KENYA COORDINATING MECHANISM
MALARIA CONSTITUENCY FEEDBACK MEETING/GC7 DIALOGUE REPORT
VENUE: LAKE NAIVASHA RESORT
DATES: 12 – 13 APRIL 2023

Executive summary

The two-day malaria constituency dialogue meeting was held on 12 – 13 April at the Lake Naivasha Resort. There was a total of 45 participants drawn from the Kenya Coordinating Mechanism members and secretariat, Civil Society Organizations, community health volunteers, the Kenya Malaria Youth Army, the national malaria program, state, and non-state principal recipients. The participants were from 24 counties, namely Nairobi, Kiambu, Nyandarua, Laikipia, Nakuru, Nandi, Uasin Gishu, Isiolo, Embu, Murang'a, Makueni, Kitui, Taita Taveta, Kwale, Mombasa, Kilifi, Migori, Kakamega, Bungoma, Nyamira, Siaya, Homa Bay, Busia, and Kisumu. Sessions during the meeting purposed to update members on the eligibility requirements and evolution of the Kenya Coordinating mechanism; share information on achievements, programmatic gaps and lessons learned from the NFM3 Grant; discuss priorities for the Global Fund Grant Cycle 7; and discuss the 2022/23 constituency report and 2023/2024 workplan and budget.

The constituency identified gaps in malaria programming such as barriers to malaria services among refugees, immigrants, people living with disability, street families, people in informal settings, health facilities, schools, people in prisons and correctional centers. There were also notable socio-economic, cultural, and age-related challenges that limit access to prevention and control interventions for women and girls. The constituency recommended differentiated approaches to malaria prevention and control such as implementation of indoor residual spraying in prisons, to address the barriers. The team suggested that representation of the malaria community be maintained throughout the FR development process.

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Abbreviations

ANC	antenatal care
CCMm	community case management of malaria
CHVs	community health volunteers
CSOs	Civil Society Organizations
DNMP	Division of National Malaria Program
EPI	Expanded Programme on Immunization
FR	Funding Request
GF	Global Fund
GC-7	Grant Cycle 7
IPTp	intermittent preventive treatment in pregnancy
IRS	indoor residual spraying
ITNs	insecticide treated nets
KEMYA	Kenya Malaria Youth Army
ODSS	organization development and systems strengthening
TB	Tuberculosis

Introduction

The Global Fund (GF) has allocated US$392,989,068 to support HIV, Tuberculosis (TB), and malaria and to build resilient and sustainable systems for health (RSSH) during July 2024 to June 2027 implementation period. The development of this Grant Cycle 7 (GC-7) Funding Request (FR) is currently ongoing with a target submission date of 21 August 2023. Transparent and inclusive country dialogue is a key requirement during this process, thus the Kenya Coordinating Mechanism (KCM) set out to engage the malaria constituency in a two-day (12 – 13 April 2023) meeting held in Lake Naivasha Resort.

Purpose and objectives

The main objective of this meeting was to engage with the malaria constituency to share GF information and kick-start the constituency dialogue as part of development of the GC-7 FR. The specific objectives included:

- To engage the constituency members and discuss the key priorities and strategic interventions to be included in the GF FR application
- To discuss achievements, programmatic gaps, areas of improvement, and lessons learned from the GF NFM3 Grant to inform the GC-7 FR
- To update constituency members on eligibility requirements and the KCM evolution project
- To discuss the 2022/2023 constituency report and 2023/2024 work plan and budget

Highlights of sessions covered during the meeting

There was participation of the community at all levels including representation from the KCM members, KCM secretariat, Civil Society Organizations (CSOs), community health volunteers (CHVs), and the Kenya Malaria Youth Army (KEMYA). The GF state and non-state principal recipients (Amref and Kenya Red Cross) were in attendance to share lessons learned and discuss achievements during implementation of NFM3 grant. The Division of National Malaria Program (DNMP) were also in attendance and made a presentation on the national strategic objectives, malaria epidemiological context, and future strategic direction for the malaria program. Members from the GF FR secretariat were the meeting facilitators. The meeting program is outlined in annex 1.

The meeting was attended by 45 participants with representation from 24 counties, namely Nairobi, Kiambu, Nyandarua, Laikipia, Nakuru, Nandi, Uasin Gishu, Isiolo, Embu, Murang'a, Makueni,

Kitui, Taita Taveta, Kwale, Mombasa, Kilifi, Migori, Kakamega, Bungoma, Nyamira, Siaya, Homa Bay, Busia, and Kisumu as shown in the participants list in Annex 4.

