KENYA COORDINATING MECHANISM

CONSTITUENCY FEEDBACK MEETING REPORT

Maanzoni Resort, Machakos County, Kenya

June 2022

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Acronyms/abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
C19RM	-	Covid-19 Response Mechanism
CBM	-	Community Based Monitoring
CCM	-	Country Coordinating Mechanism
CHEW	-	Community Health Extension Worker
CHS	-	Community Health Strategy
CHV	-	Community Health Volunteer
CSS	-	Cascading Style Sheets
DHIS	-	District Health Information System
GF	-	Global Fund
HIS	-	Health Information System
HIV	-	Human Immunodeficiency Syndrome
IDU	-	Injectable Drug User
IRS	-	Indoor Residual Spraying
KCM	-	Kenya Coordinating Mechanism
KMS	-	Kenya Malaria Strategy
KRCS	-	Kenya Red Cross Society
LFAs	-	Local Fund Agents
LLIN	-	Long-Lasting Insecticidal Net
MSM	-	Men having Sex with Men
MTR	-	Mid Term Review
NFM	-	New Funding Model
NSPs	-	National Strategic Plans
PR	-	Principal Recipient
RDT	-	Rapid Diagnostic Test
RSSH	-	Resilient and Sustainable Systems for Health
SDGs	-	Sustainable Development Goals
SR	-	Sub Recipient
TB	-	Tuberculosis
TWG	-	Technical Working Groups
UHC	-	Universal Health Coverage
WHO	-	World Health Organization
WMD	-	World Malaria Day

1.0 Introduction

1.1 Background

The Kenya Coordinating Mechanism (KCM) mandate is to attract funds from the Global Fund (GF) to fight against HIV and AIDS, TB and Malaria as well as to coordinate, monitor, evaluate and support the implementation of the GF grants and investments in country. It is also responsible for ensuring that the GF Proposal is country owned and implementation is country driven. Therefore, constituency engagement is a key eligibility requirement for a country to qualify for the GF grant.

It is therefore against this background that the Malaria Constituency in collaboration with KCM hosted a two-day (16th &17th June 2022) meeting at the Maanzoni Lodge in Machakos County with a strategic objective to engage constituencies and share the Global Fund information transparently, equitably and accurately.

1.2 Purpose and Objectives of the Constituency feedback workshop

The purpose is to engage with Constituent members and share Global Fund information with a view to strengthen and sustain Global Fund Programming in Kenya.

1.2.1 Specific Objectives

i) Update Constituency Members on KCM Evolution Project.
ii) Update Constituency Members on 7th GF Replenishment
iii) Update constituency members on the progress on implementation of GF NFM 3 Grants, and C-19 grants).
iv) Discuss achievements/Challenges/Success stories / strategies
v) Discuss 2021/2022 Constituency report / 2022/2023 Work plan/Budget.

1.3 Update on the Kenya Malaria Strategy

The Kenya Malaria Strategy (KMS) 2019–2023 was developed through a multi-stakeholder and multi-sectoral participatory process led by the Ministry of Health (MoH) and in collaboration with County Governments (CGs), Civil Society, Development Partners, and other stakeholders. The strategy has been aligned to the Kenya Health Sector Strategic and Investment Plan (KHSSIP) July 2018–June 2023, the Kenya Health Policy, and the Global Technical Strategy for Malaria.

Its vision is "A malaria-free Kenya" with a mission "To direct and coordinate efforts towards a malaria-free Kenya though effective partnerships".

The Main goal of the strategy is "To reduce malaria incidence and deaths by at least 75 percent of the 2016 levels by 2023".

The KMS has six objectives:

i) To protect 100 percent of people living in malaria risk areas through access to appropriate malaria preventive interventions by 2023;

ii) To manage 100 percent of suspected malaria cases according to the Kenya malaria treatment guidelines by 2023;

iii) To establish systems for malaria elimination in targeted counties by 2023;

iv) To increase utilization of appropriate malaria interventions in Kenya to at least 80 percent by 2023;

v) To strengthen malaria surveillance and use of information to improve decision making for programme performance;

vi) To provide leadership and management for optimal implementation of malaria interventions at all levels, for the achievement of all objectives by 2023.

The strategy further stratifies malaria in five zones:

i) The Lake Endemic region; ii) The Coast Endemic region; iii) The Highland Epidemic Prone zone; iv) The Semi-Arid & Seasonal zone; and v) The Low Risk Zone.

As the strategy is coming to an end, there is need to start thinking of development of a new strategy come 2023 based on evidence, best practices and lessons learnt during the implementation of all interventions in the fight against Malaria.

