

NARRATIVE REPORT

KEY POPULATIONS FEEDBACK MEETING

KENYA COORDINATING MECHANISM

VENUE: WATERBUCK HOTEL –NAKURU

DATE: 14TH JUNE 2022- 16TH JUNE 2022

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Acronyms/abbreviations

1. MSMs- Men who have Sex with Men
2. SWs- Sex Workers
3. PWU/IDs- People Who Use/Inject Drugs
4. KPs- Key Populations
5. KCM- Kenya Coordinating Mechanism
6. HIV- Human Immunodeficiency virus
7. TB- Tuberculosis
8. GF-Global Fund
9. NFM 3- New Funding Model
10. PR- Prime Recipient
11. SR- Sub Recipient
12. CCMm- Community Case Management
13. GHPN- GBMSM HIV Prevention Network
14. KESWA- Kenya Sex Worker Alliance
15. EMAC- Empowering Marginalized Communities-Kenya
16. NYARWEK- Nyanza Rift Valley Western Kenya Network
17. KHRN- Kenya Harm Reduction Network
18. KeNPUD- Kenya Network of People who use Drugs
19. NTAN-National Transgender Advocacy Network
20. COP- Country Operational Plan
21. MOH- Ministry of Health
22. FBOs- Faith Based Organizations
23. CSOs- Civil Society Organizations
24. CLM- Community Led Monitoring
25. CSS-Community Systems Strengthening
26. MDR TB- Multidrug-resistant tuberculosis
27. CHVs- Community health Volunteers
28. DNTLD-P- Division of National Tuberculosis Leprosy and Lung Disease Program

1.1 Introduction

The Key Population community feedback meeting was held from 14th June 2022 to 16th June 2022 at Waterbuck Hotel in Nakuru. The participants were mobilized from the four key population constituencies i.e Men who have Sex with Men (MSMs), People Who use/Inject Drugs (PWU/IDs), Sex Workers (SWs) and TRANS* communities.

The coordination was done through the KP Consortium to ensure that all the communities are well represented and they are meaningfully engaged throughout the meeting period. The participants were given a chance to introduce themselves based on their name, organizations and what they expect from the meeting.

Some of the expectations include:

1. Receive feedback and updates from the KCM representatives
2. Understand where we are as key populations community and areas of improvement
3. To learn and interact with one another
4. Assess the gaps and ways to improve the partnership
5. How to integrate Malaria and TB into the HIV programming
6. To understand the Global Fund funding model and plan how communities will be engaged in the next cycle
7. To exchange ideas and best practices during implementation process
8. To get to know the experience of implementing Global Fund Grant
9. Assess the challenges during implementation phase and come up with strategic interventions

The key populations KCM representatives welcomed the participants and thanked them for creating time to attend the meeting. The representation of key populations at the KCM has enabled the key populations to benefit from the grant and strengthening the capacity if the KP led organizations across the country.

The main representatives have really supported the alternates to understand the processes at the KCM. They have offered them a space to learn and to make mistakes so that they have a clear concept and to articulate the issues of the key populations effectively.

However, there has been some few challenges during the engagement but they KCM representatives are committed to come up with strategic interventions for improvement. The key population communities need to continue supporting one another and provide resourceful information for feedback when needed.

2.1 Purpose and Objectives of the Key Population’s Feedback Meeting

Purpose of the meeting:

- To engage with Constituent members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

Objectives of the meeting:

- To update Key Population communities on KCM Evolution Project.
- To update Key Population communities on 7th GF Replenishment
- To update Key Population communities on the progress on implementation of GF NFM 3 Grants, and C-19 grants).
- To discuss the achievements/Challenges/Success stories / strategies on implementation of GF Grant
- To discuss Key Population’s 2021/2022 report and / 2022/2023 Work plan/Budget.

3.1 Highlights of sessions covered during the meeting

3.1.1 Highlights from The Global Fund /KCM Operations/Governance

- ✓ Global Fund Grant primarily focuses on ending HIV/AIDS, TB and Malaria in the country.
- ✓ The grant ensures at maximizing the following objectives:
 - To ensure people-centered Integrated Systems for Health to deliver impact, resilience and sustainability
 - To enhance engagement and leadership of most affected communities and leave no one behind

