FOLLOW UP MEETING FOR KEY POPULATIONS AND WOMEN LIVING WITH HIV TO GIVE UPDATES ON THE GLOBAL FUND CONCEPT NOTE AND DISCUSS NEXT STEPS

WEDNESDAY, 25 FEBRUARY 2015

SILVER SPRINGS HOTEL, NAIROBI
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<td>BHESP</td>
<td>Bar Hostess Empowerment &amp; Support Programme</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>FSW</td>
<td>Female Sex Worker</td>
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<tr>
<td>GAC</td>
<td>Grant Award Committee</td>
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<tr>
<td>GFTAM</td>
<td>Global Fund to fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HOYMAS</td>
<td>Health Options for Young Men on HIV, AIDS and STIs</td>
</tr>
<tr>
<td>IBBS</td>
<td>Integrated Bio-Behavioural Survey</td>
</tr>
<tr>
<td>ICC</td>
<td>Inter-Coordinating Mechanism</td>
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<tr>
<td>ICW KENYA</td>
<td>International Community of Women Living with HIV Kenya</td>
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<tr>
<td>KCM</td>
<td>Kenya Coordinating Mechanism</td>
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<tr>
<td>KELIN</td>
<td>Kenya Legal and Ethical Issues Network on HIV &amp; AIDS</td>
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<tr>
<td>KESWA</td>
<td>Kenya Sex Workers Alliance</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Worker</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
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</tbody>
</table>
PEPFAR      United States President’s Emergency Plan for AIDS Relief
PLHIV       Persons living with HIV
PR          Principal Recipient
PWID        Persons who inject drugs
SR          Secondary Recipient
TB          Tuberculosis
TRP         Technical Review Panel
WLHIV       Women Living with HIV
WOFAK       Women Fighting AIDS in Kenya
Executive Summary

On 18 and 19 December, 2014 a meeting was convened by KELIN whose rationale was to consult with key populations with respect to the country dialogue for the Joint Concept note for TB and HIV to be submitted to the Global Fund. The meeting yielded a number of significant recommendations and action points. As a build up from this meeting, a subsequent meeting convened by KELIN was held on 25 February, 2015 to discuss opportunities going forward. This meeting was attended by representatives of Key Populations and Women living with HIV (priority group).

The meeting was characterised by two significant aspects; 1.) the update portion and 2.) the discussion on a way forward. In terms of the update, a presentation drafted by Ted Wandera and presented by CosmusMaina gave a thorough account of the activities that have taken place since December and ensured that all participants were on the same page and up to date. This was followed by an insightful presentation by Ms. Maurine Murenga who explained the Global Fund process and significantly highlighted the opportunities the participants would have to influence the Joint Concept Note. The participants then broke into plenaries to discuss in terms of their populations the aspects they would like to be addressed by the concept note in terms of the drafting and implementation. The recommendations by the participants are included in this report.

Background

The Community, Rights and Gender Technical Assistance program received a request on the need to conduct effective consultations with key populations with respect to the country dialogue for the TB/HIV concept note and the need to ensure key populations participate effectively and meaningfully in the concept note process. Requests were
received from two sex worker organizations (KESWA and BHESP), one male sex worker organization (HOYMAS) as well as from the Non-Governmental Organization LVCT. In addition, a network of women living with HIV also indicated the need for more meaningful involvement. The requests were discussed with the Kenya Country Team at the Global Fund, who concurred that support in these areas would be valuable.

KELIN was asked to contact and work with all requestors to develop a comprehensive work plan running up to the submission of the Kenya Concept Note. The core group of representatives of sex workers, men who have sex with men, transgender people, people who inject drugs and women living with HIV would receive training and mentoring to represent their constituencies and input effectively into country dialogue and the concept note development process.

