

**KENYA COORDINATING MECHANISM**

**AYP CONSTITUENCY FEEDBACK MEETING REPORT**



**7<sup>th</sup> & 8<sup>th</sup> JANUARY 2021**

## Executive Summary

Adolescents and Young People (AYP) constitutes a large proportion of the Kenyan population, making up 63%. Kenya, like many other African Countries is yet to benefit from the demographic dividend stemming from youth bulge. However, the potential of young people is curtailed by many factors including HIV and other tropical diseases such as TB and Malaria. High HIV incidence levels continue to be registered among young person's particularly among adolescent and young women.

In response to high HIV and TB incidence among young people, the Adolescent and Young Persons (AYP) Constituency was established in 2018 and has been in operation for two years. Its membership constitutes young people drawn from over 10 Counties; representative of the different youth categories including youth living with HIV, youth who have been infected with TB, young key populations and youth affected by HIV and TB.

The two-day feedback meeting held provided opportunity for the AYP Constituency members to receive updates on the implementation status of the Global fund programs as well as give feedback as regards access to the services by AYP, give recommendations of how GF programs can be more AYP responsive. The following recommendations were informed by discussions through the meeting especially during plenary sessions.

- There is need to anchor the AYP Constituency in NACC which coordinates the implementation of HIV programs in Kenya and hosts the national AYP TWG for Technical support for better coordination, work-plan implementation follow-through and effective representation of AYPs by the KCM AYP Constituency members as well as link the AYP members to other AYP technical forums at the national and Counties' levels.
- There is need for NACC (as the AYP Constituency host) to coordinate and facilitate the two-day annual KCM Constituency feedback meeting for the AYP Constituency for continuity of discussions and effective capacity building of the AYP Constituency members.
- There is need to develop an orientation package for new AYP members as well as a continuous capacity building package for all members of the Constituency which can form part of the discussions during the annual two day-feedback meeting and in the course of the year.
- There is need to develop a simple structured method of documenting and sharing AYP observations/experiences of accessing services/interventions provided under the GF grants.
- Link AYP organizations to organizations that conduct organizational systems strengthening such as NEPHAK and KENWA among others so as to stand a better chance in funds application.



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## Acronyms/abbreviations

AGYW	Adolescent Girls and Young Women
AMREF	African Medical Research Foundation
AYP	Adolescent and Young Persons
CATS	Community Adolescent Treatment Supporters
CBO	Community-Based Organizations
CCM	Country Coordinating Mechanism
CoI	Conflict of Interest
CTP	Cash Transfer Program
DPHK	Development Partners for Health in Kenya
EBIs	Evidence Based Behavioral Interventions
FBO	Faith-Based Organizations
FSW	Female Sex Workers
GF	Global Fund
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GIPD	Greater Involvement of People Living with Diseases
Govt	Government
HSCC	Health Sector Coordinating Committee
ICC	Inter agency Coordinating Committees
ICC TC	Inter-Agency Coordinating Committee Technical Committee
JAPR	Joint AIDS Programme Review
JICC	Joint Inter-Agency Coordinating Committee
KCM	Kenya Country Coordinating Mechanism
KENWA	Kenya Network of Women with AIDS
KMMP	Kenya Mother Mentors Program
KP	Key Population
LFA	Local Funding Agent
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MSM	Men who have Sex with Men
NGO	Non-Governmental Organizations
PR	PR Principal Recipient of a Global Fund grant
PSM	Procurement and Supply Management
PWID	Persons Who Inject Drugs
SOP	Standard Operating Procedures
SR	SR Sub Recipient of a Global Fund grant
TB	Tuberculosis
TRC	Technical Review Committees

## **Introduction**

Constituency feedback and engagement is one among six key eligibility requirement for Country Coordinating Mechanism (CCMs). This provides an important opportunity for Kenya Coordinating Mechanism (KCM) members and constituency members to receive information and updates on Global Fund and related programs to ensure participation of populations most affected by the three diseases (HIV, TB and Malaria) for optimal decisions. The forum provides a platform for the constituencies to give feedback on what is working and what would need improvement as well as provide suggestions for addressing GF programs challenges and concerns. The feedback meeting also provides forum for the review of constituencies work plans and development of new plans for the subsequent grants implementation period.

The Adolescent and Young Persons (AYP) Constituency was established in 2018, its creation informed by the high HIV and TB incidence among young people as well as malaria incidence among young pregnant women. The Constituency has been in operation for two years, its membership constituting young people drawn from over 10 Counties. The representation factors in all types of young people including youth living with HIV, youth who have been infected with TB, young key populations and youth affected by HIV and TB.

## **Purpose and Objectives of the Constituency feedback workshop**

The KCM AYP constituency feedback meeting was held to take stock of achievements of the constituency for the financial year 2019-2020, highlight challenges and solutions for subsequent periods as well as set priorities for the year 2020-2021 in the form of a work plan.

### **Objectives of the meeting included:**

1. Update constituency members on Funding Request Application /Grant Making/SR Selection Process
2. Receive feedback from PRs on Grant Implementation status
3. Compilation of 2019/2020 Constituency Report
4. Development of 2021/2022 Constituency work plan
5. Discuss HIV/TB/Malaria Programme priorities for 2021

## **Global Fund and Kenya Coordinating Mechanism: Introduction and updates**

### **Funding request application, grant making and SR selection process**

The feedback meeting started with a climate setting exercise consisting of introductions, setting of ground rules, sharing of expectations, purpose and objectives of the meeting, selection of leaders for essential roles including, days' chairing and rapporting, members welfare, spiritual welfare and energizers leads and Covid-19 marshal the latter role to ensure all participants adhered to Covid-19 prevention measures including social distancing and masking throughout the meeting.

