REPORT ON THE TRAINING OF KEY POPULATION REPRESENTATIVES ON THE GLOBAL FUND FUNDING MODEL AND ON EFFECTIVE PARTICIPATION IN NATIONAL DIALOGUE AND CONCEPT NOTE DEVELOPMENT

HELD AT THE BEST WESTERN HOTEL, NAIROBI ON 18 -19 DECEMBER 2014
## CONTENTS

Background information and rationale for meeting ........................................... 1-3
Introduction to the Global Fund Funding Model ............................................... 3-4
Removing legal barriers in the context of Global Fund Programs: Community, Rights, Gender and the Global Fund .................................................. 5-6
Overview of the contents of Kenya's Concept Note in relation to Key Populations 7-9
Overview of the draft National TB Strategic Plan ............................................. 10
Break-away groups and identification of issues of interest .............................. 11
Afternoon discussions and presentations: Identifying issues of concern .......... 12-13
DAY 2: 19 DECEMBER 2014 ........................................................................... 14-20
ANNEX 1 ......................................................................................................... 21-23
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHESP</td>
<td>Bar Hostess Empowerment &amp; Support Programme</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>GFTAM</td>
<td>Global Fund to fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HOYMAS</td>
<td>Health Options for Young Men on HIV, AIDS and STIs</td>
</tr>
<tr>
<td>ICC</td>
<td>Inter-Coordinating Mechanism</td>
</tr>
<tr>
<td>ICW KENYA</td>
<td>International Community of Women Living with HIV Kenya</td>
</tr>
<tr>
<td>KCM</td>
<td>Kenya Coordinating Mechanism</td>
</tr>
<tr>
<td>KELIN</td>
<td>Kenya Legal and Ethical Issues Network on HIV &amp; AIDS</td>
</tr>
<tr>
<td>KESWA</td>
<td>Kenya Sex Workers Alliance</td>
</tr>
<tr>
<td>MSM</td>
<td>Men Who Have Sex with Men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Worker</td>
</tr>
<tr>
<td>NFM</td>
<td>New Funding Model</td>
</tr>
<tr>
<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>United States President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>WLHIV</td>
<td>Women Living with HIV</td>
</tr>
</tbody>
</table>
BACKGROUND INFORMATION AND RATIONALE FOR MEETING

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is an essential partner in the fight against AIDS, Tuberculosis and Malaria. The Fund mobilizes and invests nearly close to US$4 billion a year to support programs run by local experts in more than 140 countries. The Fund primarily functions as a partnership between governments, civil society, the private sector and people affected by the diseases. In its 2012-2016 Strategy, Global Fund commits to work with countries and partners, and transform itself to sustain and accelerate the existing gains through substantial contributions to ambitious international goals.

In order to achieve the intended impact, Global Fund launched its New Funding Model (NFM) in 2013 with the aim of creating a more proactive, flexible, predictable and effective way of engaging and supporting grant implementation success. One of the key requirements under this Model is the involvement of all essential stakeholders in the development of the Country’s Concept Note. To date, the Kenyan Concept Note Writing Team has, through various meetings, produced a draft Concept Note that targets submission to the Fund by January 2015.

In light of the above, KELIN thus organized a two day consultation forum on 18-19 December 2014 at the Best Western Hotel in Nairobi. The forum aimed at providing a chance to the above mentioned groups to analyze the Concept Note and provide useful feedback that would help address their particular human rights and gender needs, while building up on the already existing draft that has been developed by the writing team.

The meeting further aimed at engaging the various groups in dialogue as regards the key changes in the New Funding Model, highlighting the country’s strategic plans on AIDS and TB, the contents of the Kenyan Concept Note and discussions centered on identifying key issues of interest to the target communities. The meeting was attended by approximately 32 participants from a wide variety of groups including LVCT Health, International Community of Women Living with HIV Kenya, Muslim Education and Welfare Association, Teens Watch, The Omari Project, Busia Survivors, Bar Hostess Empowerment & Support Programme, Health Options for Young Men on HIV, AIDS and STIs (HOYMAS), Kenya Sex Workers Alliance (KESWA), International Community of Women Living with HIV Kenya (ICW-Kenya) and Liverpool VCT.