Introduction

The meeting was opened by Ted Wandera who then allowed the participants the opportunity to give introductions and brief descriptions. On 18 and 19 December, 2014 a meeting was convened by KELIN for representatives of key populations with the aim of discussing and formulating a presentation to be made to the joint TB and HIV concept note secretariat. This meeting was follow up to the meeting held in December which aimed to provide feedback and discuss any concerns that had not been addressed. In the period since the previous meeting, Ted Wandera had kept the participants abreast of all the developments since the meeting in December. This meeting was an opportunity to measure the progress since the previous meeting.
Updates on Submissions to the Joint Concept Note and Follow up Activities

Cosmus Maina gave a presentation to update the participants on the submissions to the concept note and the follow up activities since the last meeting.

i. Recommendations to the Joint Concept Note

The following recommendations arose from the meeting held in December regarding the Joint Concept Note:

a) The research component on Integrated Bio-Behavioural Survey (IBBS) which had been factored into the joint concept note should have included a human rights component concerning the needs of key populations. This will assist in ensuring the availability of data around human rights violations given that a full survey may be too expensive to conduct.

b) Alignment of activities of the specific populations within the key populations relating to Advocacy, Policy and Legal Rights sections of the Joint Concept Note. The activities should be the same across all the populations and this should have been considered for WLHIV. Additionally, it was necessary to include trainings for healthcare workers that will sensitise them on the needs of key populations.

c) The Policy, Advocacy and Legal Rights sections needed to take the devolved structures into account and include members of the Senate, County Assembles and City Council Askaris in advocacy activities.

d) Desirability that additional funding is availed to conduct a baseline for size estimates of key populations including male and transgender sex workers, levels of knowledge on human rights issues and the accessibility of institutions that provide access to justice.

e) Inclusion of key populations in TB interventions given that they are also key populations in the case of TB particularly those living with HIV.
f) The need to strengthen the component on human rights and the gender section to reflect the aspect of access to justice as an important concept in addition to the legal and policy analysis. The section should reflect the possible role to be played by the judiciary, the HIV Tribunal, National Human Rights Institutions and civil society organisations (CSOs) providing pro-bono legal services.

g) Strengthening capacities of organisations working with key populations and women should be an aspect that runs through all the modules.

h) An updated survey on the prevalence of TB amongst key populations.

Pursuant to this meeting and the recommendations above Ms. Penina Mwangi engaged the writing team on behalf of the group and communicated the recommendations.

ii. Implementation meeting

Following the submission of the recommendations to the writing team, the joint concept note secretariat held an implementation meeting to discuss the implementation arrangement around the TB & HIV Concept Note on 8 and 9 January, 2015. The following constituents were represented at the meeting: female sex workers (Eunice Adhiambo Maimuna); PWIDs (Cosums Maina); MSMs (Evans Opany); and WLHIV (Alice Wambugu). This meeting drew participants from the Kenya Coordinating Mechanism (KCM) and the Inter-Coordinating Mechanism (ICC) chairs; TB and HIV Secretariat; Primary recipients (Red Cross and AMREF); and the Division of Community Strategy and Human Resources for Health from the Ministry of Health (MoH).

The implementation meeting yielded the results outlined below. After a discussion on the recommendation the following responses were articulated:

a) The Secretariat acknowledged that the recommendation regarding the inclusion of a human rights component in the research component of the IBBS was valid,
and that this would be addressed at the implementation level during the design of the research protocol.

b) The Secretariat agreed to take into account the devolved structures (including Senators, Members of County Assemblies and County Council Askaris) in the policy, advocacy and legal rights sections of the concept note.

c) The Secretariat acknowledged the need to align activities of key populations and WLHIV relating to the policy, advocacy and legal rights sections. They also acknowledged the importance of including trainings for health care workers to sensitise them to the needs of key populations. It was agreed that these recommendations should be included in the concept note.

d) The Secretariat declined to include the recommendation to conduct a baseline for size estimates of key populations including male and transgender sex workers, levels of knowledge on human rights issues and accessibility of institutions that provide access to justice. The reason advanced for the refusal was that it would be considered a new activity.

