



Kenya Coordinating Mechanism
Key Populations Global Fund Community Feedback Meeting

Date: 5th April 2023 to 6th April 2023

Venue: Pride Inn Flamingo- Mombasa County

Narrative Report

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2.1 Acronyms/abbreviations

GOK- Government of Kenya

HIV- Human Immunodeficiency Virus

AIDS- Acquired Immunodeficiency Syndrome

TB- Tuberculosis

COVID- Coronavirus disease

RTK- Rapid Testing Kits

KPs- Key Populations

SW- Sex Workers

MSM- Men who have Sex with Men

PWU/ID- People Who Use/Inject Drugs

LGBTQ- Lesbian, Gay, Bisexual, Transgender, Queer communities

PLHIV- People Living with HIV

PWDs- People With Disabilities

ART- Antiretroviral Therapy

CHVs- Community Health Volunteers

AGYW- Adolescent Girls and Young Women

KEMSA- Kenya Medical Supplies Authority

KRCS- Kenya Red Cross Society

AMREF- African Medical and Research Foundation

KCM- Kenya Coordinating Mechanism

CCM- Country Coordinating Mechanism

CSS- Community System Strengthening

CLM- Community Led Monitoring

CLAR- Community Led Advocacy and Research

ODSS- Organization Development and Systems Strengthening

WRDs- WHO-approved Rapid Diagnostic tests

iNTP- introducing New Tools Project

OCA- Organizational Capacity Assessment

NFM- New Funding Model
GC7-Grant Cycle 7
PEPFAR- The U.S. President's Emergency Plan for AIDS Relief
COP- Country Operational Plan
GF- Global Fund
SSR- Sub Sub Recipient
EPA- Eligibility Performance Assessment
PEMA Kenya- Persons Marginalized and Aggrieved in Kenya
MEWA- Muslim Education and Welfare Association
MPEG- Minority Persons Empowerment Program
KWANPUD- Kwale Network of People who Use Drugs
BHESP- Bar Hostess Empowerment & Support Programme
MOU- Memorandum of Understanding
HOYMAS- Health Options for Young Men on HIV/AIDS & STIs
KYDESA- Kenya Youth Development and Education Support Association
KESWA- Kenya Sex Workers Alliance
WRADA- Women in Response to HIV/Aids and Drug Addiction
KISWA- Kisumu Sex Workers Alliance
HAPA- HIV and AIDs People Alliance of Kenya
COSWA- Coast Sex Workers Alliance
MAAYGO- Men Against AIDs Youth Group
FBO-Faith Based Organizations
GBV- Gender Based Violence
NCDs- Non Communicable Diseases
PPEs- Personal protective equipment
ToTs- Training of Trainers
HR- Human Resource
RSSH- Resilient and Sustainable. Systems for Health
DRM- Domestic Resource Mobilization

ODPP- Office of the Director of Public Prosecutions

PPM- Public-Private Mix

PQE- Program Quality and Efficiency

ACF- Active case-finding

3.1 Introduction

The Key populations’ constituency feedback was held at Pride Inn Flamingo in Mombasa County on 5th April 2023 to 6th April 2023. The participants were drawn from the four key populations’ typologies i.e Men who have Sex with Men (MSMs), People Who use/Inject Drugs (PWU/IDs), Sex Workers (SWs) and TRANS* communities, KCM secretariat, KRCS, AMREF, Nextgen Lawyers, Health Gap, GC7 secretariat and community representatives at different advocacy spaces such as KCM, PEPFAR GC7 core team. The engagement has ensured that there is adequate representation of all the KP constituency during this crucial meeting so that they can share their experiences during the implementation process.

The communities present during the meeting were given a chance to introduce themselves based on their names, network/organization where they work or affiliated, county and whether they are receiving NFM3 grant or not.

From the introductions, the following table shows the different KP led organizations receiving funds from Global Fund or not.