- To enhance Health Equity, Gender Equality and Human Rights among the communities
- To ensure mobilizing and increased resources for implementation
- ✓ The Global Fund key principles mainly focus on:
 - **Partnerships:** Between Governments, Civil Society Organizations, communities affected, technical partners, private sector, faith-based organizations, and other funders to end the epidemics.
 - **Country Ownership:** Taking into account of the political, cultural and epidemiological context to determine strategies to fight the three diseases.
 - **Performance Based Funding:** Based on verifiable results and the long term impact of the grant.
 - **Transparency:** ensure transparency in all its work from funding decisions, grant performance, governance and oversight are openly published. Zero tolerance on Corruption.
- ✓ The key functions of KCM in the country include:
 - To coordinate, approval, endorsement and submission of Funding RA TO GF
 - To select Principal Recipients through a transparent and documented process.
 - To oversee the implementation of activities under the Global Fund approved programmes, including approving major changes in the implementation plan.
 - To evaluate the performance of Global Fund grants and Principal Recipients including major changes to programme plans.
 - To ensure linkages between GF assistance and other assistance and programmes in line with national priorities/NSPs.
 - To ensure all relevant constituencies are involved in the decision-making process for the Global Fund grants.
- ✓ Key achievements of Global Fund Grant in Kenya include:
 - Since 2002 the Global Fund has signed over US\$1.8 billion and disbursed over US\$1.4 billion to Kenya.

- The NFM 3 Grant is USD 441,509,321 July 2021 to June 2023 in line to this, the Government of Kenya has committed Ksh 12.3 Billion for financial years 2021/2022 to 2023/2024.
- The support from Global Fund grants has significantly contributed to universal access to prevention, treatment, and care services for HIV, TB, and Malaria in the country.
 - 1,264,081 million people out of 1.5 million people living with HIV are accessing treatment and care in the country.
 - The AIDS related deaths have reduced by 67% from 58,446 in 2013 to 19,486 in 2021.
 - The annual incidence of TB cases have declined by 8% and the treatment success rate is at 85% overall.
 - The national level prevalence of Malaria has declined from 8.2% in 2015 to 5.6% in 2020
- The Global Fund Grant has also recently supported the response to COVID-19 in the country. The GF has approved support amounting USD 139,198,281 for COVID-19 response in Kenya.

3.1.1.1 The 7th GF Replenishment

- The Global Fund raises funds in three-year. These funds are primarily raised from the public sector, with 92% of total funding from donor governments, the private sector, foundations and innovative financing initiatives.
- During the 7th GF Replenishment the global funds aimed at raising USD 18Billion for the 2024 to 2026 cycle to fight HIV, TB and malaria and build stronger systems for health, which reinforces pandemic preparedness and response.
- Kenya joined other countries on 23rd and 24th February 2022 during the 7th GF Replenishment preparatory meeting and the President of Kenya –HE Uhuru

Kenyatta led the Kenyan Delegation. Kenya pledged to contribute USD 6Million during the 7th Replenishment cycle.

3.1.1.2 Update on KCM Evolution Project

- ✓ The evolution interventions will ensure the following:
 - Active oversight of investments to ensure impact of the grant.
 - Meaningful constituency engagement and information sharing, particularly with civil society and communities, to shape and oversee investments.
 - Effective positioning within national structures and existing/emerging platforms to increase efficiency of health investments.
 - Efficient CCM Secretariat operations of core functions, enabling and sustaining health governance.

- ✓ Priority Areas/ Objectives

- Oversight

To maintain the momentum in oversight by equipping the oversight officer and oversight committee with a new dashboard approach (migrating from old SAP to new Microsoft Excel version, connected to national DHIS 2 system).

- Engagement

Constituency engagement (feedback processes and planning) needs to be better resourced and monitored, helping the KCM to become the source of data on all actors and investments in the epidemics campaign. This will involve rethinking, strengthening the constituency process, and the community collection of data.

- Positioning

Securing more purposeful commitments in terms of the strategic positioning of the KCM in a longer term national/county structure, with the specific intent to improve the efficiency of investments. (i) Understanding the devolution process, its impact on containing the epidemics and Kenya's ownership of the process. (ii) Revisit the legal identity of the KCM. (iii) Integrate the information systems.

- Operations

Make minor adjustments to operations to maintain the high standards of performance. (i) Review the governance manual to ensure that Membership of the KCM is increased the tenure to 3 years, renewable once. (ii) Ensure attendance rules are complied with, membership definition is clear, and establish a process to manage the on-going member succession. (iii) Design an Appeals process and a PR/SR Selection Guide.