1.4 Achievements of the National Malaria Program

The following summary of achievements was presented by the Division of National Malaria Program during the meeting. The division's mainly works in objective 6 (Program Management) of the Malaria strategy.

i) Completion of LLIN distribution for 2021
ii) The post distribution survey on-going
iii) IRS Successful in Homabay (97.3%) and Migori (96.1%)
iv) Malaria Indicator Survey completed in 2021 and results released
v) Completion of MTR & development of addendum for strategy launch being planned. The changes include the Malaria Vaccine for children who are at a risk while the adults will take Covid 19 vaccine. Rolling it out must succeed while taking care of the Human Rights of hard-to-reach populations inconsideration in the protection
vi) Launch of Great Lakes Malaria initiative to support cross border interventions. Currently Uganda and Kenya have been support of the intervention since April 2022
vii) The malaria Matchbox assessment field work is complete and final results to inform programming
viii) Local Manufacturer (KEMRI) has developed an RDT awaiting WHO pre-qualification process

ix) Malaria elimination implementation plan
x) Commemoration of World Malaria Day 2022 in Busia County
xi) The Launch of Zero Malaria "Starts with Me" Council in October 2020
xii) The malaria score card officially launched in Feb, 2021
xiii) The Malaria Youth Army officially established in July 2021
xiv) Larval source management officially launched July 2021
xv) Health Facility Assessment completed and the analysis on-going (2022)
xvi) Programmatic Performance NFM III (March, 2023)
xvii) Achievements of CCM: 1st Edition guidelines and RDT implementation framework
xviii) Establishment of 850 CHUs, and 8500 CHVs and 1700 CHEWs trained, 900,000 receiving treatment at Household level

Emerging issues included all facilities should provide monthly reports however only 9600 (96%) facilities had sent in their reports. The timeliness of facility reporting was also at 93% while SPI proportion of women attending ANC who received three or more doses of IPTp was at 43% falling below the target of 50%.

It was agreed that continued advocacy for early and consistent ANC attendance by expectant mothers in malaria endemic areas to ensure coverage of this intervention in 14Counties. According to the KDHS (2014) An average gestation age at 1st ANC visit is at 5.4 Months.

The proportion of suspected malaria cases that received a test in public Health Facility was at 86% which is above the target. The proportion of confirmed malaria case that received first line antimalarial in public health facilities was also above target at 101%. The proportion of suspected malaria cases that received a parasitological test in the community also improved to 89% as compared to previous quarter. The proportion of confirmed malaria cases that received 1stline antimalarial treatment in the community was recorded at 99% which is within target.

1.5 Overview of the Global Fund

1.5.1 Global Fund Mission and Vision

The Global Fund partnership is a funding mechanism that was established in 2002 that mobilizes and supports HIV, TB, Malaria, RSSH and CHS programs run in more than 100 countries investing US $4Billion per year.

The Global Fund vision is "A world free of the burden of HIV/AIDs, tuberculosis and malaria with better health for all" and has a mission "To attract, leverage and to invest additional resources to end the epidemics of HIV/TB & Malaria and to support attainment of the Sustainable Development Goals".

1.5.2 The Global Fund strategy 2023-2028

The Global Fund's bold, ambitious new Strategy: Fighting Pandemics and Building a Healthier and More Equitable World sets out how the Global Fund partnership aims to accelerate impact towards the 2030 horizon and contribute to a world free of the burden of AIDS, tuberculosis and malaria with better, more equitable health for all

1.5.3 GF Architecture

The Global Fund is a financing entity and not and implementing entity and undertakes this component at two levels namely, i) Global level; and ii) Country level.

1.5.4 GF Key Functions:

The GF has five key functions:- i)Resource mobilization and Funds disbursements; ii) Implementation; iii)Monitoring and Evaluation; iv) Accountability; and v) Audit and Investigation.

1.5.5 GF Key Principals

i) **Partnerships:** This is between Governments, Civil Society, communities affected technical partners, private sector, faith-based organizations, and other funders to end the epidemics.
ii) **Country Ownership:** Taking into account political, cultural and epidemiological context to determine strategies to fight the three diseases.
iii) **Performance Based Funding:** That is based on verifiable results.
iv) **Transparency:** In all its work from funding, funding decisions, grant performance, governance and oversight are openly published**.** ***Zero tolerance on Corruption***

1.6 KCM Operations/governance

1.6.1 KCM Vision/Mission

Vision: Optimal, accountable and transparent stewardship towards ending epidemics of AIDS, Tuberculosis and Malaria in Kenya