The KCM member, chaired the first day, while the alternate gave an opening remark. In her opening remarks she welcomed new members to the constituency and emphasized the crucial role played by the AYPs in ensuring access of the ATM services funded by Global Fund as well as keeping the government and all players accountable in the utilization of the Global Fund resources through provision of feedback.

### **Highlights of sessions covered during the meeting**

#### ***Day one sessions***

Day one focused on introducing the AYP constituency members to Global Fund and Kenya Coordinating Mechanism, providing updates on the implementation status of GF grant 2018-2021, as well as informing the Constituency of the funding request processes and progress achieved for the 2021-2024 GF grant application.

The AYP Constituency feedback meeting comprised mostly new members who were taken through an overview of Global Fund and KCM. The presentation highlighted the Global Fund Vision and Mission, partnership structures, Global Fund strategy, structure, architecture and investments in Kenya. KCM vision and mission, structure and functions (coordination, implementation support, monitoring and evaluation of the Global Fund grants) were expounded. The meeting also shared how current grant (2018-2021) has been implemented by the three Principal Recipients (PRs) including budget allocation for the three PRs.

The AYP constituency members were also updated on funding request application, grant making and Sub-Recipient (SR) selection process for the next GF grant (2021 – 2024). The members were presented with KCM oversight field visits findings, after which a plenary was held for the AYP Constituency members to seek further clarifications through question and answer session.

### **Key highlights made during this presentation included:**

#### **GF funding request for 2021-2024 grant**

- o Funding request made for July 2021-June 2024 amounted to \$USD 415,310,170
- o The funding request application was submitted on 31st August 2020 and receipt acknowledged by Global Fund on 22nd September.2020.
- o AYP member were involved in processes of the funding application, most meetings were held virtually.

- o A Technical review panel was established in October 2020
- o Grant- making process commenced in the last week of November 2020.
- o At the time of the feedback meeting, there were several concurrent meetings in preparation for the submission of application response forms and revised grant documents to Global Fund before the 21st January 2021. Some of the AYP were involved in the grant submission preparation meetings held virtually and at the same venue (Sentrim - Elementaita)
- o The processes that would follow the submission would be, review by Global Fund and Local Funding Agent (LFA), negotiations with Country stakeholders, response to review comments, if successful grant approval by Grant Approval Committee (GAC) and subsequent grant signing expected to take place between May and June 2021.
- o The implementation of the grant was expected to start from July 2021.

#### **SRs selection Process**

- o This section of the presentation articulated the functions of KCM that included selecting one or more appropriate Principal Recipient (PR) as recipients of the Global Fund Grants.
- o The grant implementation was noted to be done through Sub-Recipients (SRs) whose selection guidelines are developed by KCM and shared on KCM's website. The constituency member members were requested to visit KCM website and download SRs selection criteria to inform their respective organizations of preparations needed prior to applying for Global Fund grants to increase their chances of success.

#### **Grant making process**

- o Updates were made on the grant making process, achievements made so far were highlighted as per the attached presentation.
- o Of importance to the AYP constituent members was that AYP need to continue building their capacity in order to be competitive while applying for the Global Fund and other grants.
- KCM oversight field visits findings were presented to the constituency members as follows.
  - o The visits established beneficiaries including AYPs were accessing Global Fund funded commodities and services including HIV, TB and Malaria screening and treatment services and commodities.
  - o Identified gaps
    - Sub-optimal active case finding for TB clients in communities



- Minimal proportions of AYP accessing TB screening services
- The accuracy, completeness and timeliness in submission of reports by facilities needed to improve to ensure smooth commodities supply
- Septrin Stock-out; this had been addressed, however due to the supply processes some facilities could may have received their supplies late or yet to receive

### **Recommendations based on field visits included need for:**

- o Follow up of TB clients at the community to ensure adherence to medication and early detection through active case finding
- o Health education to clients and communities in person meeting vis-a-vis virtual meetings
- o Coordination and alignment of investments with County Governments.
- o Training of health workers including CHVs to enhance infection prevention control through sanitation and hygiene
- o Development of acceleration plans and early start of implementation
- o Address CTX stock outs as they are noted

## **2018 – 2021 GF Grant implementation updates**

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### **HIV grant implementation status updates**

This presentation was made by Kenya Red Cross Society (KRCS), the PR for the HIV grant

#### **The following were highlighted**

- o The grant goals is to contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care for all.
- o The grant amount was 75,191,227 USD, 70% supported implementation by SRs while 30% of the grant supported the PRs activities related to the grant administration
- o The HIV GF grant was implemented by 73 SRs in 37 Counties; 10 among them are AYP organizations (based in Machakos, Kilifi, Turkana, Kisii and Siaya).
- o A total of 28 networks (12 PLHIV, 12 MSM, 2 FSW and 2 PWID networks) were also engaged in the implementation of the HIV GF grant.
- o One of the key achievement of the grant was an increase in the number of individuals reached with HIV prevention services as follows (41,443 FSW, 13,500 PWIDs, 20,000 MSM, 137,485 TCS and 78,824 AGYW).
  - 9,000 AGYW (reached with Cash Transfers),
- o Through the SRs, the grant supported capacity building of the following: 5,327 Community Health Volunteers (CHVs); 1,282 Peer Educators; 310 Paralegals; 337 CATS; 24,343 AYP living with HIV; 12 MSM networks; 12,000 HRG and 450 KMMP.

In addition to bio-medical HIV interventions offered to AYPs, other interventions provided under the grant included Evidence Based Behavioral Interventions (EBIs) and Cash transfers which were provided as a pilot program in Turkana County for 9,000 AGYWs.