Discussion/key action points/recommendations

During the plenary and group discussions, the participants identified the following gaps in relation to malaria programming:

- Late initiation of antenatal care (ANC) due to inadequate knowledge on the importance of attending early clinic. As a result, there was low uptake of intermittent preventive treatment in pregnancy (IPTp)
- Teenage pregnant girls fail to attend ANC due to fear of parents, guardians, society, and negative attitude among the healthcare workers. Notably, most ANC programs happen during school hours which is a barrier to access of services such as IPTp among the teens
- Access to reproductive health remains a challenge to women in street families hence they would likely miss in the provision of insecticide treated nets (ITNs) and IPTp at ANC
- Inadequate mapping and designing of malaria programs for key populations including refugees, immigrants, people living with disability, street families, people in informal settings, health facilities, people in prisons and correctional centers. It is possible that these populations are not informed on their right to access malaria preventive services
- In some areas in the country there are still myths and misconceptions about malaria and use of preventive interventions such as ITNs and indoor residual spraying (IRS) e.g., appearance of bed bugs linked to use of the malaria interventions. In addition, some cultural and religious beliefs are a barrier to access to the preventive interventions especially medication for pregnant women
- Little involvement of men in ANC and IPTp programs. In addition to poor health seeking behavior, most men lack understanding on the value of attending ANC
- Lifestyle of nomads is a barrier to access to ITNS
- Language barrier when reaching out to people living with disability e.g., the deaf, dumb, and blind may need to be targeted separately during ITN distribution and in sharing messages on malaria prevention and treatment
- Inadequate campaigns on net hanging and monitoring of net usage at household level
- Continued use of older ITNs while keeping the newer ones for visitors
- Notable poor governance of ITN distribution processes from registration to monitoring and evaluation of the activity e.g.,
    - mapping in preparation for ITN distribution is not people-centered; some vulnerable populations are not reached with the intervention
    - short campaign duration for CHV's to mobilize the community on mass net distribution

    - inadequate media used during mass campaigns; the information disseminated is specific to targeted populations in endemic regions
    - limited information on mass net distribution in the urban centers
    - inadequate human resource to undertake the vector control measures
    - Inconsistent and untimely distribution of ITNs at community level
- Lack of awareness of the various channels for ITN distribution among community members
- Lack of guidance on implementation of ITN intervention in public and private boarding schools in endemic areas e.g., no guarantee that public schools would benefit from mass net campaigns, no guidance on type of nets to use in setting where parents or school management are required to buy nets i.e., use of treated nets, type of net to fit double decker beds
- Chemicals used for IRS are expensive and not readily available
- Changing environmental factors such as deforestation and migration that favor mosquito breeding especially in urban settings
- Underutilization of youth and school going children as change agents
- Shortage of staff especially laboratory officers and clinicians
- Knowledge gap in diagnosis and treatment of malaria that translates to non-adherence to policy guidelines by the healthcare workers
- Low coverage of community case management of malaria (CCMm)
- Insufficient biosafety kits to facilitate waste management in implementation of CCMm
- Erratic supply of malaria (pharmaceutical and diagnostic) and other essential health commodities at both community and health facility levels. In addition, there was mention of delayed supply of essential health commodities

Participants also discussed gaps that require investments in RSSH and noted the following:

- There is need for revised policy and malaria strategy for the period beyond June 2023
- The case studies in the CHV training curriculum do not align with the current guidance on CCMm
- There is need to scale up engagement with private sector
- Inadequate training and implementation of community-led research and advocacy
- Minimal engagement of community and youth in community-led research and advocacy
- Limited programs in the health sector that handle social accountability
- Lack of support for community dialogue and action days
- Limited organization development and systems strengthening (ODSS) capacity in existing CSOs and groups

- Inadequate training in finance data management and analytics. In addition, the participants identified lack of robust malaria financial systems to support data analytics to inform prioritization
- Lack of public participation in the budgeting process during planning and development of health financing strategies. There are limited forums that involve discussions for budget processes
- Lack of meetings or forums on domestic resource mobilization with a focus on malaria programs
- Youth not involved in community-led advocacy and monitoring of domestic resource mobilization
- Limited implementation of environmental preventive measures
- Lack of social contract mechanism in malaria specific program interventions
- Inadequate and inequitable distribution of human resource for health in the health facilities
- Community health committees are not engaged in programs targeting the CHVs. Program-based supervision is done biannually
- Delays in streamlining payment of CHVs stipends by county governments. In addition, the renumeration or stipends for CHVs are not standard across the 47 counties
- Inadequate support supervision for health workers and CHVs
- Inadequate budget allocation to cater for training of CHVs. In most cases the number of days allocated for trainings is inadequate to comprehensively cover all the training modules
- Inadequate oxygen supply in peripheral level 2 and 3 health facilities, general weak oxygen support systems
- Inadequate data quality audit and data review meetings at both community and health facility levels
- Suboptimal data quality due to unavailability of reporting tools, inconsistencies in reporting of malaria commodities and other malaria data, lack of reporting by private health facilities
- Capacity gaps in operations research, development of abstracts, and general knowledge on data collection for malaria surveys
- Inadequate resources to support coordination of disease programs at subnational level
- Inadequate support for annual work plan development at sub-county and community levels.
- Lack of capacity to prepare quality and fundable proposals at the subnational level.

