NON-GOVERNMENTAL ORGANIZATIONS CONSTITUENCY DIALOGUE MEETING

GLOBAL FUND CYCLE 7 FUNDING REQUEST BY KENYA COORDINATING MECHANISM

APRIL 12-13, 2023

KENYA COORDINATING MECHANISM
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1.1 Executive Summary

Inset: NGO constituency members pose for a photo at the end of day 2 successful GC7 country dialogue

The Kenya Coordinating Mechanism was able to conduct a successful country dialogue meeting of the Non-Government Organization on the Global Fund Cycle 7 (GC7) funding request.

The meeting was held on 12th-13th April, 2023 at the Sarova White Sands Hotel attended by 39 community representatives from NGO organizations vastly represented from different counties in Kenya, **3** PR –Khalda Mohammed(Kenya Red Cross), Samuel Gachau (Kenya Red Cross) and Catherine (AMREF), **1** Kenya Coordinating Mechanism Secretariat-Margaret Mundia, **1** Funding core team Member-Margaret Ndubi (UNAIDS) and **3** GC7 Secretariat Members- Sylvia Ayon (KANCO), Dr. Anne Mwangi (World Vision) and Zilpa Samoei (CHAK).

In the meeting the **2** Kenya Coordinating NGO constituency representative members were in attendance, the member and alternate. These are Faith Mwende (World Vision) and alternate Pamela Kibunja (PAPWC). The government agencies also joined the meeting with one representative from National Tuberculosis and Leprosy Program, National AIDS/STI Control Program and the National Treasury and planning.

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3.1 List of Tables

The gap prioritization tables was used during the meeting by the various groups sub groups of the NGO constituency. The summaries of the tables are in the annexes below.

4.1 List of Figures

5.1 Acronyms/abbreviations

Abbreviation	
HIV	Human Immuno-deficiency Virus
COVID RTK	COVID-19 Rapid Test Kits
C19RM	COVID 19 Response Mechanism
KRCS	Kenya Red Cross Society
AMREF	AMREF Health Kenya
KCM	Kenya Country Coordinating Mechanism
NFM	New Funding Model
GC7	Global Fund Cycle 7
PEPFAR	The United States President's Emergency Plan For AIDS Relief
GF	Global fund
SSR	Sub- sub recipient
MOU	Memorandum of Understanding
NGO	Non-Government Organizations
CCM	Country Coordinating Mechanism

6.1 Introduction

The meeting was called to order at 8.30am with a word of Prayer from one of the participants, Jonathan Kitheka. The Kenya Coordinating Mechanism members representing the NGO constituency in the Global Fund Country Coordinating Mechanism in Kenya were the chairpersons for the two days' event. Pamela Kibunja, KCM Member, led participants to introduce themselves.

The organizations present during the meeting were given a chance to introduce themselves based on their names, network/organization where they work or affiliated, county and expectations for the meeting. From the introductions, the following table was generated to show the different NGO organizations represented at the meeting (See annex 1 for the list of participants)

In attendance: Please disaggregate (e.g. Male/Female, Organization)
F(16) M(15)

- WAM	- PAPWICK
- AMREF	- AHFCO
- PKCF	- KCU
- HEAR	- LVCT-H
- HENNET	- HER VOICE
- YAAS	- CFA
- COPHED	- YAPBEC
- HERAF	- NURU
- T.A.K	- GIGI
- MCHS	- RUNLELD
- STOP TB PATNERSHIP KENYA	- SAUTI YA KAJIADO
- KOSO	- HOPE IN LIFE
- NOPE	- CKDN
- CHRECID	- KCM-NGO
- YOVI	- KCM-NGO

- GC7 SECRETARIAT CHAK/FBO
- GC7 SECRETARIAT/WVK
- CHR-CBO
- GC7 SECRETARIAT/KANCO
- KCM/MANEE
- VOLUNTEER
- GRATEFUL GIFT GIVERS FOUNDATION

7.1 Purpose and Objectives of the Constituency feedback Meeting /GC7 Dialogue

The NGO constituency KCM Representatives took members through the following sessions:

- ***Key Objectives of the NGO constituency feedback meeting, Pamela Kibunja***

The key objectives of the NGO constituency feedback meeting included the following:

- Engage with the NGO constituency members and discuss the key priorities and strategic interventions to be included in the Global Fund Funding request application and COP 23 Planning process.
- Discuss achievements, programmatic gaps, areas of improvement and lessons learned to inform the GC7 and COP 23 Planning process.
- Update NGO constituency members on Eligibility Performance Assessment requirements and KCM Evolution Project.
- Update NGO constituency members on the progress on implementation of GF and PEPFAR Grants
- Discuss 2022/2023 constituency report / 2023/2024 work plan and budget.

- ***Shared updates from the KCM, Pamela Kibunja***

Key highlights of the update are as follows

- The Global Fund assesses CCMs through 6 Eligibility requirements and constituency engagement is one of the key eligibility requirements for CCMs.
- One of the strategic objectives of the KCM is to engage constituencies and share Global Fund information transparently, equitably, and accurately.
- The Global Fund allocated Kenya US$392,989,068 and Matching fund of USD 15Million to continue supporting the response from July 2024 to June 2027.
- Kenya will be submitting the funding request in window 3 by 21st August 2023. The funding request development process is currently ongoing.
- Transparent and inclusive country dialogue is a key requirement during the funding request development process.

- ***Opening Remarks, KCM Member-Faith Ndung'u***

The KCM member, Faith Ndungu officially welcomed the participants and thanked them for creating time to attend the meeting. She encouraged organizations to work towards improving their capacity so that when the next grant cycle is announced, many organizations would competitively apply for the grant having had systems enhanced through the ODSS trainings the constituency had organized in the last year.