The grant was in the process of preparing the CTP beneficiaries for program transition, to ensure they remained resilient post the CT intervention and sustain the HIV prevention gains made through the program.

### **TB and Malaria Grant implementation status updates**

The presentation was made by AMREF Kenya, the TB and Malaria grant PR. The presentation highlighted implementation updates and strategic initiatives, Covid-19 mitigation strategies, financial performance, grant successes and lessons learnt, challenges and mitigation measures and the grant key focus areas for period January – June 2021.

### **TB Grant implementation status updates**

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#### **Key highlights**

- TB grant total budget is USD 39,945,624 [73% (\$29,278,058) allocated to the PR (AMREF) while 27% (\$10,667,566) for implementation by the SRs]
- Grant implemented by 36 SRs in all the 47 Counties
- Interventions supported under the TB grant:
  - TB screening,
  - Tracing of TB treatment interrupters
  - Community and facility based active TB case finding
  - Procurement of Gene Xpert cartridges, EQA panels
  - Patient and DOT workers' social support, support for MDR TB champions
  - Capacity building of CSOs, Support for 24 facilities with Laboratory Information Systems, Sputum Networking
  - Sensitization of community actors, sputum collection in the community, delivery of TB drugs in the community, KAP surveys, procurement of PPE and COVID-19 test kits

TB program goal: To accelerate reduction of TB Leprosy and Lung disease burden through provision of people-centred universally accessible, acceptable and affordable quality services in Kenya.

#### **Key achievements**

## **Strategic initiatives**

- Kenya qualified for TB catalytic funds, innovation challenge to find missing people with TB in the communities and link them to TB diagnosis and treatment services through innovative strategies
  - The innovation challenge was implemented by nine organizations in six Counties (Nairobi, Kakamega, Kiambu, Mombasa, Homabay and Kajiado). Innovations included use of mobile phones for TB self-screening among hidden populations, using call centers, Huduma centers and high density areas as SGR terminus to screen for TB using Automated TB Screening Machine (ASTM)
- Public-Private Mix (PPM): Initiative aimed at enhancing contribution of unengaged standalone formal and informal health providers in finding Missing people with TB
- Pay for Performance (P4P) initiative aimed at optimizing the TB care cascade in health facilities in order to increase the number of people notified with TB and improve the quality of TB services in 13 target counties

## **AYP targeted awareness creation**

- AYP friendly TB awareness creation conducted: football tournament - 1,984 screened for TB and 9 diagnosed with TB.
- 152,889 students from 194 schools in five Counties were sensitized on TB using songs, poems, skits, dances; six winning schools were awarded on TB day.

## **Service delivery**

- Active contact screening was conducted in all Counties despite Covid-19 disruptions
- 68% of TB interrupters were traced and provided TB services
- Targeted TB Screening outreaches using digital X-ray and GeneXpert were conducted in key community settings (prisons, schools, urban slums and work places) 250 were diagnosed with TB
- A total of 36% (19,144) of TB presumptive cases were tested and 97% (1,120) of persons diagnosed with TB in 2020 started on TB treatment
- MDR TB champions and linkage assistants were identified and the latter engaged for high volume facilities
- Integrated HIV, TB and malaria services by CHVs piloted in Kwale County; the County has drafted a bill on support for CHVs stipends.

## **Capacity building**

- A total of 98 lawyers were sensitized on TB related legal and ethical issues while 86 TB champions and CHVs were sensitized on advocacy, documentation of human rights issues and reporting

- Covid-19 response mechanism implemented alongside the TB program activities including, CHV and health workers sensitizations, procurement and distribution of PPEs and Community based COVID-19 surveillance and case finding through support for contact- tracing and screening at community for COVID 19

#### **Challenges highlighted included:**

1. Delay in grant start-up due to lengthy SR selection processes
2. Cancellation of procurement of PPE and COVID-19 test kits through WAMBO
3. Slow and / or disrupted implementation at the facilities and community levels due to fear of Covid-19

#### **Malaria Grant implementation status updates**

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- Grant total Budget USD 16,059,470, (91% spent of budget till September 2020)
- Grant implemented in 47 Counties with different types and levels of interventions:
  - Community Case Management of Malaria implemented in 10 Counties
  - Promotion of malaria prevention interventions through school pupils implemented in 14 Counties
  - Health Facility Support Supervision and Data Quality Audit implemented in all 47 count
- The grant is implemented by 11 SRs
- Grant interventions and activities included:
  - Community case management of uncomplicated malaria by trained CHVs
  - Provision of CHVs incentives
  - CHU and health facilities supportive supervision
  - School based promotion of malaria prevention and control - affected by school closure
  - Integrated Malaria, TB and HIV interventions pilot
  - Routine data quality audit for health facilities
  - Printing of CHV reporting tool

#### **Achievements**

- Parasitology testing offered in the community
- Confirmed malaria cases received first line anti-malaria treatment in the community
- High reporting by facilities - 119% facility reported during the reporting period
- 830 CHUs were supervised against a target of 735
- Counties taking up CHVs performance based incentives payment - Siaya County is already paying
- CHVs and facility reporting tools were distributed to 823 and 830 CHUs in 2019 and 2020 respectively
- Data quality assessments were successfully conducted in 47 Counties.
- Supportive supervision provided to health facilities in all Counties

- Covid-19 response
  - PPEs were procured and distributed to CHVs, CHAs, PR and SR staff
  - Provision of CHVs facilitation allowance for patient referral and airtime for CHU coordination

### **Challenges**

- Delay in CHV stipend payment by the 5 counties that had taken up payment
- Stopped community testing due to court ruling on task shifting
- Malaria Commodity (MRDT) stock-outs
- Cancellation procurement of PPEs for mass LLIN distribution through WAMBO