In order to achieve the intended impact, Global Fund launched its New Funding Model (NFM) in 2013 with the aim of creating a more proactive, flexible, predictable and effective way of engaging and supporting grant implementation success. One of the key requirements under this Model is the involvement of all essential stakeholders in the development of the Country’s Concept Note. To date, the Kenyan Concept Note Writing Team has, through various meetings, produced a draft Concept Note that targets submission to the Fund by January 2015.

The Kenya Legal and Ethical Issues Network on HIV&AIDS (KELIN) is a Kenyan based human rights NGO that works towards promoting and protecting HIV related human rights. KELIN has been mandated by the Global Fund to provide technical assistance to four key population groups namely, Women Living with HIV (WLHIV), Female Sex Workers (FSW), Men who have sex with Men (MSM) and People Who Inject Drugs (PWID) around the infusion of human rights and gender issues in the development the country’s joint Concept Note on HIV & Tuberculosis. This engagement was based on requests for technical assistance made to the Community Rights and Gender Department of the Global Fund by various stakeholders including the Bar Hostess Empowerment & Support Programme, Health Options for Young Men on HIV, AIDS and STIs (HOYMAS), Kenya Sex Workers Alliance (KESWA), International Community of Women Living with HIV Kenya (ICW-Kenya) and Liverpool VCT.

The meeting further aimed at engaging the various groups in dialogue as regards the key changes in the New Funding Model, highlighting the country’s strategic plans on AIDS and TB, the contents of the Kenyan Concept Note and discussions centered on identifying key issues of interest to the target communities. The meeting was attended by approximately 32 participants from a wide variety of groups including LVCT Health, International Community of Women Living with HIV Kenya, Muslim Education and Welfare Association, Teens Watch, The Omari Project, Busia Survivors, Bar Hostess Empowerment & Support, Kenya Sex Workers Alliance, Nyanza Rift Valley Western Kenya LGBTI Coalition, Kenya Network of People Using Drugs, Nairobi Outreach Services Trust and Moi University.

Day 1: Establishing the day’s objectives and climate setting

The meeting started with the introduction of the day’s facilitator, Ms Milly Katana and her co-facilitator, Mr Safari Mbewe.

The facilitator began by passing round some cards in which she asked all participants to write two reasons why they work on HIV prevention and care or alternatively, on TB prevention.

Some of the reasons given by participants included:

‘I work in Malindi with persons who inject drugs. I work in order to minimize the harm’

‘I was born HIV+ and have had to deal with a lot of stigma. HIV prevention is my passion and I would not want anyone to go through what I have. I believe efforts are necessary for HIV and TB prevention.’

‘I work to contribute towards the realization of zero infections and in order to reduce the government’s disease burden on both HIV and TB.’

‘I do it in order for people to get quality and comprehensive treatment. I also do it in order to reduce the number of people who are orphaned and widowed because of the disease and its impact’

Upon listening to the various reasons given, the facilitator re-assured the participants that they all shared the same objective despite coming from different backgrounds.

It was evident that they were all committed towards reducing the HIV/TB burden in their respective communities. She thereafter introduced the day’s topic indicating that the meeting was hosted by KELIN and additionally welcomed Mr Allan Maleche, the Executive Director to share the day’s objectives.

Mr Maleche began by giving the participants the genesis of the meeting, namely, that it was as a result of the request that had been made by some of the participants to Global Fund to get assistance on the drafting of the country’s Concept Note. He thereafter went ahead to elaborate on the five key objectives of the workshop which were as follows:

• To enlighten stakeholders on the contents of the Country’s National Strategic Frameworks on TB & HIV as it relates to the populations represented.

• To provide an opportunity to all the stakeholders to receive an overview of the funding model of the Global Fund and how human rights and gender are addressed in this model.

• To provide an opportunity to the stakeholders to review the draft TB & HIV Concept Note and identify key areas of concern as it relates to the populations represented.

• To provide an opportunity to the stakeholders to make recommendations to the Concept Note writing team on areas of improvement as relates to the populations represented.

• To provide an opportunity to the stakeholders to select two representatives from each of the populations to form a smaller working group that will take forward the proposed recommendations.