Based on the gaps identified, the participants provided suggested recommendations to be considered as priorities for GC-7 FR as shown in the next section of the report. The suggestions will be consolidated with those identified by the other constituencies. This will be done during a

planned gap analysis and prioritization workshop that will bring together all the KCM constituencies. Funding priorities of civil society and communities will be defined from the consolidated list.

Due to time constraints, the constituency was unable to discuss the 2023/2024 work plan and budget. The 2022/2023 activity report was updated as shown in annex 2.

GC-7 Constituency Priorities

Module	Interventions	Priorities
Vector Control	Insecticide treated nets (ITNs) - mass campaign: universal	• Diversify media for mass campaign messaging to include channels like short message services and other digital social media platforms, posters or banners in market centers, hospitals etc. • Intensify communication targeting everyone including those in urban areas • Consider creative messaging that targets special groups such as the youth • Continued engagement with community through channels such as chief barazas • Recruit or engage additional human resource to assist in mass campaign e.g., the malaria youth army • Provide timely and adequate stipend to human resource supporting vector control interventions such as the mass campaign
	Insecticide treated nets (ITNs) - continuous distribution: ANC	• Expand distribution of ITNs beyond ANC and/or identify innovative ways to reach the pregnant teenage girls in endemic regions • Consider engaging youth to undertake peer education and information sharing
	Insecticide treated nets (ITNs) - continuous distribution: Expanded programme on Immunization (EPI)	• Use mass digital media, door to door sensitization, and social media to intensify advocacy and awareness on ITN distribution through EPI • Build capacity building of CHVs and community health champions so they can facilitate improved uptake of malaria interventions through EPI • Consider expansion of ITN distribution to additional counties, based on epidemiological context
	Insecticide treated nets (ITNs) - continuous distribution: school based	• Develop guidance documents to address use of ITNs in boarding schools
	Insecticide treated nets (ITNs) - continuous distribution: community-based	• Ensure adequate stock of ITNs and diversify channels of distribution
	Indoor residual spraying (IRS)	• Conduct research to enable use of local innovative methods such as burning of ‘mwarubaini’ and donkey or elephant dung • Innovation boot camps to train the youth and community members
	Other vector control measures	• Enhance community sensitization and awareness to address environmental factors with activities such as draining stagnant waters, covering water reservoirs etc. • Involve the youth in vector control interventions especially in activities that

Module	Interventions	Priorities
		involve community sensitization
	Social and behavior change (SBC)	• Establish health clubs in schools to facilitate information sharing e.g., net hanging campaigns. School children in endemic areas can be engaged as malaria ambassadors • Establish sporting activities, malaria symposiums, innovation hubs, and talent show to facilitate sharing of malaria information among school children and youth population • Ensure school matrons and patrons have basic training in public health • Extensive campaign on net hanging before, during and after net distribution. The demonstration should be done at household level by CHVs and the Youth Army • Extensive community sensitization and awareness on myths and misconceptions on the use of ITNs and IRS
	Removing human rights and gender-related barriers to vector control programs	• Review the assumptions that disregard some population based on age limit and gender • Undertake social analysis to identify population targeted with the various vector control interventions
Case Management	Facility-based treatment	• Conduct support supervision and mentorship to build capacity for healthcare workers and disseminate policy guidelines
	Integrated community case management (iCCM)	• Scale up implementation of CCMm to 100% in lake endemic counties • Facilitate provision of biosafety kits • Enhance quality assurance for CCMm
	Private sector (Clinics, Hospitals, Chemists & Pharmacies) case management	• Conduct support supervision and mentorship to build capacity for healthcare workers and disseminate policy guidelines
	Epidemic preparedness	• Ensure timely and consistent supply of buffer stock in epidemic-prone regions
	Intensified activities for elimination	• Allocate funds for elimination activities
	Ensuring drug quality	• Intensify post market surveillance
Specific Prevention Interventions (SPI)	Intermittent preventive treatment (IPT) - in pregnancy	• Use of community-led monitoring to improve accessibility of malaria services to all e.g., teenage pregnant girls, street families. Deployment of technology such as iMonitor+ to track feedback on health workers and services provided at facility level • Enhance defaulter tracing to follow up expectant mothers who miss ANC and