e) The Secretariat agreed that it is important to include key populations in all TB interventions, particularly those living with HIV, and committed to address this in the concept note.

f) Version 10 of the concept note already addressed the need to strengthen the component on human rights and the gender section to reflect aspects of access to justice as an important concept in addition to the legal and policy analysis.

g) The Secretariat committed to include the aspect of strengthening capacities of key population and WLHIV organisations and that this would run through all the modules.
The implementation meeting brought about some salient issue that were not included in the recommendations but are significant to the Joint Concept Note and its implementation. These are:

a) Under section 4 of the joint concept note which provides for implementation and risk management it was agreed that a sentence to the effect that PRs shall be aware of the human rights obligations under the new grant rules should be included.

b) There is a need to confirm that the above has been included and measures are put in place to ensure the capacities of PRs and secondary recipients (SRs) on human rights issues are built so that they can identify human rights violations.

c) Counties not being included in the Country Coordinating Mechanism (CCM) processes was identified as an issue. In terms of the Constitution of Kenya, 2010 health services including the purchase of drugs is a County Government function therefore there is a need for inter-governmental agreements with county governments before the national government can undertake this task.

d) Another issue identified was in the risks and mitigation section (section 4, Version 10 of the joint concept note). It was noted that there is a need to recognize that this is the first time that principal recipients (PRs) are implementing human rights activities and they do not have experience in this aspect. There is a need to mitigate the risks associated in the PRs implementing these activities and this can be achieved by requiring that PRs will contract or partner with organisations that have been rolling out human rights activities at the county and national levels. Alternatively measures can be put into place to ensure that the most qualified partners are selected to carry out these activities.

e) The effect of endorsement of the concept note arose as a question given that at time of the implementation meeting the Global Fund Country Team had called
for a meeting to endorse the concept note despite the fact that not all comments had been submitted or addressed.

f) The final concern raised was the lack of programming and budgeting for young women throughout the concept note. The epidemiology indicates that 21% of new infections occur among young women aged between 15 and 24. Given that there is evidence that young women are significantly contributing to high numbers of infection amongst newly infected women it is particularly important to address this in terms of programmes and budgets.

iii. Nominations for CSO representatives to the Kenya Coordinating Mechanism

On 29 December, 2014 a call for nominations of CSO representatives at the Kenya Coordinating Mechanism (KCM) of the Global Fund to fight HIV, TB and Malaria was circulated. At the close of the call for nominations on the 8 January, 2015 nine applications were received. The Committee member’s applications scrutinized the applications to ensure they complied with the threshold that was set. Below is a tabular representation of the nominations:

<table>
<thead>
<tr>
<th>No</th>
<th>CSOs Representatives to the KCM</th>
<th>Eligible candidates Representative Member</th>
<th>Eligible Candidates Alternate Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NGO representative</td>
<td>- AIDS HealthCare Foundation Care – Kenya (AHF-Kenya)</td>
<td>Pastoralist Concern Education Foundation (PACEF)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- National Council Of Churches Of Kenya (NCCK)</td>
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<tr>
<td></td>
<td></td>
<td>- Women Fighting AIDS in Kenya (WOFAK)</td>
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During a meeting held on 16 January, 2015 with over 20 persons representing non-governmental organisations (NGOs) and persons living with and affected by HIV, the Committee of the KCM presented the following recommendations to the participants:

i. For the positions where single applications were received the proposal was that the persons or organisations are elected as un-opposed. This relates to the following for avoidance of doubt:
   - NGO representative alternate member;
   - HIV representative member;
   - HIV alternate member.