Upon conclusion, Ms. Katana, invited the participants to write at the back of their cards at least one expectation that they would like to get out of the meeting. Some of the responses included:

‘Whether KELIN is giving funds to Key Populations’

‘To learn how human rights and gender are addressed by the Global Fund’

‘To seek information and get a clearer understanding on why the Key Populations have been allocated the same amount of funding’

‘To identify ways in which we can engage communities in the Global Fund Process’

‘To ensure that MSM issues are properly addressed in the Concept Note’
BACKGROUND INFORMATION AND RATIONALE FOR MEETING

‘To understand the Concept Note much better and see how it will impact on our work especially with people who inject drugs’

‘To know if Women Living with HIV have been included in the Concept Note’

‘To inquire how Global Fund can directly build the capacity of organizations working with Key Populations without going through intermediaries’

Upon conclusion of this exercise, the facilitator indicated that all these expectations would be captured on a flipchart that would be put up in the room in order for the meeting to work around addressing all their issues.

INTRODUCTION TO THE GLOBAL FUND FUNDING MODEL

The facilitator then began the first session which was essentially an introduction to the Global Fund’s New Funding Model. The objective of this session was to share with participants the highlights of the Funding Model and to share the pre-requisites for easy engagement with the Model.

The facilitator then went ahead to ask the participants what they had heard about the Model. Some of the responses included:

‘I have heard that it will integrate funding of HIV and TB together’

‘I have heard that there will be a capacity building element for civil society organizations in order to be able to do their work better’

‘That the New Funding Model will prioritize on being performance based and will pay emphasis to community interventions’

‘That it will tackle gender issues especially affecting women living with HIV’

The Facilitator then went ahead to demystify the Funding Model. In her presentation, she gave the purpose of the Model, the principles of the funding Model, what is new about it, the cycle and timing of the Model, how long it would take to access funding, the importance of the Concept Note, tips to help speed up the funding, minimum standards that the Global Fund expects from the Country Coordinating Mechanisms and Principle Recipients.

The Principles of the NFM were highlighted and include:

- Flexible timing in line with country schedules, context, and priorities
- The NFM being simpler for both implementers and the Global Fund.

The differences between the old and new funding models were also emphasized as follows:

- More active portfolio management to optimize impact;
- Timelines largely defined by each country as opposed to being controlled by Global Fund;
- Engagement by Global Fund Country Teams in country dialogue and Concept Note development;
- High predictability due to flexible timing, improved success rates for applications and provision of an indicative funding range by Global Fund for each country; and
- Disbursement-ready grants with a differentiated approach for each of the three diseases.

A summary of the New Funding Model Cycle and Timing was illustrated to the participants as shown in Figure 1 below:

Figure 1: Summary of the NFM Cycle and Timing
INTRODUCTION TO THE GLOBAL FUND FUNDING MODEL

The facilitator also underscored the importance of the Concept Note by arguing that it assists in achieving the following:

- Describes a strategy, supported by technical data that shows why this approach will be effective;
- Presents a country’s prioritized needs within a broader context, guided by a national health strategy and a national disease strategic plan
- Represents voices of Key Populations and other stakeholders in the country
- Describes how implementation can maximize the impact of the investment

Tips were also disseminated on how to help speed up access to the funding. The facilitator advised the participants as follows:

- Plan ahead and plan accordingly
- Review the national strategic plans for all the three diseases – ensure that your country has a gap analysis of existing interventions & prioritized interventions are fully costed;
- Be ambitious– high impact, well-performing programs can compete for additional funding over & above the amount of indicative funding allocated to each country. Ambitious requests should be based on the National Strategic Plans;
- Have robust epidemiological data in particular on key affected populations. This should be done before developing the Concept Note as part of national program review. Each country needs to collect this data before applying for the funding;
- Kick off inclusive country dialogue/multi-stakeholder consultations in time;
- During country dialogue/consultations, be sure to collaborate across the diseases
- Ensure that your Country Coordinating Mechanism (CCM) is following the minimum standards set by Global Fund and review the CCM performance against all 6 eligibility requirements including the requirement to ensure that the selection process for implementers is open and transparent;
- Seek out strong implementers who can contribute to better grant performance;
- Identify where the country needs technical assistance & discuss any needs with Global Fund staff; and lastly
- Work with governments to increase their national financial commitments to health as national governments are expected to partner with the Global Fund in funding health care interventions and will be required to contribute funding to the three diseases and their health system overall in order to access Global Fund funding.