She added that the purpose of the meeting was to hear from the NGO members on lessons learnt, gaps, good practices, to design people centered grant, review what was done well and if there was need to continue. She reflected that science and innovation had changed the disease landscape in terms of effective technologies and removing human rights barriers. Case example was stigma for people with TB disease (PWTB) where utensils would be boiled after use in the past currently PWTB eat and dine with people on the same table. She also cited how Malaria in the past was the suspect disease whenever someone was unwell, however, nowadays, it is rarely cited, and some young people hardly know about it.

- ***Eligibility performance of the Grant, KCM Member-Faith Ndung'u***

The NGO constituency members were taken through the eligibility performance as outlined below

- The Global Fund Secretariat reviews all the applications for compliance with CCM eligibility requirements. The six minimum criteria are:
    - 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 KCM 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.
- In the evolution project the KCM has ensured the following interventions are conducted
  - 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 investment.
  - Efficient CCM Secretariat operations of core functions, enabling and sustaining health governance.

8.1 2022/2023 activity report (as per work plan reporting template-annexed)

9.1 Highlights of sessions covered during the meeting

Day 1 highlights

- ***Expectations of the County Dialogue, GC7 Core Team Member-Margaret Ndubi***

Expectations of the County Dialogue by GC7 Core Team Member

Members taken through the following.

- Who should be involved?
- Country dialogues that were successful.
- Innovations observed in previous country dialogues.
- Expected output of the country dialogue including program splits and alignment of programmatic gaps and prioritization.
- Importance of documenting evidence to comply with eligibility requirements.

- Complete funding request forms and requirements

- ***Program Implementation Update, KRCS, Non-State Principal Recipient- Khalda Mohammed***

- **HIV Update**

The presentation included the following.

- The KRCS grant for HIV and C19RM of USD. 76, 678,965 and USD. 20, 762, 658 respectively.
- Program coverage of 46 Counties, implementing with 65 SRs (15 KP led, 10 PLHIV, 11 AYP and 29 SRS and 2 SSRs).
- Progress update of HIV grant implementation
- Challenges and lessons learnt.

- ***Program Implementation Update, AMREF Health, Non-State Principal Recipient-Joan Thiga***

Tuberculosis

Amref Health Africa in Kenya is the second non-state Principal Recipient for the Global Fund TB grant running from July 2021 to June 2024.

The goal of the grant is to contribute to attainment of universal health coverage through comprehensive TB/HIV prevention, treatment, and care for all people in Kenya and to ensure provision of quality care and prevention services for all people in Kenya with Tuberculosis.

- Amref implements the TB grant in all the 47 Counties in Kenya
- Have a budget of USD 107,961,377 (TB NFM3 grant: 53,503,114 C19RM: 54,458,263).
- The team presented on progress of grant implementation, challenges, mitigation measures and lessons learnt.

Malaria Program implementation by Amref.

- Amref Malaria in implementing in 12 Counties (Busia**,** Bungoma**,** Vihiga**,** Kakamega, Kisumu, Siaya, Homa Bay, Migori, Kisii, Nyawira, Nandi and Kericho) in Kenya.
- Have a budget of USD 23,224,211 (Malaria Grant - USD 17,148,070, C19RM - USD 6,076,141).

- The team also presented grant implementation, achievement, best practices, challenges, and lessons learnt.
- The team indicated that the community malaria data has improved over time, performance review done with various stakeholders and the importance of working closely with the county teams.

- ***Program Implementation Update, AMREF Health, Non-State Principal Recipient- Catherine***

- **CLM Framework**

The presentation made showed that the framework is in the process of being reviewed. Other highlights included

- Mentorship will be done after ODSS training and further review on tools to capture the data.
- AMREF is working with all KP communities in CLM to address various issues.
- The research co-creation process continues to be implemented, each KP applicant was paired with technically experienced person and the aim is to finalize, approve so that applicants can accelerate the process of research.
- The trans community will be trained on CLM the week on 17th April 2023.
- I-monitor currently has technical hitches, however with new updates I monitor is improving, and try to update for the latest version needs connectivity.
- There is commitment from AMREF and willingness to continue to work together with KP for a responsive and promoting community led approach.
- Mandatory Requirement for Community Lead Advocacy and Research comes in as a procurement process. There is an opportunity to share names of the organizations that did not pass the mandatory screening process. AMREF will also explore the use affirmative action in order to bring KPs on board as has been done by another PR.
- Peer led approach with Northstar alliance supported AMREF team to get a justification for all other KPs in TB other than PWID where outreach and facility support has been working well.
- The stipend paid of ksh. 1000 is very minimal just to caters for airtime for Champions of KPs and she agreed this needs to be relooked at in the next grant.
- Strengthening capacity to be able to receive grants as SRs is work in progress for KPs.

- ***Kenya Tuberculosis National Strategic Plan Update, National TB Program by Aiban Rono***

The representative from TB program took the members through the NSP that is under development. Key highlights of the presentation included the following.

Kenya TB NSP will cover the period 2023/24-2027/28 and is aligned to the End TB Strategy Vision, Targets and Pillars. The strategy will adopt people-centered planning framework aiming at reducing TB burden by 20%.

The process of development was led by Government engaging various stakeholders during the process that included:

- Phase1: Planning and prioritization
- Phase 2: Situation assessment, Formulating goals, objectives.
- Phase 3: intervention ns activities
- Phase 4: Developing M and E framework.

The focus areas are.