ii. For positions where two candidates were received and there was no application for an alternate, the recommendation was that the candidates mutually agree among themselves who shall be the representative member and who shall be the alternative. If the candidates are unable to agree an election should be conducted. This relate to the following:
   - TB representative member
iii. For positions where more than two candidates were received an election should be conducted. This relates to the following:
   o NGO representative member

iv. For positions where there were no applications received a fresh call ought to be done. This relates to:
   o TB alternate member
   o Malaria representative member
   o Malaria alternate member

The Committee then suggested that these recommendations are presented at a meeting on 16 January, 2015 at the NACC board room, with NGO representatives and people affected by the three diseases for purpose of endorsing or rejecting the committee’s recommendations.

iv. **Elections for CSO representatives to the Kenya Coordinating Mechanism**

A call for elections with regard to the NGO position in the KCM was circulated. The election was conducted on 23 January, 2015 and WOFAK was the top candidate. The results of the election were accepted. Below is a table of members duly elected from the various processes to represent CSOs at the KCM for a period of two years:

<table>
<thead>
<tr>
<th>No</th>
<th>CSOs Representatives to the KCM</th>
<th>Representative Member</th>
<th>Alternate Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NGO representative</td>
<td>Women Fighting AIDS in Kenya (WOFAK)</td>
<td>Pastoralist Concern Education Foundation (PACEF)</td>
</tr>
</tbody>
</table>
v. **Initiatives going forward**

As an initiative in this process KELIN is to write a letter to the Joint Concept Note Secretariat asserting the right to information in terms of Article 35 of the Constitution in order to request that the concept note be made a public document.

**Plenary**

The discussion that ensued from this presentation indicated some discontent amongst the participants. A number felt that some of the key recommendations that had been made were not taken into consideration and as such they did not feel included in the process. It was indicated that what was raised in the December meeting was included in the letter to the writing team and a large number of these were considered favourably. The issues that were not included were discussed as the salient features. The salient issues are those that the writing team did not include or consider in revising the concept note. The writing team indicated that some of these issues will involve re-writing the entire concept note and they could not afford that. Mr. Wandera assured the participants that all the issues that were raised in the December meeting were presented to the implementation team.
The team representing CSOs has given a disclaimer to the Global Fund Secretariat that while a concept note has been submitted there are areas in which they would have preferred revision.

It was significant to note that this discussion was not limited to Key Populations it included WLHIV. WLHIV have been involved in this from an early stage and a number of their suggestions and recommendations had not been taken up despite their attempts. WLHIV are a priority group and should essentially be included in this discussion.

**What are the next steps as per the new funding model and future opportunities**

This presentation was given by Ms Maurine Murenga who is the Communities Delegation to the Global Fund. She indicated that there is a possibility that the Joint Concept Note may not meet the requirements of the Global Fund and may have to be reworked. There are various gaps which may be fatal as Kenya is an earmarked country for various reasons. The version submitted to the Global Fund is only marginally different to Version 10 which has been seen by the participants.

She indicated that at this stage there are opportunities to influence the concept note but began by explaining the global fund process so that these opportunities can be understood in context. The Global Fund process is presented diagrammatically below:

![Global Fund Process Diagram]

TRP: Technical Review Panel
A significant feature of this process is the on-going country dialogue forums which require constant consultations at every stage of the process. Following these forums is the development of the strategic plan which was focused on the thematic areas AIDS, TB and Malaria. The writing team for the concept note would then take views but shall link it to the strategic plan in order to develop a concept note. The next step is the development of the concept note. After the concept note is finalized it is submitted to the Technical Review Panel (TRP) which will check if the concept note meets the requirement and if not it shall be returned with recommendations. If the concept note is accepted by the TRP it is forwarded to the Grants Award Committee (GAC) which also has a vetting process to ensure that the concept note meets the required standards in terms of the budget. If it passes through GAC it goes to the Global Fund Board which in most instances approves it.