## Day 1 Plenary discussions

### A plenary session was held after presentations

Global fund and KCM related discussions	
Questions / Concern / Suggestion	Response
<ul style="list-style-type: none"> <li>What is the role of AYPs in the implementation of the GF grants</li> </ul>	<ul style="list-style-type: none"> <li>AYP first and foremost beneficiaries of services and interventions supported by GF</li> <li>AYP organizations can be and have been implementers of the grants as SRs.</li> <li>For AYP organizations to access the Global fund grants they have to be an SR meaning they have to apply for the funds or through an SR sub-granting</li> </ul>
<ul style="list-style-type: none"> <li>Constituency members noted that most AYP led organizations do not get funded as SRs, indicating stringent criteria that limits their success chances</li> <li>It was suggested that the selection process to be more lenient on youth led organizations for greater involvement. For example, requirement on many years of experience, most of the youth led organizations would not have 10-15 years' experience locks most of them out of the competition.</li> </ul>	<ul style="list-style-type: none"> <li>KCM secretariat through Kelvin clarified the role of KCM as one of coordinating the grant and not funding implementers</li> <li>AYP Constituency members were requested to visit the KCM website and check SR selection criteria, to inform their preparations for making applications</li> </ul>
<ul style="list-style-type: none"> <li>How many AYP have been selected? To implement the three grants as SRs. Among the 10 AYP organizations referred to most of them are not AYP led, some only implement AYP responsive program but are not AYP led.</li> </ul>	<p>The presenter noted that would need more time to answer, but referred the AYP constituency members to PRs website, to check out SRs implementing the GF grants and do a background check for particulars of SRs to establish if they are AYP lead or serving organizations</p>
<ul style="list-style-type: none"> <li>Are SRs selected by Counties?</li> </ul>	<p>HIV and TB are Selected across the country but Malaria to mostly Malaria endemic zones such as the Coastal and lake regions.</p> <p>However the SR selection is a competitive process, it is not awarded based on an organization's presence within a certain geographical location. Call for applications are advertised on daily press and PRs websites.</p>
<ul style="list-style-type: none"> <li>Septin stock-outs, when will Septin be available in the health facilities?</li> </ul>	<p>The issue of Septin stock-out was addressed. Treasury would give a more detailed response</p>

<ul style="list-style-type: none"> <li>• AYP learnt of the class between the two non-state PRs, what had happened and what is the current status of the conflict between the two organizations (Kenya Red cross and AMREF, Kenya)</li> </ul>	<p>The two organizations implement different grants, the conflict arose during the next grants application process and was resolved amicably.</p>
<ul style="list-style-type: none"> <li>• What is the process of selecting PRs</li> </ul>	<ul style="list-style-type: none"> <li>• The process of selecting PRs starts with call for applications advertisement, mostly in daily press.</li> <li>• Organizations submit proposals</li> <li>• Independent review panel constituted e.g. this time round review was by USAID</li> <li>• The review panel looks at program and financial competencies of the applicant organizations</li> <li>• SRs send their applications to PRs, KCM provides a selection criteria, coordinates and offers oversight of grant implementation.</li> </ul>
<b>HIV related discussions responded to by Red-cross</b>	
<p>It was mentioned that there are CATS and peer mentors, why not collapse the two roles</p>	<p>Community Adolescent Treatment Supporters (CATS) and peer mentors are not the same; CATs are Adolescents living positively while peer mentors are not necessarily HIV positive hence the two roles are slightly different although both serve young people.</p>
<p>Only 73% AYP living with HIV were reached with services; what were the issues that led to low services access?</p>	<p>The lower AYP reach was partly been occasioned by high attrition of CATS and peer mentors.</p>
<p>Transition of CTP should have been implemented alongside the program?</p>	<p>The Cash Transfer Program transition has been implemented with other interventions such as financial management and market linkages which were aimed at ensuring gains made are retained post the CTP</p>
<p>Is the demarcation of the grantees going to continue into the next GF grant?</p>	<p>There are always call for proposals for every new grant to ensure fairness's. Both PRs and SRs are selected a fresh through a competitive funding application process.</p>
<p>In Kenya people give you food and not the key! What about listening to the AYP, and improve their programs?</p>	<p>AYP organizations that serve persons/adolescents living with HIV have been receiving capacity building through organizations such as KENWA and Red Cross has also provided system strengthening to a few organizations among them AYP led organizations. AYP organizations in need of organizational systems strengthening would need to apply for grants that embed system strengthening and be committed to follow through the system strengthening processes as this takes a long time.</p>
<p>There is need to actualize the wellness centre it's taken very long</p>	<p>The process was hampered by long County processes related to allocation of land for the wellness centres. Land has since been allocated and the wellness centres will soon be established.</p>
<b>HIV related discussions responded to by Red-cross</b>	