KP Led organizations receiving funding from Global Fund	KP Led organizations not receiving funding from Global Fund
<ul style="list-style-type: none"> - PEMA-SSR - BHESP - Eldoret Sex Workers Alliance- COVID 19 Grant - MEWA- in Kilifi and Mombasa - Busia Survivors- have signed COVID 19 MOU Grant but they haven’t started with the implementation process - Maaygo- to implement MSM and 	<ul style="list-style-type: none"> - MPEG - Trans* Alliance - KWANPUD - Jinsiangu - Wacha Health - KISWA

<p>Trans* communities in 4 counties; Vihiga, Siaya, Kisumu and Kakamega</p> <ul style="list-style-type: none"> - HOYMAS - Omari Project - Smart ladies- COVID 19 Grant - KESWA - KYDESA - COSWA- receiving COVID-19 Grant through HAPA Kenya - SWOP Ambassador- partnering with BHESP to implement COVID-19 grant. - Muamko Mpya- COVID-19 Grant - Ishtar MSM 	<ul style="list-style-type: none"> - WRADA
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The KCM community representatives officially welcomed the participants and thanked them for creating time to attend the meeting. The representation of key populations at the Kenya Coordinating Mechanism has effectively enabled meaningful engagement and articulation of key populations issues at different level. Key population led organizations have greatly benefitted from the Global Fund Grant to enhance service delivery and strengthen the capacity of the community led organizations.

During the meeting, the participants were urged to be on look and use terminologies that cannot provoke the general public to enhance security. This is due to the LBGTQ issues that are happening because of the Supreme court ruling on registration of the LBGTQ

organizations in the country. Mombasa has experienced Anti-LGBTQ protests that have led to even closure of the MSM dices offering services to the MSM community.

This community feedback meeting will ensure that communities will get a chance to review the current funding cycle i.e New Funding Model (NFM) 3, the key achievements and challenges experienced during the implementation process. In addition, this will inform the next funding cycle setting the communities priorities, identifying the areas of improvement and coming up with key strategic interventions to address the gaps/challenges.

4.1 Key Objectives of the Key Population constituency feedback meeting

The key objectives of the key populations' feedback meeting include the following:

- ✓ Engage key populations and discuss the key priorities and strategic interventions to be included in the Global Fund Funding request application and COP 23 planning process.
- ✓ Discuss the achievements, programmatic gaps, areas of improvement and lessons learned from the implementation of the current NFM 3 so as to inform the ongoing GC7 and COP 23 planning process.
- ✓ Update key populations on Eligibility Performance Assessment (EPA) requirements and KCM Evolution Project.
- ✓ Update key populations on the progress on implementation of GF and PEPFAR grants.
- ✓ Discuss 2022/2023 key populations feedback meeting report and 2023/2024 work plan/budget.

5.1 Sessions highlights covered during the meeting

5.1.1 Updates from Kenya Coordinating Mechanism

- ✓ The Global Fund Secretariat reviews all the applicants for compliance with CCM eligibility requirements that have been set in place. The following are six minimum

criteria that all Country Coordinating Mechanisms must meet to be eligible for funding:

- A transparent and inclusive funding request development process
 - Transparent and documented Principal Recipient selection process
 - Overseeing program implementation and having an oversight plan
 - Document the representation of affected communities
 - Ensure representation of nongovernmental members through transparent and documented processes
 - Approve and adopt the Code of Ethical Conduct for CCM members/Management of Conflict of interest
- ✓ The Kenya Coordinating Mechanism is participating in Global Fund Evolution project to ensure that there is;
- Better alignment with country structures
 - Focus on investment results
 - Strong governance to ensure health challenges are addressed
- ✓ The KCM has ensured the following interventions to be
- Active oversight of investments to ensure impact and enhance accountability of the programme.
 - Meaningful community engagement and sharing information, to shape and oversee investments. This will enable community led approach and ensure key populations issues are well captured.
 - Effective positioning within Country structures and existing/emerging platforms to increase efficiency of health investments
 - Efficient CCM Secretariat operations of core functions, enabling and sustaining health governance
- ✓ From the allocation letter by Global Fund Kenya was allocated US\$392,989,068 to continue supporting the response during the July 2024 to June 2027 implementation

period. There is a 9% increase to the TB program; 7% reduction in malaria and HIV programs respective from the previous grant.