The facilitator thus concluded by emphasizing that one of the key features of the New Funding Model is an inclusive country dialogue that involves all stakeholders, people living with the disease and Key Populations. She thus praised the Global Fund for this innovative and involving Model. Lastly, she underscored the importance of prior preparation of the Concept Note and National Strategic Plans. This was argued to have a direct impact on how long it would take a country to submit its Concept Note and consequently how long it would take Global Fund to disburse funds.
REMOVING LEGAL BARRIERS IN THE CONTEXT OF GLOBAL FUND PROGRAMS: COMMUNITY, RIGHTS, GENDER AND THE GLOBAL FUND.

‘Laws set the stage for programs. If the law stigmatizes people, the programs will too.’

The objective of this session was to highlight the human rights and gender issues that are within the Funding Model.

Mr Maleche began by introducing the Global Fund generally. He indicated that the Global Fund was created in 2002 as an international financing mechanism, to attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against AIDS, TB and malaria in countries in need.

To date, the Fund creates partnerships between government, civil society, the private sector and communities living with the diseases. Currently, the Global Fund provides support to 126 countries in the World. It does not implement programs directly and does not have offices in the countries that receive its financial support. However, there is a County Coordinating Mechanism (CCM) in each country which acts as a focal point between the country and the Global Fund. He further highlighted that the CCM is made up of civil society, government departments, academic institutes, and most importantly communities or representatives of Key Populations.

He went ahead to give example of some of the previous projects that have been supported by Global Fund in Kenya including the provision of ARVs, purchase of condoms and Post Exposure Prophylaxis (PEP) kits, distribution of treated mosquito nets and the purchase of TB detection equipment. He indicated that the new Model goes over and above these projects and not targets how it can build the capacity of communities.

Under the Global Fund’s Strategy titled Investing for Impact 2012-2016, the Fund includes Strategic Objective Number 4 which commits the Fund to protect and promote human rights. The Fund proposes to implement this objective through three actions namely: First, to integrate human rights considerations throughout the grant cycle, second, to increase investment in programmes that address human rights barriers and lastly, ensure that the Global Fund does not support programmes that infringe on human rights.

Mr Maleche then went on to indicate that the Global Fund’s Human Rights for HIV, TB, Malaria and HSS Grants Information Note, sets out the Fund’s mandate and best practices to address human rights. That the Information Note sets out two priorities which aim to bring together governments and civil society by demanding, using a human rights based approach which will consult with people who use the health services and design the services to meet their needs. Secondly, the Note has a package of interventions called “Removing Legal Barriers”. This module includes five interventions that should be programmed together to really make an impact on a specific human rights barrier identified in country dialogue.

The five interventions on removing legal barriers include:
1. Legal environment assessment on law and policy reform to identify the repressive laws. This should be government led in order to have government ownership as opposed to civil societies leading the process.
2. Legal literacy and legal aid to be undertaken by civil societies by use of trainings and legal aid being given to Key Populations.
3. Training for the police, health workers and other officials. This ought to be government led and should be incorporated in other trainings and activities and not as a standalone activity.
4. Community based monitoring and documentation of human rights abuses. This should be led by civil societies.
5. Community based advocacy that is led and initiated by civil societies in order to advocate around human rights issues.

Other factors include forced sterilization of women living with HIV, Prison overcrowding, Police abuse, injustice in the court systems, gender inequality, gender based violence and lack of medical confidentiality.

These factors prohibit people from accessing health care services, especially in the absence of a clear legal framework to protect the rights of Key Populations, including MSMs, FSWs and People living with HIV.

The above barriers thus necessitate the need to ask questions such as:

Who are the Key Populations who need to reach the services? How do you consult with human rights experts and community representatives?

How do we prioritize in terms of costing and human rights interventions?