What are the prevention strategies that AMREF is implementing?	AMREF has a heavy focus on both TB and Malaria prevention. Some of the prevention strategies employed include contact tracing and active TB tracing including TB treatment interrupters, TB and Malaria messaging and health education, distribution of treated mosquito nets and community malaria diagnosis and treatment of uncomplicated Malaria by CHVs.
<ul style="list-style-type: none"> <li>• How do young people benefit from this program (TB/Malaria grant)?</li> <li>• Does AMREF work with AYP organizations?</li> </ul>	AMREF as a PR works with all organizations that successfully apply for implementation of the TB/Malaria grant including AYP organizations Next round of applications will encourage AYP organizations to apply as per a current discussion.
<ul style="list-style-type: none"> <li>• There is limited data for TB and Malaria among AYP hence the assumption that young people are not at risk of TB/Malaria yet national data in 2016 indicated that most people with TB were aged 24-35 years</li> <li>• Last year 3 AYPs were lost to TB which is a curable disease, capturing AYP TB data can help prioritize TB treatment and management services.</li> </ul>	<ul style="list-style-type: none"> <li>• TB data is still poor nonetheless there has been marked improvement.</li> <li>• Active case finding for young people is still sub-optimal.</li> <li>• AYP are also targeted with TB and Malaria prevention and treatment services such as diagnostic services however most times young persons do not take up these services despite targeting them. For example: <ul style="list-style-type: none"> <li>o The football tournament was organized for young people to test for TB but they ended up not testing after the event</li> <li>o Y-Act is a program to increase TB awareness among young people.</li> </ul> </li> <li>• Minimal research around TB has contributed to low TB literacy; First TB national prevalence survey was conducted in 1958 and the next was 2016.</li> <li>• Low TB literacy has contributed to TB being associated with HIV hence stigma that hampers uptake of TB diagnostic services by all including young people.</li> <li>• Latest TB data indicated 16% HIV/TB co-morbidity.</li> <li>• 83% of TB infected persons were HIV negative.</li> <li>• TB literacy is being intensified</li> </ul>
How does Red Cross and AMREF define AYP Networks/organizations? Young people need to be given consideration in selection as SRs by the PRs	AYP organizations may include both AYP led and organizations implementing programs or projects targeting adolescents and youth hence there may be different ways of defining AYP organizations or networks.
How is AMREF promoting HIV/TB integration?	TB/HIV integration efforts include dual drug dispensation and screening.



	Within health facilities, there are internal referrals between TB and HIV departments.
CHVs how do they account for the commodities assigned	There are clear reporting mechanism for CHVs including accounting for commodities assigned to them; CHVs are linked to health facilities through which they receive supplies and account for them.

## Recommendations

1. TB messaging:
  - a. Young people need to be sensitized on TB so that they can take up TB screening
  - b. Involve young people in designing TB messaging to generate AYP appealing messages
  - c. Involve young people in planning for TB / Malaria awareness creation activities targeting young people such as the football tournament to increase uptake of services
  - d. TB messaging to be delivered via youth friendly media; social media and radios that adolescents and youth listen to.
2. AYP involvement in implementation of GF grants:
  - a. There is need to purposely involve AYP led organizations in implementing GF programs that target them
  - b. In addition to the print media advertisement of call for proposals, the calls should also be advertised through social media to reach more young people and their organizations, peer educators,
  - c. Relent SR selection criteria for AYP led organizations to attract more successful applications from AYP led organizations and networks.
3. Delivery of TB/HIV and Malaria services
  - a. There is need to deliver TB and HIV as integrated community services
  - b. CHVs should be mentored to reach AYP to increase coverage of TB and Malaria services
4. Utilize Red Cross young people groups and networks to reach the AYP with HIV/TB and Malaria information
5. Need for PRs to implement recommendations given during this feedback meetings

## Day two sessions

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The day started with a word of prayer, recap and enquiries on AYP constituency members' welfare.

**Session 1:** The first activity involved presentations on KCM governance and KCM strategic plan which were presented highlighting KCM's areas of focus. The presentation on governance covered the leadership structure and functions of KCM.

**Session 2:** This session was led by the KCM member and the alternate, the two shared their experience of being KCM Member and Alternate. They also took the constituency members through processes used to select them as KCM Member and Alternate, noting that their term commenced in 2018 following the establishment of the AYP constituency in the same year.

The two shared the criteria that was used in their selection as AYP KCM Member and Alternate as below:

1. Age - below 24 years
2. Fluency in spoken and written English
3. Organizational affiliation, there was a requirement for a reference letter from the organization one was working for and other related organizations.
4. Involvement in HIV, TB and Malaria work related, Board level experience was an added advantage
5. Community engagement for AYP related matters, including advocacy
6. Knowledge of Global Fund functions, processes and activities
7. Expression interest through written application

The AYP KCM member and alternate shared that they have been successful in representing the interest of AYP at the GF KCM and provided feedback around access of the ATM services on the same platform. They noted challenges related to the two positions as lack of guidance on effective representation of AYP given the technical processes conducted by GF and KCM. They however managed through learning on the role. They also shared, a challenge around being viewed with suspicion by fellow AYP whom they expected support from through feedback around the implementation success and challenges of the Global Fund grants specific to AYP. The voluntary nature of the position of the Member and Alternate posed a challenge around selecting a member and / or alternate from distant Counties such as Turkana, Busia, Lamu among others as this would be costly compared to travel from nearer Counties such as Nairobi, Kiambu, Machakos. The two noted that in earlier days they would support their travel to attend meetings, a matter that has been addressed with time.

With December 2021 being the end of term for the KCM member and the alternate, the team discussed on what would be the best method of selecting a new KCM Member and the Alternate. After deliberation, the team agreed on a hybrid method that would entail applications in response to an advert by KCM and selection of a few who qualified through the interview. The latter

process being a strategy to mitigate the challenge of suspicion from among the AYP members and increase acceptance and cooperation between the AYP Constituency members and the KCM Member and the Alternate.

**Session 3:** Mechanisms and processes that ensure ethics are upheld and conflict of interest between Global Fund grants interested parties are resolved amicably was presented by the KCM secretariat.

Through a large group brain storming session the members reviewed 2019/2020 plan that had been developed in 2019 as captured on Annex IV.

## Day 2 plenary discussions

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The AYP constituency members were divided into two large groups which discussed and presented the following in a plenary session.