- ✓ GC7 Submission window 21st August, 2023 and funding request development process is currently ongoing.
- ✓ KCM is committed to strengthen the representation of the communities and identify the key constraints that hinder effective representation and engagement of the communities.
- ✓ During the meeting, it was highlighted that there is an ongoing review process to the constituency engagement developed tool.

Plenary:

1. Q: How far has the GOK fulfilled their commitment?

Response: 2024 is the period for countries to end sending their commitments. Kenya was to give 14 billion and have already given out 10 billion so far.

2. Q: What is the budget ceiling for all the module?

Response: Global Fund gave the following split; 64% HIV, 16% TB and 20% Malaria and if this is to vary, the justification should be given to the Global Fund after country dialogue based on the current epidemiological context in the country.

3. Q: Will there be support of the bundles for the communities to continue engagement in the FR process?

Response: The KCM is already resource mobilizing to ensure that there is support for the communities to engage throughout the funding request process. In addition, there will be support to ensure that communities attend different meetings virtually.

4. Q: KCM take on the issues of the LGBTQ communities;

Response: KCM has received the letter from the key populations and they will be responding to the issues highlighted in the letter and action will be taken.

5. Q: The role of KCM on the procurement of commodities;

Response: There has been tax clearance issues and COVID-19 that affected the supply chain the country. In the NFM3, KCM has convened joint meetings between GF and PEPFAR to measure the pipeline and commitment to supply the commodities. They

have also held oversight meetings at KEMSA and different community members have attended the meetings so that they can be informed of the processes. However, the issue of specification, timely requisition are major challenges that need to be addressed.

5.1.2 Updates from Kenya Red Cross Society.

- ✓ KRCS is the Global Fund Principal Recipient (PR) of the HIV Grant, July 2021- June 2024.
- ✓ The institution has received Total HIV Grant amounting to 76,678,956 USD and C19RM 20,762,658 USD.
- ✓ The overall goals is to contribute to attainment of universal health coverage through comprehensive HIV prevention, treatment, care and support for all people in Kenya.
- ✓ The grant coverage of the current NFM 3 is 46 Counties – (5 AGYW, 46 KP & 31 TCS), 65 organizations are Sub recipients (15 KP led networks, 10 PLHIV networks, 11 AYP organizations and 29 SRs) and 2 SSRs.
- ✓ The current NFM3 Strategic Focus Areas include;
 - Adaptation and scaling up comprehensive and high impact HIV prevention interventions
 - Enhancing identification and linkages to HIV prevention, treatment, care and support services
 - Accelerate efforts towards elimination of mother to child transmission of HIV
 - Optimize ART treatment for all sub-populations to improve patient health outcomes
 - Strengthen differentiated service delivery models to improve access to services among the communities
 - Strengthen screening and management of TB, cervical cancers and other NCD's and comorbidities among PLHIV
 - Integrated service delivery and quality improvement
 - Strengthen multi-sectoral engagement in HIV service delivery to expand coverage and enhance effectiveness of interventions

- ✓ During the implementation period, the highlighted lessons on what has worked and not worked include:

- **Reducing human rights-related barriers to HIV/TB services**

What has worked:

- a) Engagement and training community paralegals from the different focused populations ie KPs, AYPs and PLHIVS have ensured targeted support and follow up of cases for the beneficiaries whose rights have been violated.
- b) Involvement and engagement of persons with disabilities on adaptation and digitalization of legal literacy materials. This have ensured the materials are PWDs friendly and are targeting the different categories of PWDs.
- c) Integration of know your rights (KYR) campaigns in the programming targeting different beneficiaries have enabled the community paralegals to pick up cases of human rights violation and support the communities in accessing justice

What has not worked:

- a) Lack of rescue centers to refer GBV survivors hence making them vulnerable to the same perpetrators who had violated them. However, the PR has been supporting survivors with transport to go to the hospital and courts as well as transport for the medical staff to courts to act as key witnesses in GBV cases reported.
- b) Some survivors do not report the violation cases for fear of retaliation by the perpetrators hence making it difficult to support them to access justice.