Mr Maleche then went on to indicate that the Global Fund’s Human Rights for HIV, TB, Malaria and HSS Grants Information Note, sets out the Fund’s mandate and best practices to address human rights. That the Information Note sets out two priorities which aim to bring together governments and civil society by demanding, using a human rights based approach which will consult with people who use the health services and design the services to meet their needs. Secondly, the Note has a package of interventions called “Removing Legal Barriers”. This module includes five interventions that should be programmed together to really make an impact on a specific human rights barrier identified in country dialogue.

The five interventions on removing legal barriers include:
1. Legal environment assessment on law and policy reform to identify the repressive laws. This should be government led in order to have government ownership as opposed to civil societies leading the process.
2. Legal literacy and legal aid to be undertaken by civil societies by use of trainings and legal aid being given to Key Populations.
3. Training for the police, health workers and other officials. This ought to be government led and should be incorporated in other trainings and activities and not as a standalone activity.
4. Community based monitoring and documentation of human rights abuses. This should be led by civil societies.
5. Community based advocacy that is led and initiated by civil societies in order to advocate around human rights issues.
Mr Maleche then concluded by highlighting that the New Model demands that all Principle and Sub-Recipients deliver services funded by the Global Fund in a non-discriminatory manner; respect the confidentiality and informed consent of their service users; and employ scientifically sound and approved medical treatment that follow the World Health Organization (WHO) guidelines. He also highlighted the role that National Human Rights Institutes can play. Indeed, as part of the country dialogue process, they can voice human rights barriers to access to health care services and support the communities to propose effective human rights interventions that can be funded by the Global Fund. The National Human Rights Institutes can work together with the Ministry of Health to design and implement advocacy campaigns to increase awareness on human rights. Additionally, where there are allegations of human rights violations, the National Human Rights Institutes can support by gathering information.

Question and Answer: Plenary session

Upon conclusion of the presentation, the facilitator then invited the participants to a question and answer session. Some of the questions raised included:

‘Now that Mr Allan has presented on human rights within the Concept Note, do we have to specify what human rights issues we are talking about in the Note writing process?’

‘We understand that the Concept Note is in a very advanced stage of its writing right now and may soon be sent out to Global Fund. Is it not pointless for us to now start poking holes and asking questions since the writing team may just ask why we are doing it this late?’

‘Will this New Model now just focus on demanding that the government address human rights barriers or will it also take into account service delivery? We know that the government can be quite cunning and just set up a few meetings to discuss the barriers without truly addressing these barriers and removing them. I see it being pointless to discuss human rights barriers since we do not ever address them.’

‘Global Fund needs to challenge the government to provide condoms in Busia. Since August we have experienced the challenge of lacking sufficient condom stock until recently when the PSI brought us eight cartons. Given that we are at the Busia border, it is very important that this stock out is addressed’

The facilitator addressed all the above issues by re-assuring the participants that the commodity stock out could have been caused by the transition between the national and county government where health has now been devolved to the counties. He further re-assured the participants that Global Fund recommends certain minimum standards that each principal recipient must have.
OVERVIEW OF THE CONTENTS OF KENYA’S CONCEPT NOTE IN RELATION TO KEY POPULATIONS

This session was facilitated by Rtd Justice Violet Mavisi. The objectives of this session were to share the various draft modules within the Concept Note and secondly, to start articulating how the interventions will address the needs of women and key affected populations.

Rtd Justice Mavisi began by indicating that this joint Concept Note deals with both HIV and TB as the key diseases. The funding period under this Note is between 1 July 2015 to 31 December 2017. The aim of the Concept Note, as was highlighted by Justice Mavisi, was to allow for better target resources, scaling up of services and increase in effectiveness, quality and sustainability. Justice Mavisi then proceeded to give the participants a general overview of the Concept Note.

In her summary, she began by acknowledging that the Concept Note is very current as regards the governance system, the health systems and even its data. She further indicated that issues of human rights have also been addressed in the Concept Note but scantily. According to her, the Concept Note had interrogated the human rights barriers in terms of laws but lacks details that need to be beefed up. She further added that in terms of statistics, the Concept Note had been quite ambitious in terms of the number of MSMs and FSWs. It had also done quite well in taking into account the county system of governance and getting county data.