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

1.6.2 KCM Membership/Functions/Operations/Governance

i) To coordinate, approval, endorsement and submission of Funding RA to GF
ii) To select Principal Recipients through a transparent and documented process.
iii) To oversee the implementation of activities under the Global Fund approved programmes, including approving major changes in the implementation plan.
iv) To evaluate the performance of Global Fund grants and Principal Recipients including major changes to programme plans.

v) To ensure linkages between GF assistance and other assistance and programmes in line with national priorities/NSPs.
vi) To ensure all relevant constituencies are involved in the decision-making process for the Global Fund grants

1.6.3 Overall Country Multi Partnership body:

i) Provides overall leadership for the coordination of the Global Fund grants in Kenya.
ii) Guide the application, allocation and use of the GF resources in Kenya.
iii) Composed of 23 principal members and 23 alternate members.
iv) The Kenya Coordinating Mechanism is chaired by Principal Secretary Ministry of Health
v) Vice Chair drawn from NSA -Non Governmental Organization
vi) KCM committees and Partnership Structures include ; Management/Oversight Committees/Ethics ,Appeals KCM Secretariat, ICCs/TWGs/PRs/LFA

Table 1: Country Multi Partnership Body

Constituency/KCM Membership	Members
National Government – MOH,NACC,TNT,KEMRI,MOD	5
County Governments	3
Non-Government Organisations	1
Faith Based Organisations	2
Persons Infected/affected by the disease	3
Bilateral Development Partners	2
Multilateral Development Partners	2
Private Sector	2
Key Population	2
Adolescents and Youth	1

1.6.4 KCM Strategic Plan 2021-2025

The KCM's strategic plan has three strategic outcomes:

i) Strengthened engagement;
ii) Effective use of available resources, Improved quality of services and grant performance; and
iii) Alignment and harmonization in delivery of results

1.6.5 GF Investments and Achievements in Kenya

Kenya remains one of the main beneficiaries of grants from the Global Fund. The support from Global Fund grants has significantly contributed to universal access (User free) to prevention,

treatment, and care services for HIV, TB and Malaria. The grants have also most recently supported the response to COVID-19.

i) Since 2002 the Global Fund has signed over US$1.8 billion and disbursed over US$1.4 billion to Kenya.
ii) NFM 3 Grant USD 441,509,321 July 2021 to June 2023. The Government of Kenya has committed Ksh 12.3 Billion for financial years 2021/2022 to 2023/2024.
iii) 1,264,081 million people out of 1.5 million people living with HIV who on life saving treatment.
iv) AIDS related deaths reduced by 67% from 58,446 in 2013 to 19,486 in 2021.
v) Decline by 8% of annual incidence of TB cases; with a treatment success rate of 85%.
vi) The national level prevalence of Malaria declined from 8.2% in 2015 to 5.6% in 2020.
vii) USD 139,198,281 approved by GF to support COVID-19 response in Kenya.

1.6.6 The 7th Global Fund Replenishment

The Global Fund raises funds in three-year cycles known as replenishments. 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 aims to raise USD 18Billion for the 2024 to 2026 cycle to fight HIV, TB and malaria and build stronger systems for health, which reinforces pandemic preparedness.

Kenya joined other countries on 23rd and 24th February, 2022 during the 7th GF Replenishment preparatory meeting. His Excellency, the President of the republic of Kenya led the Kenyan Delegation. The preparatory meeting laid the groundwork for the Global Fund's 7th Replenishment and demonstrated how 20 years of Global Fund partnership and global solidarity have saved lives.

All constituencies are requested to showcase GF achievements / support the 7th GF replenishment Campaign using Hashtag: #FightForWhatCounts and tag The Global Fund handle: @GlobalFund

1.7 Update Constituency Members on KCM Evolution Project.

The KCM is participating in GF Evolution project.

1.7.1 Purpose of evolution

The Global Funds Expectations: –

i) CCMs is better aligned with national structures;
ii) Sharply focused on investment results; and
iii) Strong governance to ensure health challenges are addressed.

1.7.2 Evolution interventions

i) **Oversight**: Active oversight of investments to ensure impact;
ii) **Engagement:** Meaningful constituency engagement and information sharing, particularly with civil society and communities, to shape and oversee investments;
iii) **Positioning:** Effective positioning within national structures and existing/emerging platforms to increase efficiency of health investments; and
iv) **Operations:** Efficient CCM Secretariat operations of core functions, enabling and sustaining health governance.