- **Key Populations**

What has worked:

- a) Holding community level meetings and dialogues with different stakeholders.
- b) Continuation of activities From NFM2 hence increasing the access and delivery of the services to the communities.
- c) Sensitization of law enforcers and Health Care workers to enhance human rights based approach.

- d) Continuous trainings and sensitization for the communities to ensure they are informed have the necessary skills and knowledge.

What has not worked:

- a) Frequent stock out of commodities such as condoms, lubricants, RTKs
- b) High transport cost for the PWUDs accessing methadone hence affecting the uptake.
- c) Lack of economic support for Key Populations
- d) Scaling up of the key populations programming into new counties without county leadership engagement by the National Program hence leading to slow implementation of the program.
- e) Some counties targets are not reached either because the population is less than the size estimates or does not exist.
- f) The development of some guidelines have taken longer therefore affecting the start off some interventions targeting different typologies.

- C19RM

What has worked:

- a) Training of community actors
- b) Mental Health Sessions targeting community actors and beneficiaries at community level.
- c) Cash Transfer for PLHIV at facility and community to provide support to meet immediate needs.
- d) Equipping the community actors with the necessary PPEs
- e) Capacity Building of community implementers to enhance different skills
- f) Engagement of additional community led organization as SSRs to implement various activities.

What has not worked:

- a) Priority shift over time resulting to savings and continuous reallocation of the funds.
- b) Lack of program management budget allocation

- c) Lack of dedicated staffing to manage the grants.
 - d) Wambo procurement process is long and fluctuating pricing hence resulting to significant low absorption of the funds.
- ✓ Grant challenges experienced include:
- Guidelines were not available during implementation period.
 - Late/erratic supply of commodities such as condoms, lubricants, RTKs
 - Inflation issues hence affecting the implementation of programs
 - There has been raise of insecurity incidents affecting outreaches and resulting to closure of some DICs
 - Sensitivity of KP programming in new counties hence slowing the implementation of the programs in those counties.
- ✓ The key lessons learnt include:
- Involvement of all key stakeholders in the planning to evaluation including communities and counties.
 - There is need to strategically schedule activities that are dependent on new/review of guidelines so that the process does not delay the implementation process.
 - Need to coordinate multi stakeholders supply chain management of commodities that are essential to the communities.
 - The community led organizations have successfully implemented GF grant even to the lowest level at the community.
 - Integration and coordination in the country has resulted to increased program performance.
 - Need to invest in Protection, safety and security at all levels
 - Invest more on pandemic preparedness at community level and equip the communities on response on any future pandemic.

Plenary

From the presentation, the following questions were posed;

1. Q: Action taken to communities fearing to report on the cases

Response: Sensitization process alone cannot make communities to stop fearing reporting of the violation cases. There is need to work with the office of the ODPP for protection of community members who have been violated and witnesses. The sensitization should be cascaded to the lowest level using available platforms such as radio, IEC materials and online platforms.

2. Q: Supply of the commodities concerns

Response: The implementing partners should ensure that they report at the KHIS directly so that the consumption data is provided. The PR sits at the national quantification meetings and the TWGs to provide insights on the concerns raised on the commodities.

3. Q: In the management of TB, does do screening for TB only. Are there funds for treatment as well?

Response: as long as the DICEs are screening, they should also provide treatment on TB and Malaria. The relevant government agencies are there to support assessment needs to ensure these programs are incorporated in the KP programming.

4. Q: Slow implementation of the COVID-19 grant

Response: There was an addendum with the implementing partners. The existing SRs were continuing with the implementation process but the new implementing partners had to rework and increase their budgets.

5. Q: PWUD communities engagement during the entry meetings at the counties

Response: The entry meetings were done with the communities, government- NASCOP and other stakeholders. The slow implementation of PWUD programming at different counties has affected the performance of the program since they are not supplying the NSP. This is based on individual perception to support the program or not.