- Optimize current TB intervention.
- Adopting new technology
- Leveraging UHC and community systems
- Tailoring interventions to subnational epidemics
- Community, human rights, and gender
- Multi-sectoral engagement for effective TB control

Discussions

- From the presentation, the NGO constituency had concerns around their engagement. It was agreed that the TB program shares the draft NSP for comments and input from this constituency.
- It is important for the team to highlight lessons learnt in the previous strategy.
- The team agreed that the KCM should come up with approaches to ensure knowledge management in the Country.

- The team should include advocacy and community-led responses in the NSP including inclusion of private informal sector.

- ***HIV National Strategic plan update, National AID/STI Control Program by Valerie Obare***

Presentation from NASCOP covered the following areas.

- Country profile with progress update on 95 95 95 cascade, new HIV infections and mortality.
- Commodity and supply chain
- Strategic output
- Financial outlook

From the presentation it was clear that there is need for

- Quality HIV program looking at HIV AHD, NCDs, GBV, Mental health, and RH.
- Efficiency - Current delivery design of HIV programs and the linkage to PHC
- Reducing inequalities by population and geography i.e., children, adolescents among others
- Sustainable commodity security both for prevention and treatment.
- Closing the tap of new HIV infections by giving every child a HIV free start and targeted investment to AYP crisis
- Governance shift ensuring stronger coordination, visibility, alignment, and accountability across the players.
- Strategic information for HIV today and tomorrow.

Discussion

- Need for data for children between 0 and 5 years. The program to provides this information to the constituency through the leaders.
- Counties were categorized into three clusters-based treatment cascades. Ten counties had attained 95 95 95 targets, seventeen counties had achieved 90 90 90 targets and twenty Counties were below 90 90 90 targets. Some of the factors affecting treatment uptake and outcome include culture and societal determinants (Structural barriers).
- Concerns around the removal of Linda Mama initiative that improved skilled delivery over the years. The program indicated that the matter is still under discussion.
- Concerns around the Country readiness for HIV testing as a prevention program and the adoption of new prevention approaches such as Dapivirine ring and injectable PrEP These are under discussion.
- Voiced the need to include miners as other vulnerable population.

- From discussion, the team highlighted that there is no program for youth joining mid-level and universities. This should be considered moving forward due to new HIV infections among this age group.
- Observation shows that AYPs interrupts treatment due to stigma and discrimination. The need to reduce stigma and discrimination should be prioritized moving forward.
- Sustainability is one of the areas under discussion. The need to increase domestic resource mobilization is more important than ever. Communities should prepare and engage in dialogue around sustainability and domestic resource mobilization.

- ***GC7 overview and Funding request roadmap, GC7 Secretariat, Dr. Anne Mwangi***

The NGO constituency was taken through the following

- The Global Fund strategy from 2023 to 2028 and what is new in that strategy.
- Allocation for HIV, TB, and Malaria (USD. 392 million) and matching funds (USD. 15 million).
- Application approaches under the Global Fund and the approaches applicable to Kenya during the development and submission of the funding request.
- Funding request roadmap including the activities and timelines for each activity until the GC7 is submitted.

Discussion

- Clarification was provided around the difference between matching funds and co-financing commitment by the Government.
- Is there a theory of change accompanying the GC7 application? In terms of theory change for GC7, members were encouraged to read Global Fund strategic plan and the various technical guidance/ brief for more insight. For example, the Global Fund Technical Brief on HIV Programming for Adolescent Girls and Young Women in High-HIV Burden Settings provides theory of change that is clear on the menu of options and the pathway to change.
- Is there a template that will be used to populate this? The team clarified that all the templates that will be used for the application are provided by GF.
- Will the government be able to give the matching fund knowing the liquidation challenges of the country? Matching fund is provided by GF however the Government is required to commit co-financing. Matching fund allows the country to receive more resources from GF but usually has conditions that must be met i.e., ensuring allocation from the allocated amount on areas with matching funds.
- Funding and sustainability? Journey to self-reliance This calls for increased domestic resources towards HIV, TB and Malaria.

DAY 2 Highlights

- ***Program Implementation Update, GC7 Secretariat, by Zilpha Samoei***

➢ **COVID 19 RM Wave 2**

As the country moved away from emergency preparedness, the focus has shifted to strengthening health and community systems and ensuring gains in HIV, TB and Malaria are sustained. Application for wave 2 window ends on May 12, 2023. The focus areas includes

- Surveillance system strengthening
- Laboratory and diagnostics
- Human resources for health and community systems strengthening.
- Medical oxygen, respiratory care, and therapeutics
- Health products and waste management systems

Discussion

- Preparedness should always be a practice and rather than a surprise. Prevention should always be at the center stage of pandemics.
- NCDs should be an inclusion toward the response mechanism as health system strengthening.
- There is need to strengthen community support system especially on psychosocial support.
- The groups need to exhaust all the avenues of prevention.
- There is need to have referral and responses between different actors to ensure diseases are anchored in support system.
- Research needs to be incorporated to ensure new ideologies and innovations are harnessed and natured

- ***Program Implementation Update, State Principal Recipient, National Treasury Update, by Dr. Kimuu***

The presentation made by TNT covered HIV, TB, Malaria and RSSH.
Discussion points included.

- There is a need to increase domestic financing towards the purchase of commodities e.g., ARVs.
- Integration of service delivery between the different diseases is key, including sample referrals.
- Enhancement of capacity for service providers is essential in ensuring optimal and quality service delivery.

- There is need to have clarity of commodities stock outs i.e., Condoms and RTKs and tease out the main supply challenge.
- Prioritization of commodities and quantification needs to be a practice to avoid commodity supply interruptions.
- Integration and partnership between different donors need to be enhanced including differently abled.
- Health and community system strengthening need to be more action oriented rather than talking point.
- Digital health platforms need to be a component of discussion if UHC is to be achieved.

