCS | |
| 1:00 – 2:00 pm | LUNCH | | |
| 2.00-4.00pm | <p>Panel Discussion</p> <p>NFM3 GF grant implementation achievements/success/challenges /lessons learned /strategies to ensure improved grant performance.</p> <p>Tentative discussion points</p> <ul style="list-style-type: none"> CSS (community Systems Strengthening) program updates as well as CLM (Community based monitoring). How to write a winning proposal. What do PRs look out for? HIV/TB/Malaria commodity security, How the constituency members benefit from Organisational development opportunities and avenues through the PR.? What HIV interventions are in place for young school leavers | <p>Panelist</p> <ul style="list-style-type: none"> KCM Member KCM Secretariat The National Treasury AMREF Health Africa KRCS SR | <p>Moderator</p> <ul style="list-style-type: none"> Constituency Member |
| 4-5pm | <p>Review/Development/Compilation</p> <ul style="list-style-type: none"> Constituency Annual report 2021/2022/ Constituency Annual workplan and budget 2022/2023 | KCM Alternate Member | Constituency Member |

| TIME | SESSION | FACILITATOR/PANELIS T | SESSION CHAIR /MODERATO R |
|--|---|---------------------------|------------------------------------|
| Day 2 8.30am - 10.30a m | <ul style="list-style-type: none"> • Prayers - Volunteer • Registration • Introduction • Review of 2021/2022 Workplan | KCM Member & Alternate | Constituency Member |
| 10.30 am – 12.00p m | Way forward/ Next Steps /Closure | KCM Member | |

Meeting Pictures