1.7.3 Findings: Constituency Engagement

i) Election/selection of membership is well organised and documented;
ii) KCM meeting participation and management is good;
iii) Constituency engagement meetings under-resourced and inconsistent; and
iv) KCM membership tenure too short, turnover too frequent.

Table 2: Intervention Areas

Area	Intervention
Positioning	• Map existing health governance bodies and platforms
	• Develop positioning options and a Positioning strategy plan
	• Allocate international accompaniment to Regularly review the implementation of the positioning plan
Engagement	• Train civil society representatives pre- and post- CCM meetings
	• Train on Community Based Monitoring (CBM) data tools and analysis
	• Review CCM composition
Operations	• Review framework documents and align them with the evolved model principles
	• Conduct CCM orientation
Oversight	• Hire a local consultant to develop dashboard including C19RM indicators

Table 3: Priority Areas

Priority	Areas	Objectives
1	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.
2	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.
3	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.
4	Oversight	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 DHIS2 system).

1.7.4 KCM resolution

It was resolved that the Constituency shall adopt the resolution during the Constituency feedback meetings in June 2022 and that KCM will continue updating constituencies on the progress /Changes.

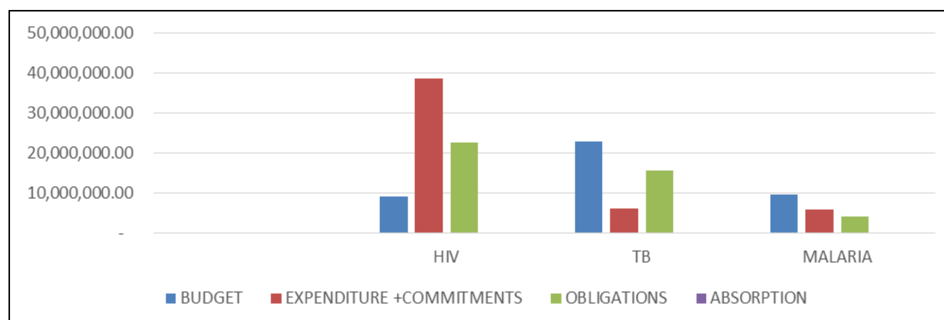
2.0 Feedback from PRs

2.1 Highlights of sessions covered during the meeting

The Treasury (PR I), Amref Health Africa (PR II), and Kenya Red Cross Society (PR II) provided feedback on the global fund implementation status, acceleration Plans, GF commodities security status, transition arrangements and plans. In addition they presented an update on GF C19 RM grant implementation. They also presented the achievements, challenges and mitigation plans and the financial performance. SRs were also engaged in group discussions where they reviewed their work plans.

Treasury (PR I): Programmatic performance highlights: HIV, TB & Malaria, Financial performance, PSM updates, Oversight activities updates and Roadmap.

Figure 1: Financial performance



Amref Health Africa (PR II): Grant Summary, Key activities, Programmatic and Financial Performance (Regular Grant & C19RM, Achievements, Challenges and Mitigation plans.

Principal Recipient: Amref Health Africa (PR 2); Grant No.: KEN-M-AMREF-2063; Total Funding: USD 23,224,210 (Regular Grant - USD 17,148,070, C19RM - USD 6,076,141); Implementation period: 1st July 2021 to 30th June 2024; Coverage: 12 Counties; Sub Recipients: 8.

Amref Health Africa's work is aligned to SDGs 2, 3, 5, 6 and 17. It undertakes, case management, have specific interventions such as the malaria preventive control in schools; MIP supports CHVs to sensitize communities to identify IPTp-SP missed opportunities, RSSH in CHU Support and Programme Management

Achievement on key indicators (Jul 2021 – Mar 2022): CCMm annexed.

Inadequate access to malaria commodities by CHU especially in Q1 affected testing rates

- We engaged CHMTs in Oct 2021 and there was notable improvement in testing rates (Q1 – 66.6%; Q2 – 78.7%, Q3 – 90%)
- The >100% treatment rate due to data quality issues
- Reports From 850 CHUs

C19RM activities

- Procurement of PPEs for mass LLIN distribution
    - Assorted PPEs procured and distributed to 27 counties
- Conduct Covid-19 KAP survey to gather new information on COVID 19 Knowledge Attitude and Practices including Vaccine hesitancy, myths and misconceptions to inform targeted interventions
- Train 2 Community COVID 19 Champions in each of the 6890 Community Health Units in the country to promote COVID testing, Vaccination and other control and containment measures.
- Support facilitated referrals by CHVs in malaria endemic areas and high burden COVID-19 Counties for pregnant women and children under 5 years and sick people with fever to link health facilities to increase care seeking
- Engage Private Retail Pharmacies to adhere to malaria treatment guidelines