- Challenges AYPS have faced in advocating for ATM responsive policies and programs
- How the challenges be addressed

### ❖ **Challenges faced by AYPS in advocating for ATM responsive policies and programs**

1. Limited information, data on TB and Malaria especially with regard to AYPs
2. No meaningful engagement of AYPs in TB and Malaria programs, rarely are AYPs involved in implementation of TB/Malaria services targeting them
3. Limited / lack of proper communication from PRs to AYPs e.g. Treasury reported activities that involved AYPs however none of the AYP constituency members were aware of the presented activities
4. Lack of guidelines in place for AYP KCM representatives for effective representation and transition.
5. Lack of a training schedule and curriculum for AYP Constituency members for effective representation
6. Lack of resources to implement and follow through activities included in the work- plan. Most AYP even though engaged in organizations and networks they do not hold positions in which they can influence the allocation of organizational resources to support other AYP initiatives that do not relate directly to the mandate of their organizations.

### ❖ **Suggestions and recommendations on how can these challenges be addressed**

1. Strengthen the communication structure (feedback mechanism) between PRs, SRs and AYP Constituency members.
2. Strengthen the coordination structure of the KCM AYP Constituency
3. Provide more guidance to AYP Constituency members, a few members could form a taskforce to develop the guidelines for the KCM representatives with the support of KCM or other relevant bodies.
4. Write proposals on how to engage AYPs and conduct continuous follow ups
5. Have a strong youth voice advocating for TB and Malaria information and services as AYP constituency members (have group of young people that are knowledgeable on matters TB and Malaria to enhance accountability for the GF programs. Most of the AYP Constituency members are skewed towards HIV Steve Anguva is a good example of a strong youth advocate for TB services and program.

### ❖ **Roles of AYP in GF programs**

1. Take initiative to get a sit on the table by continuously advocating for AYP

2. Hold PRs accountable to ensure implementation of AYP responsive programs
3. Actively documenting and have that information circulate
4. Apply as SRs (Youth-led organizations)
5. Do joint proposals as AYP organizations (youth-led)
6. Get involved in the ICCs

❖ **SUPPORT NEEDED**

- Resources especially to ensure all activities proposed on the work-plan are implemented
- Practical capacity building of AYP organizations (organization system strengthening)
- AYP Constituency capacity building in leadership and other areas that will be identified with time

## **1.1 Conclusion and recommendations**

The feedback meeting provided an opportunity for AYP Constituency members to receive feedback on the performance of the GF grants that also target young people. In addition, the meeting also accorded the AYP chance to suggest better ways of reaching young people with ATM services, articulate how the AYP can be better engaged in the ATM response as well as a chance to review the 2019/2020 work-plan and develop 2020/2021 AYP Constituency work plan. The comments and suggestions by the AYP constituency members throughout the meeting and especially during the plenary discussions are consolidated to form part of these report's recommendations.

In line with the recommendations of the Eligibility and Performance Assessment of KCM conducted in October 2014, which indicated that KCM constituency members will need assistance to implement their respective work plans. The AYP Constituency would be more effective if anchored in NACC which coordinates the implementation of HIV programs in Kenya and hosts the national AYP TWG. Technical support by NACC to the AYP Constituency would enable better coordination, work-plan implementation and effective representation of AYPs by the KCM AYP Constituency members. The hosting of KCM AYP Constituency by NACC will ensure AYP members are cognizant, link-up, participate and contribute in other AYP technical forums at the national and Counties' levels including AYP forums reviewing and/or formulating AYP related policies/standards. NACC would also play a crucial role in building the leadership capacity of the AYP KCM member and alternative to enable them be effective representatives of AYPs.

Similarly, to foster follow-up and continuity of activities and initiatives for the AYP Constituency; it would be more effective for NACC (as the AYP Constituency host) to coordinate and facilitate the two-day annual KCM Constituency feedback meeting for the AYP Constituency. This will provide continuity of discussion on matters affecting AYPs, follow-through of the work-plan and effective resolution of challenges that hampered work-plan implementation or representation of AYP issues in different forums.

KCM Constituency members have a two year term after which they are replaced with new members. There is need to develop an orientation package for new AYP members, that entails an overview of Global Fund (its role in Kenya), KCM (structure and mandate), AYP constituency, (Selection criteria, roles of AYP Constituency members among other key areas), some of which would be included in the annual 2 days feedback meeting. In addition, there is need for a continuous capacity building package for the AYP Constituency members covering areas such as effective advocacy, organizational leadership, monitoring and evaluation, youth-led programming and other key areas as may be requested by the AYP members.

The AYP Constituency members articulated difficulty in successfully applying for the implementation of GF programs as SRs, to reach more AYPs with the ATM services. It was noted the main hindrance could be weak organizational systems. The AYP members in the meeting were requested to visit the KCM website and check on the selection criteria in order to prepare their organization for the funds application. To that end they were also urged to seek the support of organizations that a few AYP organizations that conduct organizational system strengthening some of which included NEPHAK and KENWA so as to stand a better chance.