6. Q: Does KRCS have CLM money?

Response: AMREF is the one support to carry out the CSS module. KRCS had held an activity to sensitize the communities on CLM.

Action points:

- Communities need to continue advocating for the availability and accessibility of essential commodities.

- There is need to have effective programming of the Trans* communities
- There is need to decentralize the methadone sites and use mobile vans for communities to access methadone at different points.
- Communities need to engage and participate in the quantification meetings at both county and national level.
- Sensitization of the new government leadership to ensure that they understand the issues of the key populations.
- There is need to conduct the key populations size estimates so as to inform the programming effectively.
- Identifying other stakeholders who can procure and supply the commodities to avoid the frequent stock out issues.
- There is need to prioritize and complement activities funded by Global Fund and PEPFAR.

5.1.3 Updates from AMREF:

- ✓ AMREF Health Kenya is the non-state Principal Recipient for the Global Fund TB grant 2021 – 2024.
- ✓ The grant Covers 47 Counties and they are working with 34 sub recipients.
- ✓ The Project implementation period is from 1st July 2021 to 30th June 2024 with a total budget of USD 107,961,377- TB NFM3 grant: 53,503,114 and C19RM: 54,458,263
- ✓ Key challenges experienced during implementation include:
 - Late start-up of key project activities requiring extensive stakeholder consultations e.g. PPM, PQE-ACF, RSSH CSS, laboratory activities and procurements
Mitigation: For future grants, there is need to ensure implementation modalities and requisite documents are agreed upon before commencement of the grant.
 - Erratic supply of GeneXpert cartridges affecting TB case finding interventions.
Mitigation: Resolve supply chain issues causing delays and utilize other WRDs e.g. TrueNat

- Underreporting the communities' contribution to TB case finding in the national reporting systems (CHVs, KIC-TB, outreaches).

Mitigation: Finalization of the development of the t-bu lite system that will help to capture community data in the national system directly to TIBU.

- Slow uptake of medical oxygen and consumables due to lower demand from the counties.

Mitigation: There is need to continue establishing infrastructure and systems for delivery of medical oxygen as part of future pandemic preparedness.

- Reliance on only 4 mobile digital x-ray machines for TB screening outreaches in 47 counties hence experiencing frequent breakdowns.

- Mitigation: Collaborating with iNTP project for support when carrying out outreaches. The approval has been given to procure additional 25 ultra-portable digital x-ray machines using C19RM funds.

✓ Key lessons learnt during the implementation period include:

- It is important to think through activities critically during funding request writing to reduce later consultations that lead to delays during implementation.
- Collaborating with the National and County governments during implementation is vital for provision of technical support and quality implementation.
- Create synergy with projects funded by other donors within the organization or through other partners so as to create efficiencies and cover unfunded gaps
- Supporting context specific community led innovations that can help to identify people with TB among underserved communities and in unconventional settings.
- Engagement of the private sector in TB service delivery requires adequate resources to ensure consistent technical support for buy-in, quality of service and sustainability.
- Enhance collaboration with communities and other key stakeholders during designing and implementation of CSS interventions
- It is important to regularly engage all stakeholders involved in the supply chain for diagnostics to identify and address bottlenecks and avoid delays

- Have strong internal controls and oversight to sub recipients to ensure risk mitigation and successful delivery of GF grants in the country.
- ✓ The key areas under the RSSH include: Community systems strengthening, Laboratory systems, Health sector governance and planning, Financial management systems, HR for health, health products management and systems strengthening.
- ✓ The CSS module consists of CLM, CLAR and Social Mobilization. Under CLM,
 - There has been development of the CLM framework and training guide.
 - Upgrading of iMonitor ATM + Kenya to include reporting of human rights and GBV issues
 - Training super users to help in the implementation of the iMonitor
 - Receiving feedback from 6000 individual through the iMonitor ATM+ Kenya.
- ✓ Under Community Led Advocacy and Research (CLAR) and social mobilization, AMREF has been able to;
 - Develop and pretest the CLAR and social mobilization training guide
 - Review the concept notes and expression of interest for community research grant
 - Train 21 facilitators for CLAR among the AYP, KP, PLHIV, FBO
 - Train 10 counties on Domestic Resource Mobilization and health financing advocacy.
 - Updating ODSS training materials to include social determinant of health
 - Updating of the OCA tool
 - Train 91 ToTs in ODSS. The participants were drawn from AYP, KP, Jua Kali, PLHIV, TB and Malaria constituency.