Achievements of CCMm

i) Supported 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
ii) The project has helped establish/make functional 850 community health units and trained 8500 CHVs and 1700 Community Health Extension Workers (CHEWs) on CCMm

iii) 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
iv) 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
v) Through COVID-19 Response Mechanism, Amref Health Africa supported procurement of PPEs for CHVs to promote testing and referral of suspected cases to link health facilities

Documentation of Best Practices

i) Adaptation of interventions within the pandemic response measures e.g. modification of distribution of LLIN and MIS process to ensure compliance with Covid-19 Response & Mitigation measures.
ii) Leveraging on technology and the HIS in enhancing routine reporting, conducting surveys, oversight activities, development of Dashboard for malaria covering surveillance and commodities
iii) Larvicide implementation using drone technology in Kilifi county
iv) Reaching out early in advocating/actions and innovations in active local actions

Table 4: Implementation Challenges and Mitigation Plans

Challenges	Mitigation
i) Low testing rates due to inadequate access to malaria commodities (mRDT) by CHUs	- 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
ii) Court case of 2019 preventing CHVs (non-laboratory staff) from testing for malaria, leading to low testing rates	- Engaged stakeholders to streamline testing for malaria at the community through development of CCM implementation guidelines

Kenya Red Cross Society (PR II); HIV Grant, Program Objectives, Program intervention areas, Grant Updates, Achievements for both the Financial and programmatic, Other statuses such as the procurement, and performance indices, implementation challenges and mitigation measures and election preparedness.

Grant Title: HIV Grant; July 2021- June 2024 (Total Grant Amount: 76,678,956 USD)

Grant updates as at 31st March 2022

Description	Amount (USD)

A. Cumulative budget (July-March 2022)	30,857,918.16
B. Cumulative disbursement (July-March 2022)	24,668,406.00
Disbursement Rate (B/A)	**80%**
C. Cumulative expenditure (July-March 2022)	13,296,940
Fund absorption, Expenditure against Budget (C/A)	**43%**

Financial Achievements (What is holding funds?)

i) Procurement under C19RM holding a substantial amount
ii) Vulnerable population interventions
iii) PMTCT and TCS community training budgets
iv) Reducing human rights-related barriers to HIV/TB and Malaria services

Table 5: Programmatic achievements

Coverage Indicators	**Achievement**	**Challenges**
1. KP-1c$^{(M)}$ %ge 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-3c$^{(M)}$ %ge of FSW that have received an HIV test and know their results	24,170 **(32%)**	Shortages of HTS kits affecting HTS Uptake.
3. KP-6c %ge of eligible FSW who initiated oral antiretroviral PrEP	2,361 **(20%)**	Client slow acceptance.
4. KP-1a$^{(M)}$ %ge of MSM reached with HIV prevention programs – defined package of services	20,926 **(74%)**	Slow entry into new counties (Marsabit, Garissa, Wajir), One SR stand suspended; condom shortages.
5. HTS-3a$^{(M)}$ %ge of MSM that have received an HIV test and know their results	15,978 **(62%)**	Shortages of HTS kits affecting HTS Uptake.
6. KP-6a %ge of eligible MSM who initiated oral antiretroviral PrEP	182 **(7%)**	Client slow acceptance.
defined package of services	15,659 **(94%)**	**Slow entry into new counties; condom shortages.**
8. KP-1b$^{(M)}$ Percentage of transgender people reached with HIV prevention programs - defined package of services	0	Target of 1,100. Delayed start due lack of training manual for the typology
9. HTS-3b$^{(M)}$ Percentage of transgender people that have received an HIV test during the reporting period and know their results	**0**	Target of 650. Delayed start due lack of training manual for the typology
10. # of defaulters/lost to follow up reached by the program.	18,190 **(52%)**	Inadequate documentation of contacts, inadequate resource for multiple tracing, and lack of nutritional support.
11. % of adolescent girls and young women reached with HIV prevention programs	33,460 **(58%)**	Overall semester target, accelerating in the next quarter.
12. Proportion of Sub Recipients' Fund disbursement	**92%**	Based on their expenditure

13. Proportion of Sub Recipients' Fund absorption	**62%**	Most of the non-SRs had not started implementation even though they had a budget.

The Performance /Status of the C19RM grant

i) PPE distribution reaching to 105,674 beneficiaries, which included 568,404 masks and 305,185 sanitizers
ii) SRs and non-SR C19RM implementers have been contracted and being managed by SRs:
   a. PLHIV and KP Networks.
   b. CBO and FBOs.
iii) PPE Obligations procured under GF WAMBO system worth US$ 5,473,871 goods are expected in-country (in June 2022).