Technical Guidance on HIV, TB, Malaria and RSSH, GC7 Secretariat-Sylvia Ayon

The participants were divided into four groups in an exercise where the modular framework was demonstrated. There was a good understanding of all the modules, interventions, activities, and indicators. The exercise enabled participants to break into group work to start to discuss the gaps and priorities for GC7 (See Annex 1)

10.1 Discussion/key action points/recommendations

Some of the issues that were raised during plenary and presentations included

- Procurement especially Commodity stock outs and how to curb this going in to the next Grant writing to avoid erratic supply and shortages
- Under Covid 19 Wave 2 application the participants would want to see a lot in terms of Pandemic prevention as a strong package of pandemic preparedness and how the issues of climate changes and interaction between the animals and human beings in the ecosystem can be addressed bearing in mind that most emerging pandemics are viral in nature and the hosts are animals which are interacting with humans very closely. They also mentioned the issue of deforestation and how this can be addressed and how bring and involve the Academia can be part to CCM to provide evidence in areas of pandemic prevention that has been proved to work.
- The team requested the CG7 to have in the grant Funds for Advocacy for media engagement for activities such as Lobbying for policy on TB ventilation when people are constructing, in the transport sector for public transport. They need people to have a look at construction Act to ensure proper ventilation for buildings (Transport and Construction industry policies and advocacy issues)

- In term of National Strategic Plans there was a feeling that the Constituency members were not engaged in the development of the critical documents such at National TB Strategic Plan and they would like to be included for review before it is finalized.
- The team was concerned about CHV knowledge in the programing of various areas of pandemic prevention to ensure being affected when they are responding to emergencies.
    - There is need to look at what are the legislation issues that can be put in place to support climate change and human-animal interaction.
    - Need to include NCD's integration into wave 2 COVID 19 RM pandemic since during the pandemic the most affected were people with NCDs.
    - Need to include and invest in Community Capacity in psychosocial support as part of the pandemic for them to be able to support communities during the pandemic preparedness.
- An issue was raised concerning Knowledge management approach in terms of what can KCM do to guide PRs and programs in harnessing the knowledge gained during the implementation (Lessons learnt and best practices) how can it be harnessed and stored and later shared for future programming and for sharing.
- The participants wanted to know if there is any baseline data that is being used before the implementation to be able to monitor the theory of change and use the baseline information to measure the progress of what is being implemented.
- Partnerships with other sectors is key especially on matters climate change.
- Need for Behavior change communication especially around the proper use of bed nets.

11.1 GC7 Constituency Priorities (See detailed priorities in annex 2)

1. Look into Young people's mental health and substance use and abuse issues since it affects their treatment uptake.
2. Investment in Satellite sites for methadone dispensing. Current number of sites are few compared to the population that requires the services.
3. Look critically into the issues of adolescence and young girls in term of HIV programing for early pregnancies, early HIV identification support during pregnancy and breastfeeding since most of them come back with a HIV positive test during breastfeeding period, psychosocial support during these periods.
4. AYP need for multi sectoral approach with ministry of Education for support of those who are in treatment and are in boarding schools to avoid issues like 'drug holiday'.
5. Support for NCDS and other co-morbidities for PLHIV in the grant writing
6. Gaps in prevention because of shortages and erratic supplies of commodities (condoms and lubricants) for both PMTCT and KP programming which are causing increase in HIV incidences.

7. Investments of fund for Rescues centers for the violated persons under Sexual and Gender Based Violence (SGBV) and Sexual Violence Against Children (SVAC)
8. There is need for consultations and County engagements to prioritize KP programing and identify their needs.
9. Need for more engagement with KP led organizations and NGOs in Community Systems Strengthening, RSSH, Health financing Domestic Resource Mobilization and social contracting)
10. Investment and Intensified CLM in advocacy among the communities and need to harness the PEPFAR and GF CLM gains.
11. Look into the issues of Low TPT Coverage
12. More resources for ODSS under CSS
13. Address the issues of Food insecurity and nutritional support in the grant to ensure that the communities living with the disease are supported to achieve treatment adherence.
14. Address the issue Stigma and discrimination in the community among all the populations.
15. How can the communities be supported to eradicate Poverty which is under Global agenda and ties in with health and come in with support for innovative horticulture like kitchen gardens for People living with the diseases?
16. How to address TB HIV and Malaria among people living in the malaria endemic zones especially the pregnant mothers given that some people are given mosquito nets and they are not using it and they end up coming back with malaria disease?
17. Under PMTCT there is need to look at investments that will boost Treatment outcomes for babies and how to scale up pediatric dolutegravir since it a bit more palatable

12.1 COP 23 Constituency Priorities

There was no presentation or discussion on COP 23 process.

13.1 Constituency Work plan 2022/2024- (as per work plan template -annexed

14.1 Conclusion

The KCM Member for NGO, Faith Mwende, thanked members for their concentration. She announced that there would be the following two activities where the NGOs would be involved: -

1. Training for the team
2. Sensitization on the NSP for TB

It was agreed that the teams will finalize their piece of work and share with the NGO constituency leadership by 17th April 2023. The leadership will then submit to GC7 secretariat on the same day. Pamela further expressed how grateful they were that people came to the meeting. She thanked members for coming out with priorities and asking members to inform others who were not round.