Ms Murenga noted that in Kenya the key populations and the priority groups were under-represented in the development stage and this has severely impacted the presentation of their issues. She further articulated that there are two reasons for the funding issues now faced firstly, the need for mechanisms that ensure funds actually reach the beneficiaries. Secondly, Kenya’s status as a middle income country has led to a reduction in funding from other donors and there is a possibility of losing the Global Fund as a donor. The question then is, have the systems been strengthened to ensure the work being done can be continued without the donors? Sadly the answer to this is No. It is therefore imperative at this point to ensure that the issues of communities, priority groups and key populations are highlighted and included in the concept note.

Having explained the process and the challenges that have been faced Ms Murenga indicated the opportunities to influence the concept note. These are:
a) In the event that the TRP gives comments and the concept note is returned the participants should take this opportunity to make inputs at this stage and ensure their issues are included.

b) If the note goes on to GAC there is a need to look for allies in this Committee in case of dissatisfaction to ensure that the grants are not awarded before the concept note is up to scratch.

c) There are still opportunities beyond this, after the funds have been approved and are being used — one can significantly, complain to the Global Fund on implementation issues if their needs are not being met. The process is supposed to be transparent and the countries which receive funds are required to make public information on how the funds are being used.

Discussion

The issue of community strengthening came out strongly in the presentation by Ms.Murenga which brought about the question what does a strengthened community look like? This has been an ongoing discussion however there is no clear definition that speaks to the needs of a community. There is no fixed definition and perhaps they should not be however, some pertinent features should be included such as: institutional strength; knowledge; decision making powers; involvement in budgeting; and so on.

In terms of government consultation it was indicated that, there ought to consultation at every stage of the process. When governments consult with TRP the CCM is informed and such CCM is to inform their constituents. This is not always the case on the ground however and there are some hindrances in this process.

Ms.Murenga explained the funding model in Kenya. Kenya has Dual-track financing – there are two PRs-one representing the government and one representing CSOs. The
government PR is charged with procurement, building hospitals and activities that involve the development of infrastructure. The CSO PR is tasked with outreach, engagement with communities and similar activities. Once the PR has been given their share, they advertise for submissions of proposals, persons apply through an independent review panel and a decision is taken and the funds are approved or denied. In terms of applying there are requirements that should be met before one even submits a proposal.

This funding model explains some of the confusion amongst CSOs because the PR which in this case is Red Cross advertises for submissions but the funds which are being used are those from the Global Fund and not another donor. Ideally if CSOs were aggressive they would insist the remainder comes directly to CSOs. The decision of who the PR was to be was rushed and as such the money does not always reach the beneficiaries. The Global Fund is looking at country owned organisations and as such in the next round the focus should be on country owned organisations. This meeting should be a build up for the decision on the next PR — a local organization so as to ensure the process is country owned.

Another issue discussed is how to strategically place these groups so that if the concept note is sent back with comments these groups are included. It was noted that it would be significant if it could be articulated to the TRP that the budget plan is not speaking to the needs of key and priority groups and this may be an opportunity to attack the entire concept note. The process between submission and approval is around 8 months and therefore it is necessary to be vigilant in the coming months.
Plenary
Ms. Murenga asked the participants to group themselves into populations and discuss the issues that may still exist with the process and discuss what issues they would like to see come up in the Joint Concept Note. The groups were: WLHIV, MSMs, CSOs representing PWIDs and sexworkers.

The groups then broke into plenary sessions to have their discussions. The issues and points were to be streamlined to address the CCM Representatives, Principal Recipients; and Representatives at the Global Fund Committees.

i Sexworkers
The representative of the sex worker community indicated the following aspects that they would like to see improvement on.

CCM Representative

- Information regarding the budget allocation for female sex workers (FSW).
- Clear communication and transparency on issues around the Global Fund.
- Information on the secondary recipients (SRs) who shall be granted funding.
- Feedback from CCMs through meetings and constant communication.