Other Procurement updates

i) **PPE Obligations procured under GF WAMBO system worth US$ 5,473,871** goods are not yet received in-country; EDD June 2022.
   a. Items to be procured was revised – C19 changing face
   b. Distribution is planned to take place immediately (continuous)
ii) **Local procurement of PPEs** – after reviewing the PPE supply outlook for KRCS, TNT and AMREF, The GF CT advised to put the procurement on hold.
   a. C19RM reprogramming in-country discussions are ongoing
iii) **NSP kit 2 procurement** – the NSP kits are expected in KRCS warehouse by June 2022.
iv) **NSP kit 1procurement** – the tender was advertised and opened with only 1 bidder who did not meet the quality standards.
   a. Retender process is ongoing. The bid closes on 22nd June 2022.

Table 6: Implementation Challenges & Mitigation Measures

	Key Challenges	Mitigation Measures
1.	Emerging fraud risks among CBOs	• Key trainings/sensitisations done for all SR CEOs. • PR Staff trained on fraud related issues • PR has enhanced its oversight support especially on report reviews and spot checks to focus more on fraud related issues. • More trainings planned for both PR & SRs. • PR is looking into the possibilities of engaging fraud experts on a need basis for complex issues.
2.	Inadequate/Stock outs of commodities (condoms, HTS kits, among others)	• Continuous engagement with Counties • Cross-support where possible • SRs are incorporated in county quantification team

3.	Lack of VL testing in most Counties	• Supporting identification of all eligible beneficiaries at SR • Link to HF for VL testing (now started) - RRI
4.	Target achievement	• Held meetings with SRs (per module) to accelerate implementation • Targeted support in tracking services among CVs • SRs are represented in County Quantification Committees
5.	Election	• The program has already developed risk mitigation plan specific to each; • Plans to Support SRs in the Prevailing Circumstances.

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

PR Plans to Support SRs in the Prevailing Circumstances

i) Focused the SRs in accelerating June work plan
ii) Support SRs to develop BCPs for the election period (July – August-September 2022)
iii) Monitor hotspots to help facilitate response to the needs
iv) Profile SRs in hotspot zones by end of June and support them to develop contingency plans
v) Plan for continuity of essential services in case of Pre/Post Election violence
vi) NB: The PR is vigilant in monitoring C19 potential surge

Sub Recipients and Malaria Youth Army Panel Discussion

Community case management

GF Supports Case management and has seen 440 CHVs supported and linked to the Health Facilities to test and treat Malaria. The CHVs are supervised by CHEWs who are government employees. There is need to support CHEWs to enable them support CHVs especially on communication. Support supervision given directly to CHVs will ensure that guidelines are adhered to. CHMT are part of the supervision in ensuring that the commodities are available at the community.

Commodity Security

Although Malaria Commodities are free of charge, the health facilities do not have sufficient gloves for CHVs use. The government procures the supplies.

Advocacy is done at the health facility.

Health information systems: CHVs are expected to submit Monthly reports which are collected by supervisors (CHEWS) and submitted to the Health facilities which in turn are loaded to the DHIS.

Reporting tools were equally challenging, the CHVs did not have adequate tools. The referral forms, Household registers, Service delivery tools were provided by Amref to record daily activities at the MCH.

There were gaps in the data due to the dis-link of data verification at the HF and this should be done at the sub-County. The data compilation officer and the Health Information Officer should ensure accuracy.

Capacity building needs: The CHAs are not adequately trained, thus the reports with errors seem to be entered into the DHIS. CHVs need to be trained to know what is expected of them in the whole chain.

Achievements: Community Case management has seen 68 CHUs with 680 CHVs trained. The challenge has been on stock-outs of malaria commodities. There was improved community referrals and the performance has improved from 34% to 80 % in terms of testing.

Challenges: The challenge of lack of PPEs supply is unmet.
The CHVs have no incentives or stipends since June 2020 when it was stopped. The County Governments are not committed to providing incentives to CHVs despite the work that they do in the communities and the demands put on them when they need reports demoralizes the CHVs. But since there was a little stipend given to CHVs who report pregnant mothers with Malaria. We seek to have COG committed to have the CHV bill and pay a monthly stipend.

The Kenya Malaria Youth Army reported that the army operates in 9 Regions and has a structure of governance, although they are also regarded as volunteers. The structure has the Advisory Council, team leads, Departments, regional coordinators and the army members who ensure that all activities are undertaken efficiently. The Army was launched by H.E. the President in July 2021.