One of the GC7 Secretariat member, appreciated all for sticking by up to 6pm for the meeting. This is the beginning and a long journey all the way. Resources make it difficult to interact physically however through virtual platforms the communities can continue to engage. Was delighted to see the representation was vast from different counties.
Khalda asked for members to make sure they are there up to the end especially in the grant making and ring fence the resources. Be present and sacrifice and it will be worth it. Stay in and remain tuned. Said they are a resource for having implemented the Global fund, Grant.
Faith introduced Sylvia and Dr. Anne as sitting in the secretariat of the GC7 secretariat and that they should be supported by members and give regular feedback to membership on developments.
Sylvester, KCM, gave a vote of thanks to the NGO constituency leadership, the GC7 team, the PR. All were happy to come together and share experiences and grow
Closing prayer was done by Margaret Lubaale of HENNET who ended with a word of prayer at 6.37pm.

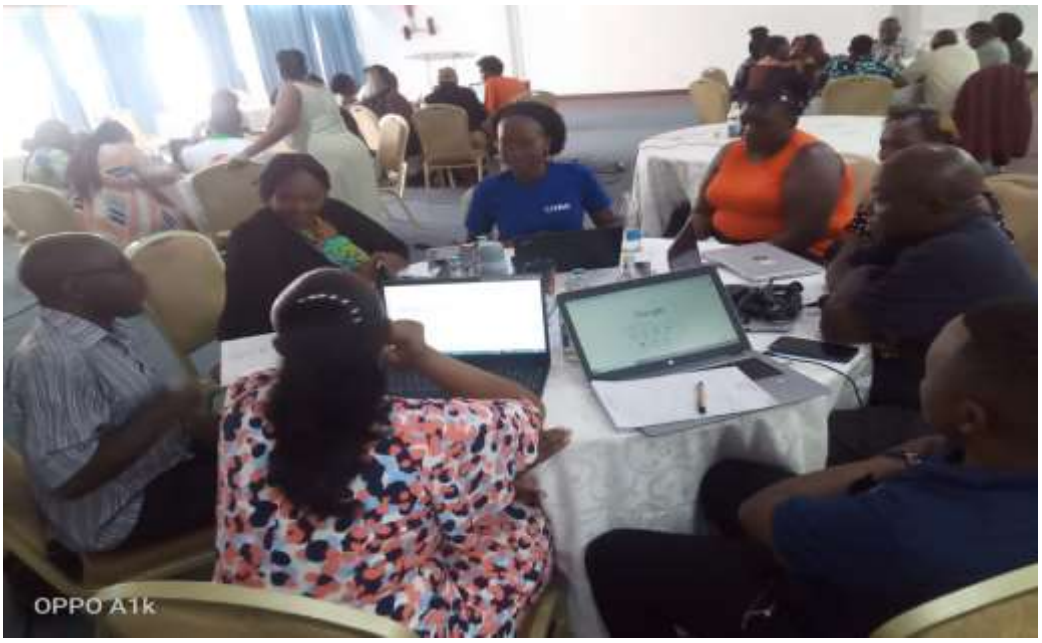
15.1 Annexes (Program, work plan reports, Constituency GC7 an COP 23 Priorities Participant's list and Photos)

Annex 1 – List of participants

Online participants

- Herman Wayenga
- Aiban Rono
- Dr. Valerie Obare
- Temwa Chirembo
- Dennis Osiemo
- Joan Thiga
- Khalda Muhammed
- Dr. Lorraine
- Dr. Peter Kimuu
- Miru Kamau

Photo Gallery : Group discussion sessions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Annex 2 - GC7 Constituency Priorities

HIV

Modules	What worked well	What did not work well	Challenges observed	Identified gaps	Priorities
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partner	Demand creation for condom use through peer outreach model, Peer education for MSM intervention worked well,	Integration and referrals to other HIV prevention and HIV testing services,	Stigma and discrimination around condom programming for MSM, limited use of PrEP by MSM	Inadequate supply of male condoms to MSM, Limited social media information targeting MSM on the use of condoms due to stigma and discrimination for MSM programs, Societal myths and misconceptions limiting MSM condom programming due to cultural and religious beliefs, Delivery of anal health care including anal cancer screening and linkage,	Strengthen the entire Kenyan health system to accommodate condom promotion and distribution for MSM and ensure reduced stigma and discrimination, Increase the number of DICEs to reach MSM, Have need based quantification of condoms, Increase resource allocation for condoms, advocate and lobby for use of PrEP, Provide sensitive demand creation for MSM-Event driven PrEP for MSM, Allocate resources for injectable PrEP.

Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Community mobilization, Training on HIV, sexual and reproductive health and sexuality, Capacity development for sex worker-led organizations, Provision of safe spaces, Community roundtables and dialogue, Community surveys, including participatory assessment of community needs for program design, Community involvement in service delivery, Participation in technical working groups, national, provincial, and local decision-making fora. campaigns on the rights of sex workers worked.	There was no adequate supply of condoms for SWs, Lack of proper and adequate referrals for FSWs-GBV survivors	Frequent male condom stock out,	Weak support for sex worker's mental health issues-not adequately addressed, Limited safe spaces for FSW GBV survivors, Inadequate legal support for FSW GBV survivors.	Allocate resources to procure free female condoms, injectable PrEP and Dapivirine, Need for advocacy and lobby groups to create awareness on use of female condoms, Strengthen community involvement for service delivery, Build technical capacity for community groups to implement SWs programming, Use social media to create demand on condom use targeting sex workers' clients, Strengthen mental health services for SWs, Allocate more resources to capacity build FSW on human rights and legal procedures.