Module	Interventions	Priorities
		IPTp • Consider establishment and implementation of a strict code of conduct and ethics policy that health workers can be held accountable for verbal harassment at workplaces • Extensive sensitization and awareness on the importance of attending ANC and taking three doses of IPTp • Targeting men with information about ANC attendance and IPTp uptake to increase the number of women attending ANC thus, taking IPTP
	Social and behavior change	• Continuous medical education to all health workers and orientation on developing a positive attitude • Establish campaign programs targeting men in their workplace rather than households • Training CHVs, health workers, and members of malaria youth army on sign language and brail to support behavior change communication for people living with disability
	Removing human rights and gender-related barriers to specific prevention interventions	• Partnership between the ministries of health and education to ensure that school clinics have capacity to provide malaria testing and treatment. CHVs could extend the services to schools • Prioritize implementation of IRS in prisons, schools, and informal settings in the endemic regions • Consider window screening in schools and prisons to reduce mosquito bites and possible transmission of malaria • Need for extensive research to inform evidence on various products used by the vulnerable population e.g., repellants • Ensure health systems accommodate street families and those who due to economic hardships, are unable to access health services equally
RSSH	Health Sector Planning and Governance for Integrated People-centered Services	• Ensure engagement of community stakeholders during review and updating of the malaria policy and strategic plan • Ensure policy formulation addresses repercussions for discrimination of minority vulnerable groups and any potential gender and sexual aggravation in provision of malaria services • Address gender, cultural, religious, and socio-economic barriers identified in the matchbox assessment to guarantee equity and equality in access to health services • Revise the CHVs training curriculum to align with CCMm guidelines, specifically

Module	Interventions	Priorities
		the case studies and commodity management sections • Enhance engagement with private sector by scaling up public-private-mix interventions
	Community Systems Strengthening	• Scale up activities on community-led monitoring to include Embu County • Map out the malaria networks for engagement in community-led monitoring e.g., use of iMonitor+, citizen advocacy • Support and facilitate community dialogue and action days to engage the community on desired health outcomes • Build capacity of communities and link them to health care investment to achieve better health outcomes • Conduct training in organization development and systems strengthening for CSOs • Scale up capacity in community-led research and advocacy by training and engaging more communities including the youth • Share widely information on available community research grants
	Health Financing Systems	• Establish health schemes to support the low-income communities to access health for all including reducing cost or supplementing national health insurance fund and rolling out universal health coverage • Strengthen public participation through promotion of knowledge on the issues affecting the communities • Support annual forums through existing malaria groups to discuss the budgeting process at subnational level • Support community dialogues between CSOs and government constituency to develop and implement a framework for social contracting • Train CSOs in social contracting processes • Consider development of a financial management system for malaria funds at all levels • Facilitate meetings to advocate for domestic resource mobilization at subnational level • Support trainings in health financing data and analytics
	Health Products Management Systems	• Prioritize purchase and supply of biosafety kits for use by CHVs. The sharp containers should be replenished regularly • Strengthen supply chain to ensure the turnaround time is effective • Build capacity of healthcare workers to facilitate accurate reporting, forecasting, quantification, stock management, and use of data (e.g., the malaria dashboard) for

Module	Interventions	Priorities
		planning to address the gap in erratic supply of commodities
	Human Resources for Health (HRH) and Quality of Care	• Ensure adequate and equitable deployment of human resource for health across the country • Involve the community health committees in oversight and governance activities at level 1 • Consider economic empowerment initiatives that can motivate and enhance CHV retention • Prioritize training of newly employed healthcare workers on malaria-related issues such as case management, data, and indicators • Plan for bi-annual or quarterly support supervision at community and health facility levels
	Laboratory Systems (including national and peripheral)	• Adequate procurement of malaria diagnostic and biosafety kits for CCMm • Improve availability of aprons and bench aids at community level • Conduct training on infection prevention and control • Support routine assessment to assure quality of diagnostic services at community and health facility levels
	Medical Oxygen and Respiratory Care Systems	• Build capacity of healthcare workers in oxygen delivery and respiratory care • Provide support for oxygen deports and distribution at county level • Prioritize and provide oxygen support system
	Monitoring and Evaluation Systems	• Support data review meetings at subnational level to address gaps in reporting • Support quarterly data quality audits for CHVs and health facilities • Procure adequate reporting tools • Build capacity on data collection processes for malaria assessments and operational research
	Program Management	• Strengthen coordination of disease programs at subnational level • Provide support for CHVs and subcounties in annual work planning • Build capacity in grant management at the county level