## ANNEXES

### Annex I: PROGRAM

#### KENYA COORDINATING MECHANISM CONSTITUENCY FEEDBACK MEETING Dates 7<sup>TH</sup> – 8<sup>TH</sup>

TIME	SESSION	FACILITATOR	SESSION CHAIR
DAY 1			Joyce Auma
8:30 – 8:45 am 8:45 – 9.00 am	Registration <ul style="list-style-type: none"><li>Prayers - <b>Volunteer</b></li><li>Introduction<ul style="list-style-type: none"><li>Name, preferred name, County, Organization, one lesson learnt during Covid-19, role in HIV/TB &amp; Malaria response.</li><li>Expectations</li><li>Ground roles</li><li>Roles</li></ul></li><li>Remarks by KCM Constituency representatives.</li><li>Logistics</li></ul>	<b>KCM Member &amp; Alternate, TA</b>  <b>Gloria Kelvin Ogolla</b>	
9:00 – 9:15 am	<ul style="list-style-type: none"><li>Purpose and objectives</li></ul>	<b>TA</b>	
9.15 - 10.45am	<ul style="list-style-type: none"><li>Overview Global Fund /KCM</li><li>Update on GF Funding Request Application/community interventions/ Grant Making process /SR Selection Road map/requirements.</li></ul>	<b>KCM secretariat</b> <i>*Sam Muia</i>	
10.45-11:15am	TEA BREAK		
11:15–12:30pm	Feedback from PRs; <ul style="list-style-type: none"><li>GF Grant implementation status /Acceleration plans/GF Commodities security status/transition arrangements/plans.</li><li>Global Fund Grants successes &amp; lessons learned.</li><li>GF C19 RM grant Implementation status</li><li>Updates on implementation of GF Regional Grants.</li><li>Review of the TB priority issues 2021(Community targets as per the national plan</li></ul>	<b>Red Cross</b> <i>*Sam Musau</i>  <b>AMREF</b> <i>*Ishmael</i>	
1:00 – 2:00 pm	LUNCH		



2.00-3.00pm	Feedback from PRs; <ul style="list-style-type: none"> <li>GF Grant implementation status /Acceleration plans/GF Commodities security status/transition arrangements/plans.</li> <li>Global Fund Grants successes &amp; lessons learned.</li> <li>GF C19 RM grant Implementation status</li> <li>Updates on implementation of GF Regional Grants.</li> <li>Review of the TB priority issues 2021(Community targets as per the national plan</li> </ul>	<b>National Treasury</b>	
3.00-4:00pm	Question and Answer		
<b>Day 2</b>			
8.30-9.00am	Recap		
9.00 – 9.45am	KCM Governance – <ul style="list-style-type: none"> <li>(i)Strategic Plan</li> <li>(ii)Ethics and Conflict of Interest</li> <li>(iii)Renewal of Membership</li> </ul>	<b>KCM secretariat</b>  <b>KCM Member &amp; Alternate</b>	
9.45 -10.15 am	(Q & A)	<b>Plenary</b>	
<b>10.30 -10.45am</b>	<b>BREAK</b>		
10.45–11.45am	Review of Previous Report & Work plan 2018/19/20 <ul style="list-style-type: none"> <li>Lessons Learnt</li> <li>Documentation of Best Practices</li> </ul>	<b>All</b>	<b>TA</b>
11.45am-12.45pm	Development/Compilation <ul style="list-style-type: none"> <li>Constituency Annual report 2020/2021/2022</li> <li>Constituency Annual work plan 2020/2021/2022</li> </ul>	<b>All</b>	<b>TA</b>
12.45 - 1.00pm	Plenary		<b>TA</b>
1.00 to 2.00pm	Lunch		
2:00 – 3:00	Feedback from PRs; <ul style="list-style-type: none"> <li>GF Grant implementation status /Acceleration plans/GF Commodities security status/transition arrangements/plans.</li> <li>Global Fund Grants successes &amp; lessons learned.</li> <li>GF C19 RM grant Implementation status</li> <li>Updates on implementation of GF Regional Grants.</li> </ul> Review of the TB priority issues 2021(Community targets as per the national plan	<b>National Treasury</b>	
3.00 – 4:00pm	Way forward/ Next Steps	<b>All</b>	<b>TA</b>
4.00 – 5:00pm	Closure		

## Annex II: PARTICIPANTS MEETING EXPECTATIONS AND MEETING ORGANISATION

### Participants' expectations

- Understand Global Fund and its process
- Understand KCM's mandate
- Make friends
- Have fun
- Understand implementation updates
- Learn more on advocating for young people's issues
- Learn more on how AYP-led Organizations can be funded

### Ground rules

- Active participation
- Respect of others opinions

- Start and end with prayer
- Observe Covid-19 measures (Have masks on through-out sessions)
- Maintain confidentiality where appropriate
- Minimal movements to main focus
- Observe agreed upon time
  - Start time                      8:30am
  - Tea break                      10:30am – 11:00 am
  - Lunch                          01:00pm – 02:00 pm
  - Closure                        04:30 pm

### Roles and responsibilities

- Day one sessions chair:                      Joyce Auma
- Day two sessions chair:                      Armstrong Oduor
- Spiritual leader:                                Ibrahim Muchelule
- Energizer lead                                    Jerry Kitiabi
- Covid-19 Marshal                                Davis Bulimo
- Welfare officer                                    Brian Otieno
- Time keeper                                        Josephine Achieng