Prevention Package for People in Prisons and Other Closed Settings	There were programs targeting the people in prisonTB Case finding for people in prison driven by the TB infectionsTPT for the PLHIV in PrisonThe inclusion of uniformed health care workers for service delivery for people in prisonsDevelopment of the draft guidelines for HIV implementation in prisons	Low coverage of HIV programs in PrisonsLow access to continuous TB screening especially using the digital TB screening MachinesLack of standardized national tools for HIV programs in prisons	Little collaboration between prison facilities with the CHMTsLack of resources for optimal coverageLack of standardized national tools for HIV programs in prisons	Low coverage of HIV services in prisons (Some Prisons were not covered)TB entry to prisons happens daily, so routine screening would work better than ICFLimited TPT CommoditiesLow coverage of the PEO program	Procure digital TB screening machines for high-risk prisons for routine TB screening other than just ICFAllocate resources for TPT for all inmates, not just the PLHIVScale up the coverage of HIV programs for people in prisonStrengthen implementation of PEO program in prisonsContinuous capacity building for the uniformed and non-uniformed health care workers

Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Peer to peer led education programs, Demand creation for condoms worked for AYP, Capacity building for AYP through skills training.	The uptake of PrEP was very low. Demand creation foy the AGYW and AYP,	Unstructured HIV program for AYP in the CountryLow access to digital health/platformsStigma and discrimination for AYP around HIV especially those who were born with it, Minimal disclosure to their sexual partners due stigma, Fear for getting tested for HIV in a health facility (mostly prefer self-testing), Condom stock out, Some sectors have resources for the youth but there was no consultation between stakeholdersPrEP options were limited to daily oral PrEP, low demand for the PrEP	Lack of ecosystem for digital platforms, no defined and structured program for AYP, Some sectors are left out in the response for AYP programs such as bursaries and need for multisectoral approach, Minimal involvement of the men. Mental health intervention is lacking for AYP	Involve and support AYP groups and networks to lead demand creation and mobilization among the group (Expand AYP involvement beyond Maisha Youth, Support meaningful engagement for AYP)-Capacity building including sub granting AYP groups-Invest in digital platforms – Building an echo-system with all existing digital platforms which provides options for the AYP to choose from.- Define a national HIV prevention package for the general AYP including AGYW, other than DREAMS. -HIV Prevention Programs targeting AGYW & ABYM especially those joining TVETs, Colleges and Universities.- multi-sectoral approach to the general AYP – e.g. leveraging with CDF kitty, Bursaries, etc. -Male sexual partner characterization and engaging those men through a defined Men engagement strategy, - Procurement of PrEP commodities including different formulations such as oral (daily and event driven)and injectable, should be included here

Treatment, Care and Support		Procurement of adult antiretroviral (first, second and third line) and opportunistic infection drugs, Facility-based individual models for clients doing well on treatment -- “stable” clients: multi-month scripting, extended ART clinic hours, fast track, appointment spacing.	Stock out for ARVs, Streamline the chain supply management to ensure good collaboration between the county facilities and the National government.	No defined mental health programs for PLHIV,	Allocate resources to manage advanced HIV infections including NCDs, strengthen psychosocial support groups within the CCC, allocate more resources to trace treatment interrupters, ensure adequate HIV-AIDS commodities to reduce new infections, Allocate more resources to cater for mental health services for PLHIV,

TB

Module	**What worked well**	**What did not work well**	**Challenges observed**	**Gaps**	**Priorities**
TB Diagnosis, Treatment and Care	Diagnosis through rapid molecular diagnostic tools due to fast diagnosis of TB,		Loss to follow up		Inclusion of subgroups in RCTs
	Awareness of TB through media (mainstream and social media)		Treatment interruption	Using of more platforms for advertisement to increase reach and influencers	getting TB cases
		Erratic supply of diagnostic commodities	Accessibility to health facilities	Access barriers	dosing of pediatrics

		Training of lab staff and x-ray techs	Most awareness channels are on mainstream media which limits the reach especially for the youthful populations and mashinani TB patient.	Human rights language	CSO led sensitization of communities and health care workers on right based language
		Nutritional support and supplements and transport		food supplements	Clear quantification and procurement of nutritional and food supplement
			Drug stock outs		Scale up of community case identification using the mobile Xray machine (targeted Community outreaches)
Drug-resistant (DR)-TB Diagnosis, Treatment and Care	NHIF coverage	nutritional support	Loss to follow up	digital x ray at community level	Social support-NHIF Move funds to a PR2 to deal with social support
		Scaling up of quality improvement methods and approaches to improve program quality and service delivery	Lack of resources for the patient who is not able to access health facilities for screening or continuous medication (mobility, airtime, transport)		TB preventive treatment (TPT) for children in contact with TB/DR-TB patients
		Activities to improve patient access and adherence to treatment including digital adherence technology, psychosocial support			TB preventive treatment (TPT) for prisoners and miners

		Procurement and distribution anti-tb medicines			Identification and support for specific schools including boarding dispensaries to implement DOTs for students
		pediatrics-child friendly		TB in prisons Routine screening in prisons, inmates' allocation for TPT	Routine TB Screening and CSO led TB sensitization at all schools
TB/DR-TB Prevention	TPT scale up among health care workers, prison wardens and PLHIV	TPT procurement and shortages		Vaccine	Scale up of TB Prevention interventions
		Prisoners are not targeted in TPT		TPT for children	
		Vulnerable populations like miners are not targeted		Procurement process of TPT	
Collaboration with Other Providers and Sectors	Multisector Accountability Framework (MAF)	Unclear quality standards on TB Prevention for public transport sector, mining and construction industry	Unclear quality standards on TB Prevention for public transport sector, mining and construction industry	Unclear quality standards on TB Prevention for public transport sector, mining and construction industry	1. Development/ review of the current public transport quality standards and include TB prevention as part of the mandatory standards 2. Review. Development of Mining and construction sector quality standards on TB prevention and control, including enforcement measures

