

**FBO CONSTITUENCY MEETING REPORT FOR THE MEETING HELD
AT SEMARA HOTEL ON 3RD- 4TH APRIL 2023,MACHAKOS**



FBOs participants drawn from KCCB,CHAK,MEDS & SUPKEM attending the KCM-FBOs Constituency meeting@ samara hotel.

Executive Summary

The Faith Based Organization Constituency, a key stakeholder in Kenya Coordinating Mechanism (KCM) held a constituency feedback meeting with 35 participants drawn from KCCB, CHAK, MEDS & SUPKEM. The KCM secretariat had coordinated the participation and sharing of feedback on Global Fund activities from Principal Recipients (Kenya Red Cross & AMREF) together with MOH agencies so that members could appreciate the milestones accomplished, challenges and the road map for the next steps to turn-around the performance before the end of this round of Global fund. The participants were also taken through the upcoming global fund proposal writing covering the next funding cycle of 2024-2027. It was imperative to note that the journey towards the elimination of HIV, TB, Malaria and COVID-19 was still yet to be won thus requiring concerted efforts and strong commitment from all the stakeholders.

The FBOs constituency was impressed on some milestones accomplishment and gave reflections on areas where improvements needed to be flexed especially on the need to have more sub-recipients coming from the FBO constituency compared to just a few of them who are implementing. Issues of capacity building of FBOs Church/Muslim Based Organizations (C/MBOs) to become eligible Sub-recipients were palpable in the meeting and the coordination of FBOs and Principal Recipients in this activity was deemed paramount and KCM secretariat would play a pivotal role.

The participants were updated on PEPFAR COP 23 priorities and especially on areas where they would play a pivotal role in the implementation. It was agreed that the GC7 should prioritize areas and demarcate the support geared towards FBOs constituency in a similar fashion to PEPFAR COP 23 priorities so that a combination of Global

Fund & PEPFAR strategies would then be a game changer in the eradication for the three diseases (HIV, TB & Malaria) including COVID-19.

Highlights of sessions covered during the meeting KCM updates and country dialogue expectations.

Members were updated on the KCM evolution with emphasis on eligibility requirements for the GC-7 FR submission that calls for 1) a transparent and inclusive funding application development process, and 2) an open and transparent Principal Recipient (PR) selection process. From the meeting, it was determined that this initial FBO constituency dialogue met the eligibility requirement #1 because representation included members from The Kenya Faith Based Health Services Consortium (KFBHSC) from across the country people who are either working in our health programs or health facilities. KFBHSC comprise of Christian Health Association of Kenya - CHAK, Kenya Conference of Catholic Bishops - KCCB, Missions for Essential Drug Supply – MEDS, Supreme Council of Kenyan Muslims – SUPKEM. CHAK has a memberships of protestant Churches Health facilities and invited representation of the health ministries and programs from Seventh Day Adventist, Full Gospel churches of Kenya, Evangelical Alliance of Kenya, African Gospel Church, Anglican Development Services under ACK Church, Africa Evangelical Presbyterian Church (AEPC) Catholic Medical Mission CMMB. The consortium allocated 10 slots for each member and 5 slots for MEDS. The team was joined by the Faith Sector Working Group Coordinator from the National Syndemic Disease Control Council.

Clarification was made on engagement of PRs in the GC-7 FR process i.e., they will be sharing updates on NFM3 performance, achievements, experiences, lessons learned, and challenges to inform the GC-7 FR application and COP23 planning.

The members were informed that the PR selection process is spearheaded by the KCM; the process has begun and is expected to conclude by end of May without hitches.

GC-7 FR Overview and Roadmap – clarity on the writing process and who will be involved was made. In particular, members were informed of the FR core team of eight members, the FR secretariat of 34 members, composition of module leads (state, non-state, and development partners), and involvement of broader stakeholders in the writing teams as members of committee of experts or sector working groups. The roadmap was presented to highlight the process and next steps. Members were urged to identify their areas of expertise and participate as appropriate. KCM secretariat will be announcing dates and venues for subsequent meetings. Notably, the FBO fraternity has identified and nominated a technical team of 15 members to the FR secretariat and writing teams.