Principal Recipient

- The PR to form a good network with Global Fund Community Representatives.
- Engagement of more community representatives with regard to decision making at the PR and government level.
Global Fund Committee

- The representatives of this committee are to be responsible for community organ empowerment.
- Ensure that indigenous community organs that have been participating in the process are involved in the implementation of the concept note.

ii Women living with HIV

The information the community of WLHIV and adolescents living with HIV would like to receive from the different stakeholders is presented below.

CCM representative

- To be a part of the communication between Global Secretariat in Geneva and the country KCM.
- Meaningful engagement – Seeing their contributions in the document.
- Information regarding the budget line that supports community systems strengthening of communities i.e. WLHIV
- Updates on the status of the concept.

Principal Recipient

- The amount that has been allocated to the PR.
- Information regarding the programs and activities that are specific to women, young women and adolescents living with HIV by both PR’s.
- Which/how counties are likely to be targeted in this grant.
- Ample time for announcements, applications, reviews and submissions of concept notes and proposals.
• Define key and priority populations for TB and Malaria.

• Give reasons for failure to receive grants and possible improvements for future applications.

Global Fund Committee

• Provide the gaps that are in the concept note for their action.

• Identify the budget allocations for WLHIV and adolescents.

• Identify the specific budget for community strengthening especially for WLHIV networks.

• Engage meaningfully including during implementation and monitoring of the concept note.

iii People who use drugs

The representatives of the community of PWIDs indicated the following:

CCM representative

• Frequent updates on the issues raised during the Global Fund process. For instance comments, responses and feedback.

• Systematic consultation in every step of the process.

• Communication on the challenges faced around PWIDs issues for better feedback and implementation.

• Address the specific issues related to constituents of key populations.

• The budget allocation for PWIDs.
• Under the community strengthening systems shall PWIDs be participating in the various health committees?

Principal Recipient

• An outline of their specific mandate including information on whether they will use implementing partners or sub-grants.

• The proposed budget.

• The geographical coverage of the PR.

• Which programs shall be covered.

• The total number of SRs, their identities and the programs that they shall undertake.

• Breakdown of the budget allocation for capacity building, service delivery and program activities

• The PR’s terms of reference.

Global Fund Committee

• To identify their allies and assess their knowledge on issues regarding PWIDs.

• Frequent coordination and feedback to key populations.

• Network with the Global Fund community representatives.

iv Men who have sex with men

The representatives of the community of MSMs indicated that the following aspect which they would like to see realized.
CCM representative

- Communication and feedback on every step in the process.
- CCM to form a database of CSOs to be a link for feedback to the communities and these should be active and visible.

Principal Recipient

- Communication on audited annual reports.
- Information on the amount of the funds disbursed that is still available.
- Information of the CSOs that have been awarded grants and the amounts that have been awarded
- In terms of implementation of activities the thematic areas that are addressed.
- Develop a database of CSOs to serve as a link for feedback to the communities.

Global Fund Committee

- Highlight the process of the global fund.
- The issues regarding key populations that have been highlighted there is a need to indicate how these are being addressed.
- Frequent communication.
- Bargain effectively for community led organisations to be recipients of funds and to be strengthened.

Ms. Murenga summarized the presentations of the participants highlighting the aspects that stood out in all their presentations. The four key features that ran through all the presentations are:

- Processes of communication.
- Information regarding the stage/level that the concept note is in.
Current funding status.

Transparency in programming and fund allocation.