Discussions:

- ❖ Role of KCM on holding the PRs accountable on procurement of commodities: The role of KCM secretariat to oversee the progress of grant and not to monitor directly the work done by the PRs. The KCM secretariat visits the implementing partners to understand the absorption rate and ensure that the funds are utilized effectively. If there is a challenge in procuring of commodities, there should be an evidence why the procurement money should be changed though is a bit tedious. However, the commodities streamline has started to stabilize. In the country, there is 6 months of stock and this information was validated during ICC meeting.
- ❖ KCM been a legal entity: KCM secretariat is looking at ensuring there is a sustainability mechanism. There is need to engage into other structures to enable the KCM tap into other existing opportunities hence the need to legalize it.
- ❖ Extension of tenure period: The timeframe is not fixed. When someone is willing to leave they can leave anytime. It was a recommendation from the KCM 2 years set is not enough. One year has been a learning and negotiation; in the next year meetings were limited and one need to be handing over hence the need of the extension. After transition, the alternates become the main representatives. The outgoing representatives will offer mentorship and advises to the new selected representatives.
- ❖ Key populations have 2 slots and there is a need to ensure active participation during the meetings hence the need to have alternates when the main representatives are not available to attend the meeting.

- ❖ The KCM is at liberty to select any PR who they feel will support the needs of the communities.

3.1.2 Highlights from AMREF:

○ **TB Grant**

- ✓ The overall objectives of the NFM 3 TB Grant are:
 - To ensure provision of quality care and prevention services for all people in Kenya with Tuberculosis.
 - Contribute to attainment of universal health coverage through comprehensive TB/HIV prevention, treatment and care for all people in Kenya.
- ✓ The grant covers 47 counties and has 34 Sub Recipients (30 community/PPM, 4 KIC-TB)
- ✓ The project implementation period is from 1st July 2022 to 31st June 2024 with a total grant amounting to USD 107,961,377. TB NFM3 grant: 53,503,114; C19RM: 54,458,263.
- ✓ The Implementation of the grant is in collaboration with MoH, DNTLD-P, counties, partners, FBOs, CSOs and communities.

Programmatic Achievements

Indicators	Target	Achieved	%	
Households visited for contact screening by CHVs	24,455	19,962	82%	
Contacts of TB index cases screened	59,886	68,588	115%	
Contacts referred to health facilities	19,962	28,981	145%	
Proportion of notified	9,578	7,586	79%	

TB cases contributed by community referral				
MDR TB patients receiving support	860	797	92.6%	
Proportion of Treatment interrupters traced & referred	938	669	71%	

○ **COVID -19 Response**

Intervention area	Updates
<p>1. Community Systems Strengthening</p> <ul style="list-style-type: none"> • Social mobilization • Community-led monitoring • Community-led advocacy and research 	<ul style="list-style-type: none"> • Staff to support CSS implementation are on board except CSS coordinators • EANNASO consultant for technical assistance on improving CLM systems to include COVID-19 is on board • Identification of consultants to support development of documents for the three areas is ongoing • The hiring of CSS coordinators to be approved by GF
<p>2. Mitigation to ensure continuity of TB program activities</p>	<ul style="list-style-type: none"> • Cash transfers to DS TB patients with SAM/MAM resumed in Jan 2022 but was halted due to operational challenges reported by the counties

	<ul style="list-style-type: none"> • Distribution of reusable masks to community actors, TB patients and their contacts is done. • Community level of implementation will begin in June 2022
3. Oxygen support to counties	<ul style="list-style-type: none"> • 315 facilities have been targeted with different oxygen support. • As at end of April, a total of 4,354 cylinders and 31,612 KGs have been supplied to the facilities. 80 facilities have supported as at end of April 2022 • Due to the change in the COVID-19 pandemic, AMREF is identifying other areas where the oxygen funds can be reallocated
4. Laboratory activities	<ul style="list-style-type: none"> • HR support to staff offering Covid-19 testing at KEMRI is ongoing • Procurement of laboratory reagents for genomic sequencing, GeneXpert cartridges and LIMS deployment initiated.