					Engagement of communities, Community support groups, Allocation of funds for advocacy to non-state actors
Key and Vulnerable Populations (KVP) – TB/DR-TB	Miners, fisher folks, truckers, Men, Discordant couples, Prisoners	Inadequate Children and adolescent interventions in schools-Training for teachers to know how to deal with students in APBET, Public and private schools	Drug users' treatment interruption, Medication not effective for drug users		Diversification of TB treatment and diagnostic sites to include KP drop inn centers
		Child friendly TB drugs			CSO led TB care givers sensitization and support mechanism
Removing Human Rights and Gender-related Barriers to TB Services		Legal-Laws for treatment interrupters		Awareness and education among HCW	Sensitization of inmates on TB Prevention

Malaria

What worked well	What did not work well	Challenges observed	Gaps	Priorities	Additional comments
Vector control					
ITNS: 1. The distribution at health facilities targeting under 5 yr olds and expectant women (ANC) 2. Indoor residual spraying in a few areas 3. Behavior changes communication strategies including private sector led campaigns eg Morten doom malaria prevention advertisements	1.Mosquito nets distribution at the community level was very low 2.Inadequate mosquito net distribution targeted at the general population in Malaria endemic areas 3. Inadequate public information on malaria signs and symptoms, prevention and treatment (both at the facility and community level) 4. There has been incidences of violation of privacy during indoor residual spraying where communities members were not aware of the fact that spraying was to be conducted even at their bedrooms (this affected community uptake of the service) 5. CSO led community and target population sensitization on proper use of mosquito nets and advantages. This has led to low usage 6. Behavior change communication and	1. Low health seeking behaviors among community members 2. Inadequate Malaria rapid test kits at community level leading to late diagnostic of malaria 3. Low community awareness about malaria prevention, symptoms and treatment (malaria symptoms are only taught to the CHV and not the community in genera) 3. Low community awareness on the availability of indoor residual spraying and its importance (community champions should be trained on preventions measures, side effects of the spray on households with respiratory problems) 4. self-medication 5. The engagement of CSOS including NGOs and CBOs in design and implementation of Malaria prevention, behavior change	People who work on malaria prevention to come together and team up to come up with concreate message to battle malaria, looking a way to support those who have allergic reaction to malaria spray	1. CSO (including NGOS and CBOs) led community champions identification and training 2. CSO Led Public sensitization on Malaria prevention strategies including Indoor residual spraying-advantages and side effects, sign and symptoms and treatment 3. train community champion to spear head the malaria prevention campaigns 4. Human rights responsive indoor residual spraying programming. This should be done in a coordinated manner with consultations between communities, CSOs, CHVs and the link facilities 5. Clear mapping of emerging malaria endemic areas and implement mosquito net distribution and indoor residual spraying drives. 6. There should be a clear linkage between climatic seasons eg rainy season and specific interventions. Public sensitization sessions should be conducted earlier for effective control 7. Development of human rights and gender responsive interventions in consultation with targeted communities and CSOS 8. CSO led post ITNS distribution surveys 9. Clear coverage population targeting	1. community sensitization on environmental hygiene, 2. Multi sector approach to malaria prevention

	demand creation champaigns and strategies do not reach many people hence leading to low information among the community and uptake of ITNS utilization 7. Uncoordinated behavior changes communication and demand creation campaigns with the public being more exposed to private sector campaigns eg the Morten doom malaria prevention advertisement	communication and demand creation for services was low 6. No proper recording who has gotten nets thus people coming for extra nets while others lack (Clear mapping of distribution coverage HH and community level data)		and procurement for both ITNS for community and facility distribution and indoor residual spraying including for emerging endemic areas 10. Harmonised and coordinated behavior change communication 11. Boarding schools should have 100% indoor residual spraying coverage (this entails all public and private schools)	
Case management					
1. Easy access of treatment in health facility 2. Distribution of nets in health facilities to the pregnant women and children, 3. Availability of Malaria vaccine	1. Treatment is free but not accessible due to clinic distance, 2. Late diagnosis leading to late treatment and deaths 3. Increased number of HIV exposed infants contracting malaria 4. Self-medication	lack of knowledge	Community level case management	1. More malaria champions to be trained, 2. Expanding the malaria case management multi-disciplinary team to include community champions 3.CSO Led Community-based and community-led monitoring of case management. 4. Intensified sensitization, CMEs to all health workers 5. Clear projection and procurement od diagnostic commodities and drugs 6. Care givers sensitization and support	1. Development of a clear domestic financing plan especially for under 5year olds and school going children including those in APBET, public and private schools 2. Post treatment management sensitization and support 3. Identification and support for specific boarding schools' dispensaries to implement DOTs for students
Specific Prevention Interventions					

children vaccine worked; treatment worked well	Vaccine to be scaled up, curative treatment, preventive treatment,	lack of proper awareness and information on malaria interventions, there is no enough resources, lack of supervision and mentorship of staff, Unavailability of trained staff, pill burden, stereotypes about injections,		1.Interventions for the fishermen folks, 2. Community dialogue on malaria prevention strategies, malaria champions, 3. Reach out to community gate keepers, 4. Sensitize medical workers on malaria diagnostics and treatment, 5. Train more malaria champions to devoid ignorance in the community about malaria more awareness on malaria symptoms, prevention, and treatment	Interventions for the fisherfolks and other vulnerable populations