Capacity Building: There was three-day training by ALMA to equip the youth with appropriate tools for advocacy on Malaria. The youth have met different Stakeholders at the MoH Malaria Program.

Campaigns: They have run the *"Malaria No More"* and "*Draw the Line Campaign*" on TV and Radio Stations. The Malaria day also gave the army an opportunity to highlight their activities through Road shows, to sensitize the communities for two days. The Army's work is mainly in communication (80%) advocacy on social media, and is currently running a *"Kaa Rada Na Malaria"* Campaign and gender issues which has trended on twitter and other digital media.

Gaps: The challenges the youth face in doing this work is adult perception of the youth. The army is a new entity and needs to be given time to get established. The Issue of trust plagues the youth, nobody takes the youth seriously, yet they inform their peers on serious matters that affect the country.

3.0 Discussion/action points/recommendations

3.1 Discussions and reactions

The following were the reactions from the participants.

i) **Non-compliance during the GF application processing:** It was reported that many implementing partners were losing out during the application process due to minor omissions and errors, whereas there was need to get more organizations especially at the grassroots level to fight and eliminate Malaria by 2023.

ii) **Funding for innovation:** Participants wanted to know if there was any specific funding for innovations.

iii) **Question on alternative medicine for malaria treatment:** What is the position of the Global Fund and MoH on use of alternative medicine to cure malaria as it is being practiced at the household level in many local communities using the sustainability lens.

iv) **Service delivery to Stateless persons:** It was reported that certain groups of persons (Mankoli, Pemba, Makonde) are stateless are have reported being denied Health Care services in Kwale County. Participants wanted to know the government and GF position on human rights and the declaration of UHC.

v) **Street Families:** there was a concern over street families and access to health care noting that they were not sleeping under mosquito nets.

vi) **Persons in Correction Facilities:** There was a concern over persons in correction services

vii) **MSM**: Participants reported concern over MSM uptake of the services.

viii) **Vaccination of children under 5 years**: Participants wanted to know what would happen to children who were above two years, had completed the required vaccination and how they would be targeted?

ix) **IRS use in incidence reduction**: Participants wanted to know how much funds was used to get the desired results.

x) **The drone technology:** Participants wanted to know why the drone technology was not being adopted by other counties to fast track Malaria Elimination gains.

xi) **Chemical Use Mosquito eradication:** Participants enquired of the type and name of the chemical used in IRS

xii) **Status of the larvicidal management:** Participants wanted to know about the status since its inception in July 2021.

xiii) **The issue of devolution:** Health is a devolved function, and SRs were concerned that public health has been mixed up with other curative services in some counties since all the funds are in one basket. It was reported that public health equipment such as vehicles being used by the Counties for other purposes other than that of the prevention for malaria

xiv) **IDUs viz the criminal law:** The criminality of using drugs emerged from participants who wanted to know if by providing services to IDUs they were not participating in supporting the use of drugs.

xv) **The Citizen Charter proposal:** Kwale County reported having scheduled debates with candidates vying in the forth-coming General elections of 9th August 2022. The SRs have strategized to ask them to sign citizen charters on their agenda to eliminate Malaria, TB and HIV.

xvi) **Outdoor Timing:** Participants wanted to know what other measures are there since 6:00pm most people are still outdoor when the mosquitos start biting.

4.2 Response to the highlighted issues

i) Funding for innovation: There are no fund set up yet. Research fund coming up.

ii) Although there was use of alternative medicine use among communities, and the fact that AL and quinine are plants if they are not standardized for human consumption it can be difficult to authoritatively conclude. Implementers were urged to avoid using untested ways of malaria diagnosis and treatment and to adhere to malaria treatment guidelines provided by WHO and MoH.

iii) Kwale County were commended for initiating the "Signing of citizen charter" on Malaria prevention between the communities and the contestants who are vying for leadership positions. Other counties were encouraged to engage with leaders from all walks of life.

iv) Organizations were urged to look into sustainability mechanisms that do not rely on donors totally. It was recommended that a comprehensive plan and strategy on resource mobilization should be put in place.

v) The issue of Stateless persons or communities in accessing health care services seemed to be a health care system issue and that it was strictly beyond the facilitators to solve. However, implementers were asked to follow the guidelines and get all persons to access malaria services including street families, MSM and Persons in correction facilities. It is important to engage the institutions leadership in Malaria preventive measures.

vi) The distribution of LLINs in environments such as the correction facilities and streets need to be well planned and organized.