○ **Malaria Grant**

✓ Key achievements include:

- Supporting the development of 1st edition of community case management (CCMm) guidelines and mRDT implementation Framework for the country in partnership with the DNMP and key stakeholders
- The grant has helped establish/make functional 850 community health units and trained 8500 CHVs and 1700 Community Health Extension Workers (CHEWs) on CCMm
- Over 4 million people have been reached with malaria services with over 900,000 receiving treatment. This contributed to the reduction in malaria

prevalence in the Lake-endemic region, from 27% in 2015 to 19% in 2020 according to the Kenya Malaria Indicator Survey 2020

- Management of malaria at the household level has contributed to reduced workload at the link health facilities by about 30– 40% giving health workers more time to attend to severe cases
- Through COVID-19 Response Mechanism, Amref supported procurement of PPEs for CHVs to promote testing and referral of suspected cases to link health facilities

✓ **Challenges:**

1. Low testing rates due to inadequate access to malaria commodities (mRDT) by CHUs

Mitigations:

- Advocacy to ensure adequate stock levels at link health facilities and Link facility in-charges to issue commodities to CHVs whenever available
 - SRs supporting redistribution of malaria commodities in affected counties
2. Court case of 2019 preventing CHVs (non-laboratory staff) from testing for malaria, leading to low testing rates.

Mitigations:

- Engaged stakeholders to streamline testing for malaria at the community through development of CCMm implementation guidelines.

Discussions:

- ❖ Engaging of key populations meaningfully: The key populations highlighted there is a need for AMREF to meaningfully involve the key populations in the grant implementation period. KPs are not actively engaged during all process and they are left behind. The key populations need to participate in the TB ICCs and ensure their issues are well articulated.
- ❖ Funding key populations led organizations: KP Led organizations have not been funded directly by AMREF. AMREF has only been sub granting to their existing SRs hence leaving out the KP Led organizations. The existing SRs who met a threshold of 75% in terms of the performance were continuing implementing hence locking most of the

grassroots organizations. There is need to have an affirmative action on selection criteria during SR selection and ensure a certain percentage of the grant supports the key populations led organizations.

- ❖ Selection criteria process is determined by the KCM guidelines and the process is always competitive. The SR who are been supported should come up with clear mechanism on how to engage the key populations to ensure their concerns are taken into account.
- ❖ Key populations should continue participating in the CSS TWGs and the ongoing CLM process conversations to ensure their issues are captured effectively.
- ❖ Hiring a CSS coordinator: There is just one position. The coordinator will be expected to spear head the CSS activities and ensure the implementation process runs smoothly. The process of hiring will be competitive and communities are highly advised they apply for the position.

3.1.3 Highlights from Kenya Red Cross Society

- ✓ KRCS is the Prime Recipient of the HIV grant. The total amount of the grant is 76,678,956 USD.
- ✓ The grant implementation period is from July 2021- June 2024.
- ✓ The overall goal of the grant is to contribute to attainment of universal health coverage through comprehensive HIV prevention, treatment, care and support for all people in Kenya.

Programmatic achievements:

Indicators	Achievement	Challenges
1. KP % of FSW reached with HIV prevention programs - defined package of services	46,275 (77%)	Slow entry into new counties (Baringo, Marsabit, Garissa, Wajir, Tana River); condom shortages.
2. HTS% of FSW that have received an HIV test and know their results	24,170 (32%)	Shortages of HTS kits affecting HTS Uptake.
3. KP% of eligible FSW who initiated oral antiretroviral PrEP	2,361 (20%)	Client slow acceptance on taking PrEP

4. KP% of MSM reached with HIV prevention programs – defined package of services	20,926 (74%)	Slow entry into new counties (Marsabit, Garissa, Wajir) condoms and Lubricants shortages.
5. HTS% of MSM that have received an HIV test and know their results	15,978 (62%)	Shortages of HTS kits affecting HTS Uptake
6. KP% of eligible MSM who initiated oral antiretroviral PrEP	182 (7%)	Client slow acceptance on taking PrEP
7. KP% of PWID reached with HIV prevention programs - defined package of services	15,659 (94%)	Slow entry into new counties; condom shortages.
8. KP Percentage of transgender people reached with HIV prevention programs - defined package of services	0	Delayed implementation due lack of training manual for the typology
9. HTS Percentage of transgender people that have received an HIV test during the reporting period and know their results	0	Delayed implementation due lack of training manual for the typology
10. Proportion of Sub Recipients' Fund disbursement	92%	Based on their expenditure
11. Proportion of Sub Recipients' Fund absorption	62%	Most of the non-SRs had not started implementation even though they had a budget.