RSSH

Module	What worked well	What did not work well	Challenges observed	Gaps identified	Priorities
Health Sector Planning and Governance for Integrated People-centered Services	National consultation during the development of HIV, TB strategic plans/Frame work	1.Consolidated engagement of CSOs in the development of the health sector plans in MTP and at the County level in CIDP	Implementation of community health strategy in the different counties	1.Innovation lack of multifaceted approach, No clear link between HIV/PHC/UHC Harmonization of policy frameworks for RSSH, Advocacy 2. Uncoordinated engagement in the development of national guiding plans especially the MTP and CIDP	1.National dialogue on RSSH policies in the country to ensure harmonization at the national and County level. 2. Advocate for inclusion of CHS into the KHSP 3.Coordination along the health line not disease areas only 4. Development of guidelines to make healthcare more people centered. The process should engage and consult CSOs, Communities, AYP and children 5.CSO led public participation on health priorities, community interventions, health needs and grassroot solutions. 6. Development of public participation law which guides public participation practice on all sectors in Kenya

Community Systems Strengthening	1.The development of CSS guidelines including CLM and CLAR 2.The creation of CSS Technical working group		1. There is no structured way of engaging community players eg CBOS, support groups and champions 2.Implementation of community health strategy in the different counties 3.Standardisation of remuneration rates using the RSSH framework	1.Low funding for community level interventions including behavior change communication, demand creation, CLM 2.Stipends are too low	1. Development of engagement strategy for community / grassroots implementation 2. Development of Feedback mechanism including community dialogue meetings where CLM finding, community interventions can be done 3.Embracing research for decision making by Conducting annual conference on community led research and advocacy 4.Review of the CHV stipends and mandate in light of integration or service delivery at the community level and in line with PHC 5.CHVs to be prioritized as a mainstream component of the healthcare system 6.Disease specific community champions - have a structure and build their capacity. 7.. integration of all diseases health, environment and gender. Community Led monitoring. Community Led Advocacy and Research. 8. Develop a national depository for all CLAR 9. Support drafting and passing of CHS Bills to entrench CHV workers in the County scheme of service
Health Financing Systems					1. CSO led advocacy for Increased domestic investment in health (HIV, TB, Malaria) through the annual budgeting and planning process 2. Segregation of the disease allocations budgets and accountability for the domestic finances 3. Contextualization of UHC within the GF operating model. 4.HTM to be included in the expanded benefits package 5.Innovation that puts prevention and promotion at the core of health programming. 6.Advocate for domestic financing for health research, development, and innovation to increase equitable access to affordable, accessible, available and quality health products and technologies.

Health Products Management Systems					Strengthening of regulatory review system of health products and technologies (Diagnostics, Therapeutics and Vaccines for HTM). Enabling policy environment for health research development and technology. Regulatory framework for PWDs to enhance treatment success through adherence (assistive technology). policy operationalization.
Human Resources for Health (HRH) and Quality of Care					capacity building across levels of care-PHC(Holistic/people centered care. CME
Laboratory Systems (including national and peripheral)					Use of technology for diagnosis-value for money. Harmonization of referral systems across disease areas (integration). Cross border and zoonotic disease surveillance. One health system agenda (encompassing the planet).
Medical Oxygen and Respiratory Care Systems					Construction of oxygen plants in Counties.
Monitoring and Evaluation Systems					Knowledge management approaches.
9.Program Management					Cross learning among implementing partners. Collaborative learning and adaptive culture.

KENYA COORDINATING MECHANISM ...Constituency Report 2022/2023				
S.No	**Planned Activity**	**Achievements**	**Challenges Noted**	**Suggestions for Improvement/Remarks**
1	Negotiate with the PRs (AMREF and KRCS) for Organizations capacity building	-30 Non SR -CSOs (CBOs and NGOs) benefitted from the ODSS training which was supported by KRCS	There is need for more ODSS of non SRs as well as small grants to this organizations	- Consideration of the trained organizations for SSR and small grants
2	Have specific grants for NGOs	A few NGO constituency members were considered for the C-19 SSR in 2020	The grants did not have administrative cost which affected implementation	- The PRs should develop a clear SSR structure
3	Affirmative action, it is important to recognize small organizations Engage the community at the CLM processes	Some members/ organizations were trained as CLM, social mobilization and CLAR ToTs	There was no funding for the non SRs trained as ToTs to implement the models	-Funding for trained TOTs to implement CLM, CLAR and Social mobilization interventions at the community level
4	For the KCM Facilitate multi-sector approach and coordination by MOH Have all partners on board for commodity	The communication was shared with the KCM for action	There is still a gap in commodity quantification and distribution to the last mile	
5	Domestic resource mobilization with a need to push for policy	-	We were only able to mobilize members on social media especially the Whats app group on different public participation avenues	There is need for funding for KCM members and identified constituencies for advocacy of domestic resources for health

KENYA COORDINATING MECHANISM ……. 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	Mobilization of NGO constituency members to bid for non state PR and SR for GC7	Increased interest in GF grants implementation		Constituency Rep Members	X	X		
2	Active participation of NGO constituency members in GC7 proposal development	Development of a responsive people centered application by Kenya Nominated constituency members to the Core team, writing secretariat and modular leads		Constituency members and nominated writing secretariat members	X	X	X	X
3	Active engagement of NGO constituency in CSS aspects	Improved implementation of CLM, CLAR and social mobilization		Constituency members	X	X	X	X
4	Feedback to members on	Improved decision		Constituency members	X	X	X	X

	GF related matters	making and feedback mechanism						
5	Active engagement of members in HSWG meetings	Improved decision making and technical feedback		Constituency members, HSWG Chairs	X	X	X	X

GC7 Constituency Priorities

See two attached excel annexes

COP 23 Constituency Priorities