Conclusion

The malaria constituency dialogue meeting was well attended and yielded outputs that will inform priorities listed in the GC-7 FR. The constituency has emphasized the gaps in malaria programming such as barriers to malaria services among refugees, immigrants, people living with disability, street families, people in informal settings, health facilities, schools, people in prisons and correctional centers. There were also notable socio-economic, cultural, and age-related challenges that limit access to prevention and control interventions for women and girls. These gaps were also highlighted in the recent matchbox assessment. The constituency recommends differentiated approaches to malaria prevention and control such as implementation of indoor residual spraying in prisons, to address the barriers. The team suggested that representation of the malaria community be maintained throughout the FR development process.

Annexes

Annex 1: Program

KENYA COORDINATING MECHANISM
CONSTITUENCY FEEDBACK MEETING/GC7 DIALOGUE PROGRAM

DAY 1

TIME	SESSION	RESPONSIBILITY
8.00 am	Registration	
8.30-9am	▪ Introductions ▪ Meeting Objectives ▪ Welcome Remarks	KCM/FR Secretariat
9-9.30am	• KCM Updates/ KCM Evolution Project / Eligibility Performance Requirements • Country Dialogue Expectations	KCM/FR Secretariat
9.30-11am	• Update on NFM3 Performance/ Experiences/Lessons learned /Achievements/Challenges • Perspectives from Beneficiaries and SRs	PRs/SRs

11-11.30am	HEALTH BREAK	
11.30-1pm	Plenary	FR Secretariat
1-2pm	LUNCH BREAK	
2-4.00pm	• GC7 FR development overview/roadmap • NSP Strategic Objectives for Malaria/HSS/CSS	FR Secretariat/ Programs
4.00pm-5pm	Plenary: Discuss programmatic Gaps/Risks/Opportunities/ Priorities	KCM
Day 2		
9-10.00am	• GF GC 7 Technical Guidance for Malaria/RSSH/CSS • C19RM wave 2 objectives	FR Secretariat
10.00-10.30am	Group work	All
10.30-11am	HEALTH BREAK	
11-Noon	Plenary	KCM
Noon-1pm	Group work	All
1-2pm	LUNCH BREAK	
2-5pm	GC7 Constituency Priorities/Programmatic gaps /Constituency Feedback Meeting Report	KCM
5-6pm	Closure	

Annex 2: Malaria constituency 2022/2023 activity report

KENYA COORDINATING MECHANISM MALARIA CONSTITUENCY REPORT 2022/2023				
S.No	**Planned Activity**	**Achievements**	**Challenges Noted**	**Suggestions for Improvement/Remarks**
1	Advocacy	Implemented through the end malaria council		
2	Data quality	Reports shared by implementing partners to be disseminated to community members		
3	Artificial intelligence	Not done	Identification of partnerships to implement the activity	
4				
5				

Annex 3: Malaria constituency work plan 2022/2024

KENYA COORDINATING MECHANISM MALARIA CONSTITUENCY WORKPLAN AND BUDGET 2023/2024								
S.No	**Activity**	**Expected Result**	**Budget**	**Responsible**	**TIME FRAME**			
					July-Sept	**October to Dec**	**Jan-March**	**April to June**
1								
2								
3								
4								
5								

Annex 4: Participant's list

Kenya Red Cross

PARTICIPANTS LIST

VENUE: LNR
ACTIVITY: PLAN/[illegible] CONG. MEETING
DATE: 13/4/2022

NAME	ORGANISATION	COUNTY	DESIGNATION	[illegible] GROUP	ID NUMBER	PHONE NUMBER	EMAIL	SIGNATURE
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Kenya Red Cross

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DATE: 13/4/2022

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Project Code: [illegible]
Donor Code: [illegible]

VENUE: LNA
ACTIVITY: [illegible] MALARIA CONST. MEETING
DATE: 13/4/2023

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VENUE: LNA
ACTIVITY: MALARIA CONF. MEETING
DATE: 13/4/2023

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Project Code: [illegible]
Donor Code: [illegible]

VENUE: LNA
ACTIVITY: MALARIA CONF. MEETING
DATE: 13/4/2023

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Annex 5: Photos