✓ **General Election Preparedness**

- KRCS has developed contingency plan for the Kenya General Elections
- Vigilant and monitoring campaigns
- Monitoring the election process unfold with special focus on the potential hotspots

Discussions:

- ❖ Capacity strengthening key populations led organizations on risk and fraud management: The implementation plan for the training has started. The key populations led organizations have undergone risk assessment to identify the areas of support. KRCS will conclude the task this quarter.
- ❖ Stock out of commodities: there has been shortages of commodities across the country i.e condoms, lubricants, NSP, testing kits and VL reagents. This has affected the implementation of the activities in different organizations. The PR is currently providing commodities for distribution and ensuring that the communities get a minimum package.
- ❖ Procurement of Naloxone: KRCS in partnership with the government procure naloxone for the People Who Inject Drugs for overdose management.
- ❖ Some counties have never implemented KP programming leading to resistance. There is need to need to have continuous entry meetings with the key stakeholders to ensure that there are no conflicts during implementation period.
- ❖ NASCOP is planning to do online distribution of commodities to the facilities. This will ensure that the government can account for the commodities and all the key populations will have the opportunity to access the commodities. The requisition of the commodities will be done online and reported on the DHIS.
- ❖ In the current NFM-3 the PR has been given more counties for implementation, with more targets however the funds have not been increased hence limiting the PR from contracting new SRs. At the KCM it was decided that they retain the same SRs based on the performance and the low performing counties were advertised.
- ❖ In addition, in the current NFM 3 grant, some key populations led organizations became SRs from being SSRs hence receiving funds directly from the PR. This was due to the capacity of the organization to utilize funds to the maximum and implementing their activities effectively.
- ❖ KRCS has been procuring masks and sanitizers for the communities to prevent transmission of COVID-19 virus however, the procurement process has stopped due to other priorities opportunities.

3.1.4 Updates from Networks:

1. KESWA:

- The network serves the female sex workers in the country. They have member organizations across the country.
- In the previous funding cycle-NFM 2, KESWA was given a target of 2,000 FSWs and they managed to reach 2,385 FSWs in Kajiado County.
- In the current NFM 3 grant, KESWA applied as a consortium to enhance implementation of the activities and reaching the key populations.
- The SWs participated in the concept writing process which enabled them to adequately articulate their issues for interventions.
- There is one FSW representative at the KCM. This have ensured that their concerns are well captured and they have been meaningfully engaged at all process.
- There have been delays in the implementation process due to stock outs of commodities, STI drugs with short expiry dates and slow entry at new counties where there was no key populations programming.
- Currently only one female sex workers led organization is receiving funds directly from KRCS. There is need to strengthen the capacities of key populations led organizations so as to benefit from the funding.

2. GHPN

- The network serves the MSMs communities. It has 14 member organizations.
- 8 organizations are receiving funds from Global Fund. This grants has enhanced implementation of the activities and strengthened the capacities of the key population led organizations.
- Most of the organizations benefiting from the grant are now SRs while others are SSRs.
- The member organizations have now been able to offer different services to the communities such as Condom and lubricant distribution, provision of PEP and

PrEP among the MSM communities, HIV testing and treatment and care services and violence response.

- There are 2 MSM representatives at the KCM. This has strongly improved the representation and engagement of the key populations and ensuring their issues are adequately articulated.
- Despite the efforts, there has been delays in the implementation process due to some factors such as late disbursement of funds from the PR, stock out of commodities such as condoms and lubricants, lack of testing kits and viral load reagents hence limiting key populations from accessing quality services from the facilities.

3. NTAN

- The National Transgender Advocacy Network serves the TRANS* communities across the country.
- The TRANS* communities have had consistent advocacy to ensure that their issues are well articulated hence enhancing the visibility of the communities in the country.
- The current implementation of the activities is happening in Kajiado County.
- There has been entry meetings with the county representatives to enhance the implementation process and ensure everyone is on the same page.
- The activities have already been outlined, engagement and training of the peer educators has been done to enhance the implementation process.
- NASCOP need to review and roll out the national guidelines to enhance the TRANS* programming in the country.
- The TRANS* communities need to engage other counties and have candid discussions on how to engage the communities.

4. KeNPUD

- In the current NFM 3, KeNPUD will be implementing in Kajiado County. The grant will be serving the People Who Use /Inject drugs in the county.

- The network has been able to map out the hotspots where the People Who Use /Inject drugs can be identified.
- It is the first time the People Who Use /Inject drugs led organization has benefitted from the Global Fund Grant.
- There has been challenges hindering the implementation process such as stock outs of commodities, lack of NSP kits at the hotspots, lack of testing kits and lack of Naloxone at the hotspots to manage overdose.