Update on NFM3 implementation – presentation by KRCS and AMREF Health Africa on HIV and TB Grants highlighted achievements, experiences, and lessons learned. Some of the notable issues included:

- The need to expand mentor mothers' program to support uptake of PMTCT services.
- Gap in safe spaces and need for collaboration with other stakeholders, including county government, for their establishment.
- Distribution of PPEs through PR with no information on GF as the source for the support. The members sought to know how many FBO health facilities benefitted from the C19 RM oxygen support.
- Notable delays in initiating implementation that could affect utilization of NFM3 funds; PR urged to fast-track implementation to avoid last minute rush.

- Gap in TB preventive treatment (TPT) occasioned by erratic supply of commodities, however, the gaps in supply chain were addressed through regular stakeholder meetings.
- Expansion of the Tibu lite app will be helpful in capture of data from community level.

Perspectives from SRs –

- Suggestion on expanded resource mobilization by the KCM, including involvement of the corporates such as Safaricom.
- Strengthened relationship with county government and other multi-sectoral stakeholders, such as the Ministry of Education, to address gaps in treatment adherence and retention especially for the AYP programming and support for young girls and women on issues of teenage pregnancy, PMTCT and adherence to HIV treatment and prophylaxis for infants.
- Partnerships with the FBO from the grass root level to the Top leadership of the Church.
- Engage Faith Communities in all disease areas (HIV/TB/Malaria) for prevention messages to be shared with the congregants and at community level and Faith Networks
- Engagement of Men and boy child in HIV and SGBV and SVAC programming
- Involve FBO's in RSSH including ODSS (Organization Development and Systems Strengthening agenda, capacity build the smaller CBO's and SRs
- Coordinated approaches in all programming and avoid duplication and many implementors running with the same agenda.

National Strategic Plan Objectives

National TB strategic Plan was presented and there was a feeling that FBO's was not adequately engaged to capture their priorities for TB

Area	Ask/query/discussion point	Response/Action	Person responsible (if applicable)
C19RM	Details on FBO health facilities that have benefitted from Oxygen support, and if possible, provide comparison with other public sector beneficiaries/health facilities.	KRCS to provide the information	KRCS
SR capacity building	FBO missing in some of the SR capacity building efforts	FBO representatives to share contacts of staff that could be targeted for SR trainings	Zilpha/Titus

Discussion/key action points/recommendations

In reference to COVID 19 RM wave two application, FBO's have identified facilities that will require the following for COVID 19 RM Resilience System Strengthening for Health :

1. Oxygen plants installation

2. Manifold and pipping (Finalize the remaining pipping and add more in wave 2)
3. Liquid Oxygen tanks

4. **GC7 Constituency Priorities**

Address questions suggested as follows i.e., what are the high impact interventions? What are the recommendations to achieving sustainability? What have we observed as hinderances to TB prevention and treatment services and what strategic interventions could address this?

Gaps, priorities, and High impact interventions

- Issues of malnutrition for the people affected with the diseases and social support for Mental health and support for the TB patients.
- Male engagement for HIV identified, HIV prevention and
- Adherence to TB treatment – DOT for intensive phase
- Need for multi-sectoral approach.
- Strengthening the capacity of structures for sustainability and Governance for our FBO's
- Leveraging on FBOs institutions and places of worship
- Need for information sharing on HIV/TB and Malaria issues so that people can be updated on the current status as well as continuous education to reduce the knowledge gap.
- How to deal with Stigma and discrimination in the area of TB and HIV
- Social support and using available structures for FBO's that people can get some support and safe spaces to help the vulnerable
- Address the issues of adolescent pregnancies.