Closing Remarks
Mr. Wandera thanked the participants for coming and urged them to ensure that they avail this information to the persons whom they represent.
Annexures

Annexure 1: List of Participants

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Sex</th>
<th>Institution</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amina Swale</td>
<td>F</td>
<td>Madoido Ladies</td>
<td>Kisumu</td>
</tr>
<tr>
<td>2.</td>
<td>Anne Mueni Mwalimu</td>
<td>F</td>
<td>Bidii Youth Group</td>
<td>Kitui</td>
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<tr>
<td>3.</td>
<td>Bradley Njukiah</td>
<td>M</td>
<td>Hoymas-Kenya</td>
<td>Nairobi</td>
</tr>
<tr>
<td>4.</td>
<td>Clifford Duncan</td>
<td>M</td>
<td>PEMA Kenya</td>
<td>Mombasa</td>
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<td>5.</td>
<td>Cosmus Maina</td>
<td>M</td>
<td>Teens Watch</td>
<td>Kwale</td>
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<tr>
<td>6.</td>
<td>David Opany</td>
<td>M</td>
<td>Nyarwek</td>
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<td>7.</td>
<td>Diana Ondato</td>
<td>F</td>
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<td>8.</td>
<td>Dorcas Laibon</td>
<td>F</td>
<td>Moi University</td>
<td>UasinGishu</td>
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<td>9.</td>
<td>Emelda Adhiambo</td>
<td>F</td>
<td>ICW Kenya</td>
<td>Kisumu</td>
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<td>10.</td>
<td>Eunice Adhiambo</td>
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<td>Busia Survivors</td>
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<td>Evans Opany</td>
<td>M</td>
<td>LVCT Health</td>
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<td>12.</td>
<td>Frida Peterson</td>
<td>F</td>
<td>KELIN</td>
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<td>13.</td>
<td>Hussein Taib</td>
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<td>Inviolata Mmbawvi</td>
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<td>Jacque Wambui</td>
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<td>Kiambu</td>
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<td>17.</td>
<td>Lugard Abila</td>
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<td>Reachout Centre</td>
<td>Mombasa</td>
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<td>18.</td>
<td>Mary Mwangi</td>
<td>F</td>
<td>BHESP</td>
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<td>19.</td>
<td>Maurine Murenga</td>
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<td>ICW</td>
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<td>Miriam Andebe</td>
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<td>21.</td>
<td>Mohamed Shosi</td>
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<td>The Omari Project</td>
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<td>Ted Wandera</td>
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<td>26.</td>
<td>Vincent Obwanda</td>
<td>M</td>
<td>HAPA-Kenya</td>
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Annexure 2: Agenda

FOLLOW UP MEETING FOR KEY POPULATIONS AND WOMEN LIVING WITH HIV TO GIVE UPDATES ON THE CONCEPT NOTE AND DISCUSS NEXT STEPS AT THE SILVER SPRINGS HOTEL NAIROBI

AGENDA

Objectives

- Enlighten stakeholders on what was submitted in the country concept note.
- To provide an opportunity to stakeholders to discuss the next steps after the submission of the concept note to the Global Fund Secretariat.

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>FACILITATOR</th>
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<tbody>
<tr>
<td>8.00 – 8.30AM</td>
<td>Arrival and Registration</td>
<td>KELIN</td>
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<tr>
<td>8.30 – 8.50 AM</td>
<td>Welcome remarks, Introductions and Objectives of the forum</td>
<td>Ted Wandera</td>
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<td>8.50 – 10.00 AM</td>
<td><strong>Presentation:</strong> Updates on what was submitted in the concept note, follow up activities after submission of comments</td>
<td>Ted Wandera, Cosmus Maina and Evans Opany</td>
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<td>10.00 – 10.30 AM</td>
<td>Plenary</td>
<td>Ted Wandera</td>
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<td><strong>10.30-11.00</strong></td>
<td><strong>HEALTH BREAK</strong></td>
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<td>11.00 – 12.00 PM</td>
<td><strong>Presentation:</strong> What are the next steps as per the new funding model and future opportunities</td>
<td>Maurine Murenga</td>
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<td>12.00 – 12.30 PM</td>
<td>Plenary</td>
<td>Ted Wandera</td>
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<tr>
<td>12.30 – 1.00 PM</td>
<td>Closing remarks and way forward</td>
<td>Ted Wandera</td>
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<td><strong>Lunch and Departure</strong></td>
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