5. KHRN

- Kenya Harm Reduction Network also serves the People Who Use /Inject drugs in across different regions in the country.
- The network was founded in 2010 and registered in 2013.
- The network helps to offer the following services to the People Who Use /Inject drugs:
 - Needle and Syringe Programme (NSP)
 - Opioid Substitution Therapy (OST) and other drug dependence treatment.
 - Condom programme for PWUD, PWID and their sexual partners.
 - Prevention and treatment of sexually transmitted infections (STIs)
 - Prevention, diagnosis and treatment of tuberculosis (TB)
 - Vaccination, diagnosis and treatment of hepatitis
 - Sustainable Livelihood Programme (SLP)
- There have been challenges in the network such as
 - Lack of adequate funding to the key population led organization
 - Some organizations are receiving NSP kits but they are not receiving funds from KRCS.
 - Stock outs of commodities such as condoms, VL reagents and HIV testing kits

- Lack of Naloxone at the dices for overdose management

6. EMAC

- The network has been receiving funds from KRCS as a sub recipient.
- Currently, the PR has initiated a process to terminate funding the network.
- 3 members from the network have been trained on Organizational Development and systems strengthening and 7 groups have benefited from the ongoing OCA assessment process.
- The members present highlighted the importance of continuing advocating for the needs of key populations and the case they are facing should not be used to generalize the other key populations led organizations.

7. NYARWEK

- The network serves the key populations at in the Nyanza, Rift Valley and Western region in the country.
- Currently they are nor receiving funds from the PRs.
- There is need to continue enhancing the capacities of the key populations led organization so that they can be able to access funding.

4.1 Key Recommendations

- ❖ AMREF need for meaningfully engage the Key populations in the whole process. There is need for an affirmative action on selection criteria during SR selection and ensure a certain percentage of the grant supports the key populations led organizations.
- ❖ There is need to continuous enhancing the capacity of the key populations led organizations so that they can become SRs and receive direct funds from the PRs for implementation.
- ❖ Improvement of the procurement and supply chain management to ensure availability and accessible of commodities- reduction of stock outs of the commodities.
- ❖ There is need to review existing Peer Educators national guidelines and ensure their issues are well captured such as increasing the stipends and reviewing the peer ratio.
- ❖ Global Fund should enhance the sustainability of key populations led organizations and support the IGA to ensure the organizations are not donor dependent.
- ❖ There is need to structural interventions, mental health and wellness of the communities to ensure that the communities access to quality health care services.
- ❖ Development of a People's COP in Global Fund to ensure that the communities capture adequately the priority areas for support and assess the progress of the existing grants.
- ❖ Review of the transition guidelines which were developed by NASCOP. The guidelines will help to promote a smooth transition process and avoid conflicts during the process.
- ❖ There is need to hold a stakeholders' meeting with directors of the key populations led organizations and relevant stakeholders such as AMREF, Government and KRCS to discuss on how best engage the key populations and how to improve the KP programming in the country. In addition, the key populations will have an opportunity to discuss about representation of key populations at different forums and also cross cutting issues for advocacy.
- ❖ There is need to have a community consultative strategy meeting to enhance their skills on concept writing and interact with the PR before the whole funding request process starts and understanding the budget ceiling. The consultant should work closely with the key populations writing team and offer technical assistance where necessary

- ❖ There is need to have a feedback meeting between the PRs and communities. The meeting will help to carry out a summary analysis of the grant; review the progress of the grant, what is working and what is not working, best practices, hold the PRs accountable and assess areas of improvement.
- ❖ Continue using KP Consortium for communication and coordination. The KP Consortium ensure that the key populations are well represented at different forums.
- ❖ Holding a community meeting for data collection to ensure that the key populations have justification during the concept writing process. Data collection will help to enhance evidence based approach and ensure all concerns are factored in during the concept writing process.

5.1 Conclusion

The KCM representatives thanked the participants for creating time to attend the crucial meeting. Peter Njane acknowledged the team for their commitments and efforts towards improving the key populations programming in the country. He insisted on the importance of partnership and supporting one another and ensuring that key populations are well represented at different forums.

There is need for documentation on the strides achieved and areas of improvements to ensure that key populations continue to access quality services.

6.1 Annex (Program, work plan reports, Participant's list and Photos)

KENYA COORDINATING MECHANISM CONSTITUENCY WORKPLAN AND BUDGET 2022/2023								
S. No	Activity	Expected Result	Budget	Responsible	TIME FRAME			
					July-Sept	Oct - Dec	Jan-March	April - June
1	Hold a stakeholders' meeting with directors of the key populations led organizations and relevant stakeholders							
2	Conducting a feedback meeting between the PRs and communities							
3	Hold a community consultative strategy meeting to enhance their skills on concept writing before the request funding process							
4								
5								