- Continued support for COVID 19 and emergency preparedness in case of other emerging pandemics
- Get community-based engagements for sustainable solutions and invest in those solutions.
- Empowerment, support, and engagement of community volunteers
- RSSH Module not to add too many interventions but first take stock of what has been done and worked so that we see what the impacts are.
- On HIV Focus on AYPs,we need to focus on this age group (adolescence pregnancies, SGBV and SVAC) since we are the first responders, and we need to respond and curb the issues.
- On Community Led Advocacy, there is need to focus on monitoring.
- Commodity security and sustainability
- How to engage with MEDs and how do we strengthen procurement systems.
- Integration of NCDs within the 3 diseases
- CME's for health service providers
- Focus on men leading in health and Clergy leading in Health by capacity building them to be able to deal with the communities (E.g., integration of Human rights interventions whereby we have clergy trained as champions in issues of Human rights
- COVID 19 – Oxygenation for FBO facilities from Matching Catalytic fund looking at where there is need and the population (the very poor) are very needy. Also access to oxygen plant near where there is need in near the rural areas and far-flung facilities for ease of access.

HIV combination prevention interventions – Biological, behavioral, structural

- HIV knowledge especially among AYP – less than 50% KDHS 2022 – Do we have content?
- Promoting abstinence and delayed sexual debut – develop content and capacity build the AYPs.
- Promote Faithfulness among the married.
- Targeted testing of men and boys, Self-testing
- VMMC
- Rite of passage as an opportunity – Do we have a curriculum.
- Adolescent sexual reproductive health – Do we have curriculum?
- Addressing cultural predisposing factors
- Keeping girls in school
- Congregational advocacy on eMTCT
Supporting treatment
- Supporting adherence for men, Children, and adolescents
- Advocacy around drugs and substance abuse, and mental health
- Screening for NCDS; TB
- Congregational psychosocial support groups
- Congregational Advocacy around stigma and discrimination

5. **PEPFAR COP 23 FBOs Constituency Priorities**

Participants were given feedback by the FBOs delegate (Titus Munene) to PEPFAR COP 23 meeting in Johannesburg held on 27th February to 3rd March 2023. He report that it was a successful advocacy meeting where we advocated for inclusion of the FBO agenda in the efforts towards elimination of HIV/AIDS by PEPFAR the year 2030. The following are the highlights of the FBO COP 23 gains incorporated:

The return of rebranded Faith & Community Engagement would focus on following areas:

- i. Roll out of Adolescents & Young people package including Circle of hope model-RECIPE.
- ii. Service integration-HIV,GBV & other social services
- iii. Integration Prep services in all service delivery points
- iv. AGYW treatment linkage including OTZ.
- v. Integrated HIV information & evidence-based interventions (EBIs)
- vi. Targeted EBIs for adolescent boys-CBIM,VMMC,HTS,Prep
- vii. Health & social systems strengthening
- viii. Joint reviews of policies to increase access to services including parental consent for SRH services.
- ix. OVC support
- x. Stigma & Discrimination support via FBO structures
- xi. Human resource for health integration support including workforce data.

6. FBOs Next Steps Post Constituency Feedback Meeting

- i. Continuous FBOs engagement via virtual in the next two weeks
- ii. Sharing of presentations by all presenters and summary constituency feedback within one week
- iii. Having a joint meeting between FBO and PEPFAR for understanding more on areas of collaboration in COP 23
- iv. Engage all the participants by plugging them in their areas of interest.
- v. Get names of more GC 7 writers and recommend at least 2-3 different people who are committed to the writing process in all modules including AYP.
- vi. Bring out issues and gaps on the ground during service delivery e.g., HIV prevention.

- vii. Train more FBOs CBOs on proposal development for them to be competitive while bidding as Sub-recipients.
- viii. Advocate/lobby for more funds to purchase TB diagnostic machines and ear marked for FBOs in the allocation criteria.
- ix. Continuous and periodic dialogue with Principal Recipients for support of FBOs