vii) It was also recommended that in the next cycle, more CSOs in the fight against malaria, should be engaged. Implementers were asked to embrace the spirit of collaboration, team work and networking despite the competitive processes.

viii) Participants were also informed that actions such as Cupping on a number of activities that one SR can be engaged in has enabled participation of many SRs. However, there was need to review the selection guidelines of SRs.

ix) Participants were advised to participate effectively in the disbursement decisions and optimize on the current grant.

x) The Drone Technology is a new entry and was reported to be in its nursing stage and is yet to be taken up fully. The Malaria Council is still galvanizing resources for its adoption and use.

xi) It was reported that IRS was an expensive venture a though effective. It was estimated that in Migori and Homabay counties, Ksh. 1 Billion had been used. It is estimated that Ksh. 3,650 was used to spray each household. This had seen the incidence drop from 19% to 36%. The logical reason why it is difficult to go under 3.6% in Migori is because Kuria in Migori County was not sprayed during the exercise.

xii) Participants were told to use environmental manipulation such as repellents and wearing of long sleeves.

xiii) The Vaccine does not target children above two years. It is to be administered at 6 months, 7 months, 9 months and 24 months.

xiv) The devolution issues simply mean that there is need for advocacy to help in the prevention approach uptake.

xv) Capacity building was a priority on KCM, PRs and CSS.

xvi) It was reported that the drone technology was too expensive to be done in each county.

5.0 Conclusion and recommendations

Annex 1: Program

KENYA CO-ORDINATING MECHANISM
CONSTITUENCY ENGAGEMENT FEEDBACK MEETING – 2022
PROGRAM

TIME	SESSION	FACILITATOR
15th June 2022	Travel to Maanzoni Lodge	
8:30 – 8:45 am	Registration	AFH
8:45 – 9.00am	• Prayers – Volunteer • Introduction • Remarks by KCM Constituency representatives. • Logistics	John Muiruri
9:00 – 9:15 am	• Purpose and objectives	Eva Muthuuri
9:15-9:30am	Update on the Kenya Malaria Strategy	Dr Omar - National Malaria Program – MoH
9.30am-10.45am	• Overview Global Fund /KCM	Sam Muiya
10.45am - 11:15am	**TEA BREAK**	
11:15 – 12:30 pm	Feedback from PRs; • GF Grant implementation status /Acceleration plans/GF Commodities security status/transition arrangements/plans. • GF C19 RM grant Implementation status • Updates on implementation of GF Regional Grants.	Amref/KRCS/National Treasury/DNMP Patrick Igunza
1:00 – 2:00 pm	**LUNCH**	
2.00-3.00pm	• Partnership Forum ○ End Malaria Council Malaria youth army ○ KeNAAM ○ PS Kenya ○ Novartis	Eva Muthuuri William Dekker Edward Mwangi Tony Wambua Dr. Makathimo
3.00-4pm	Plenary session	
Day 2		

TIME	SESSION	FACILITATOR
8.30-9.00am	Recap	
9.00 – 12.00	Review of Previous Report & Work plan • Lessons Learnt • Documentation of Best Practices	Eva Muthuuri
12.45pm- 1.00pm	Plenary /Way forward/ Next Steps	John Muiruri
1.00 to 2.00pm	Lunch and Closure	

Annex 2: 2021/2022 Activity Report

KENYA COORDINATING MECHANISM Constituency Report 2021/2022				
S.No	Planned Activity	Achievements	Challenges Noted	Suggestions for Improvement/Remarks
1	Advocacy	Media appearances H.E as a champion for Malaria	More resources	Build partnerships
2	Quality of care	Increased community case management	Case pending in court	Build political support
3	Use of artificial intelligence	Use of drones	Happening in a few counties only	Build partnership
4				
5				

Annex 3: Constituency Work plan 2022/2023-

KENYA COORDINATING MECHANISM CONSTITUENCY WORKPLAN AND BUDGET 2022/2023								
S.No	Activity	Expected Result	Budget	Responsible	TIME FRAME			
					July-Sept	October to Dec	Jan-March	April to June
1	Advocacy	Malaria is more visible	Open	PRs	X	X	X	X
2	Strengthening partnerships	More resources- human and financial	Open	CSOs	X	X	X	X
3								
4								
5								

Annex 4: Participants Attendance List Day One (16th June 2022)

DATE 16/6/2022

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16.	Mary Avelo	[illegible]		

Annex 5: Participants Attendance List Day Two (17th June 2022)

MAANZONI LODGE LTD.

Maanzoni Lodge

DAY REGISTRATION FORM

DATE 17/6/2022

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Facilitators Name......

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DATE 17/6/2022

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