Plenary:

From the discussion, the following questions arose;

1. Q: Having KP TB case investigators

Response: The process is ongoing and AMREF is committed to have KP peer navigators to support communities to access services effectively.

2. Q: Remuneration of the peer navigators and super users in low

Response: The budget was already allocated, but its and areas that needs more resources to ensure that the amount is increased. This is an intervention that need to be scaled up and addressed in the next funding request.

3. Q: Key populations concerns raised on iMonitor on connectivity and language used

Response: The iMonitor is heavy and requires stable internet connection. One needs to be updating to the new versions available. AMREF is working towards improving the system. There will be a meeting held with the key populations to address the iMonitor and CLM issues highlighted.

Discussion:

- AMREF needs to learn from KRCS on how engage the key populations and enhance they are meaningfully engaged in different processes.
- KP led organizations who had shown interest in the CLAR process have been engaged. PWUD and Trans* communities have been engaged in the process despite not submitting the research proposals.
- Each applicant was paired with a technically experienced person (mentor) to help them understand process and improve on their proposals.
- The applicants have submitted their application for ethical review.
- Advocate for TB treatment services to be offered at all drop-in centers.
- Need to have more engagement of KP led organizations in CSS and RSSH
- Trans* communities will be trained from 17th April 2023 on community led monitoring since the other typologies have done the training.
- Communities should use different platforms that will help to provide feedback and enhance accountability.
- Coming up with an affirmative action on how to ensure the key populations are engaged effectively.

Updates from National Treasury.

- ✓ The national treasury gave an update on the implementation of the grant.
- ✓ Dr. Kimuu highlighted the reasons why the supply chain is in crisis. At KEMSA, there have been supply chain and procurement major concerns that need to be addressed.
- ✓ It is noted that there is a funding gap and the country is using the available resources to improve the procurement process since there have been frequent stock outs of essential commodities.
- ✓ It is important to ensure there are buffers at central stores and facility level. Currently, Kenya has zero buffer stocks which is a challenge.

Next steps:

- ✓ The key populations were taken through the funding request roadmap from the day the allocation letter arrived to the last day of submission that is 21st August 2023.
- ✓ The communities were also divided into groups to help have a good understanding of all the modules, interventions, activities and indicators.
- ✓ The communities were able to go into groups based on their typologies to discuss what has worked, what has not worked, gaps experienced and recommendations to the funding process. The group work is annexed to this report.
- ✓ There is need to review the previous funding request process so that the communities can learn and come up with key strategies on how to improve the process.
- ✓ The PRs need to support key population typology specific meetings so that the communities can have an in depth discussion on their issues and come up with the priorities for the GC 7 request.
- ✓ Assessing the areas of capacity strengthening that the communities can benefit from.

Conclusion:

The Key Populations KCM representative thanked the participants for their commitment and contribution throughout the meeting period. He stated the importance of having the meeting and gathering community opinions/voices on how the implementation current NMF 3 and coming up with recommendations on how to improve in the next grant cycle.

The meeting was crucial for communities to have a candid discussion on how to have a community centered grant cycle. The communities need to have a good understanding of the Global Fund funding request process to understand how best to engage throughout the process.

The representative highlighted how community feedback meetings are significant to ensure that no one is left behind and monitoring the process of community engagement and enhancing the accountability of different stakeholders.

He emphasized that Key Populations should be clear about and the kind of support they are expecting from all the PR. It would be vital to package information well before the writing team goes into the writing process.

LIST ANNEXES

Annex 1. Sex workers group work

Annex 2. MSM group work

Annex 3. Trans* group work

Annex 4. PWUD group work