### Annex III: PARTICIPANTS NAMES

	NAME	ORGANISATION	COUNTY	DESIGNATION
1.	Davis Bulimo Amisi	Youths of Hope	Kakamega	County AYP coordinator
2.	Joan Wangari	Sauti Skika	Nyandarua	Member
3.	Jerry Kitiabi	AYARHEP	Nairobi	Member
4.	Juliet Akumu	Sauti Skika	Mombasa	County AYP coordinator
5.	Joshua O. Oliyo	Sauti Skika	Homabay	Member
6.	Kelvin Njoroge	Ishtar MSM	Nairobi	Member
7.	Mercy Mutonyi	BHESP	Nairobi	Member
8.	Delma.M. Chihenyoo	Mentor Chica Initiative	Mombasa	Member
9.	Kevin Migishi	AYARHEP	Nairobi	Member
10.	Enock Kipchirchir	U.O.E	Uasin Gishu	Member
11.	Ignatius Sylvester	Prosound	Nairobi	Member
12.	Valdore Obuya	CHAK	Nairobi	Member
13.	Jerop Limo	AYARHEP	Nairobi	Member
14.	Elvis Limo	AYARHEP	Nairobi	Member
15.	Brian Otieno	Alfajiri Network Africa	Nairobi	Team Lead
16.	Ibrahim Muchelule	National Youth Leader (SUPKEM)	Kakamega	National Youth Leader
17.	Neil Armstrong Oduor	Tuungane	Kisumu	Member
18.	Samantha Ariri	WOFAK	Nairobi	Member
19.	Doreen Moraa Moracha	ESA Youth 2030	Nairobi	Member
20.	Laura Wangeci Thuo	Y+ Kenya	Nairobi	Member
21.	Josphine Achieng Odhiambo	Youth Changers Kenya (YCK)	Nairobi	Program Assistant
22.	Cindy Amaiza	Y+ Kenya	Nairobi	National Coordinator
23.	Hezron Banda	AYARHEP	Nairobi	Member
24.	Zipporah Gathoni	PYWV	Nairobi	Member
25.	Gloriah Kerubo	KCM	Nairobi	Alternate
26.	Juliet Enock	Bidii Trust	Kisii	Member
27.	Judith Aggrey	Sauti sikika	Migori	member
28.	Churchill Ouma	MPEG	Kiambu	Member
29.	Peter Kabundi	AYARHEP	Nairobi	Member
30.	Joyce Ouma	KCM-member	Machakos	Member



#### Annex IV: KCM AYP CONSTITUENCY REPORT 2019/2020

S.N o	Planned Activity	Achievements	Challenges Noted	Suggestions for Improvement / Remarks
1	Set up communication structures for the AYP Constituency	<ul style="list-style-type: none"> <li>AYP constituency WhatsApp group established</li> </ul>	Member dormancy Currently there are three AYP WhatsApp groups in existence	Need to create more communication platforms Merge all the AYP groups into one group, to consist previous and current members
2	Develop a guideline for KCM member and alternate	<ul style="list-style-type: none"> <li>Moved to 2021</li> </ul>	Lack of expertise in the development of the guidelines and including TORs	Have a team constituted to develop the same with KCM guidance Have AYP Constituency anchored in NACC's AYP TWG to better advocate for AYP matters related TB, HIV and Malaria
3	Advocate for inclusion of TB information for YP	<ul style="list-style-type: none"> <li>Two members of the AYP Constituency participated in development of TB messages</li> </ul>	The AYP constituency lacks TB champions representatives	Inclusion of AYPs knowledgeable on matters TB or with affiliation to an organization providing TB services in the Constituency
4	Advocate for implementation of policies on YFS (APOC, scale-up of OTZ)	<ul style="list-style-type: none"> <li>Two Counties allocated land where AYP responsive CCC will be established</li> <li>Containers are ready to be installed</li> <li>Some public health facilities implementing APOC and OTZ</li> </ul>	Land allocation took very long APOC and OTZ are still not yet fully scaled in all health facilities especially areas with high HIV burden	Members to continue giving feedback on how youth responsive TB/HIV/Malaria services are and communicate any challenges encountered by AYP in accessing services
5	Engage AYP organizations in implementation of special GFATM projects; Catalytic Funds	<ul style="list-style-type: none"> <li>A few AYP organizations have been involved in the implementation of GFATM projects.</li> </ul>	Most AYP organizations lack the capacity to compete with established stronger organizations, and most do not qualify for funding	Capacity strengthening for AYP organizations to compete adequately for implementation of AYP related projects
6	Continuous documentation of youth issues around HIV/TB/Malaria to	<ul style="list-style-type: none"> <li>AYP Constituency members provided feedback to the KCM member and alternate which</li> </ul>	Lack of a standardized way of documentation	Need to have a standardized template or format to document AYP issues around HIV/TB/Malaria services

	inform GFATM Request for Funding processes	informed the GFATM request for funding for 2021-2024 proposal		
7	Provide feedback to KCM representatives on implementation of GF grants	<ul style="list-style-type: none"> <li>• AYP Constituency feedback received from AYP Constituency members especially on Septrin stock out and inadequate guidance from service providers</li> </ul>	Lack of meeting forums	Have AYP KCM Constituency hosted by NACC
8	Constituency Elections/nominations	<ul style="list-style-type: none"> <li>• Elections to be held in December 2021</li> </ul>	Lack of a standardized AYP KCM member and alternate election guide	Members to agree and document election guidance

## Annex V: KCM AYP CONSTITUENCY WORK PLAN 2020/2021

	Activity	Responsible	Timeline			
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
1.	Creation of an AYP KCM Constituency communications strategy (including establishing mechanism structures for the AYP KCM and disease specific meaningful participation)	Jerop Limo, Josphine, Samantha Ariri, Moraa Moracha, Brian Otieno, Glorlah Kerubo				
2.	Develop the TORs and guidelines for KCM member and alternate	Joshua Ochieng, Mercy, Doreen, Jerop, Keylor, Bryan, Gloria, Joyce, Ariri, Juliet Akumu				
3.	Review/Follow-up Meeting to review the documents developed	KCM Member/alternate, committee members and constituency members				
4.	KCM Membership renewal/Constituency Elections/nominations	AYP Constituency members, KCM secretariat				
5	Inclusion of AYP members in AYP TWGs at the national level (NACC & NASCOP) and County level AYP TWGs and relevant forums i.e. ICCs	KCM Secretariat KCM member and alternate				
6	Young people represent in disease specific CoE (Committee of Experts)	KCM Member/alternate and AYP constituency members				
7	Capacity building of AYP constituency members and AYP organization	All				
8	Receive progress updates from the responsible PRs and SRs	Progress updates from the responsible PRs and SRs				

## Annex VI: PHOTOS