Justice Mavisi then proceeded to individually interrogate the different modules in the Note touching on Female Sex Workers, Men Who have sex with Men, Persons Who Inject Drugs and Women Living with HIV. These modules are reflected as Modules 2, 3, 4, 5 and 6 respectfully from pages 70 - 82 of the Concept Note.

Under Module 2 on Female Sex Workers, prioritized interventions include:

- The intervention approach includes investment on a robust outreach strategy involving FSW as peers and outreach workers.

- Based on the client volume and sex acts of the FSW, condom and lube requirement will be worked out and condoms and lubes will be demonstrated and distributed during outreach. During discussions FSW have also expressed their need for female condoms for use especially during sex with regular partners. These will be also distributed when needed.

- Setting up safe spaces for FSW is essential. Drop in Centres will be set up in all intervention sites to provide safe space for the FSW. These DICs will also provide clinical services (STI screening and treatment, TB screening, RH services, HIV test, Care and treatment where applicable) and will have a qualified clinician and nurse. Outreach clinical services to the hot spots will be also provided to increase access to services for FSWs.

- Under Policy advocacy on legal rights, the intervention approach is to set a system to prevent and respond to violence immediately. Prevention activities include sensitizing the police and law enforcement including judiciary, sensitizing the stakeholders, advocacy with media.

- Advocacy with parliamentary health committee and parliamentary justice committee will continue to influence them to change laws which are archaic and negatively impact HIV prevention among sex workers.

Key among the missing gaps highlighted was the role of Members of County Assemblies, the Senate Health Committees, and the Governors Health Committee in developing health laws in various counties.

Under Module 3, which is on the prevention programs for MSMs, the key highlighted interventions included:

- Training of a resource pool of an appropriate number of peer educators to match the numbers of MSM population at the approved ratio of 1:40. Recruitment and training of outreach workers at the ration of 1:5 peer educators.

- Develop policy briefs on the need to align the existing laws touching on MSM/SWs & the HIV act, to the constitutional right to health. The briefs will focus on highlighting current areas of conflict and legal impediments that create barrier to access to HIV services by Key Populations.

- Hold advocacy meetings with legislators – MPs (Justice and legal affairs parliamentary committee and Parliamentary health committee) to create awareness of the legal barriers to access to HIV services and why legal review is necessary. The aim of these advocacy meetings is to ensure there is buy in for aligning the current laws touching on MSM, SWs and intentional transmission of HIV so that they can be the advocates and champions for these reforms in parliament.

- Hold advocacy meetings with senior judicial officers so that we can have buy-in with a view to creating judicial precedence that affirms right to health.

- Senior ministry of health officials so that we can have buy-in for policy review and implementation including performance contracting.

- Set a system to prevent and respond to violence immediately. Prevention activities include sensitizing the police and law enforcement including judiciary, sensitizing the stakeholders, advocacy with media etc.
OVERVIEW OF THE CONTENTS OF KENYA’S CONCEPT NOTE IN RELATION TO KEY POPULATIONS

Key among the noted highlights was the proposed retention of lawyers for legal support and training of lawyers to provide legal services to MSMs, a clear distinction from the proposed intervention of FSWs. Additionally, it was also noted that module 3 addressed the issues of Male Sex Workers under the title of Men who have sex with Men.

Under Module 4, on People who Inject Drugs, the key highlights and interventions as proposed in page 75 were:

- Training of a resource pool of peer educators and outreach workers for support, information provision and linkage to the PWIDs.

- Development of policy briefs on the need to align the existing laws touching on Key Populations& the HIV act, to the constitutional right to health. The briefs will focus on highlighting current areas of conflict and legal impediments that create barrier to access to HIV services by Key Populations.

- Holding advocacy meetings with legislators – MPs (Justice and legal affairs parliamentary committee and Parliamentary health committee) to create awareness of the legal barriers to access to HIV services and why legal review is necessary. The aim of these advocacy meetings is to ensure there is buy-in for aligning the current laws touching on Key Populations and intentional transmission of HIV so that they can be the advocates and champions for these reforms in parliament.

- Holding advocacy meetings with senior judicial officers so that we can have buy-in with a view to creating judicial precedence that affirms right to health.

- Advocacy sessions with senior ministry of health officials to achieve buy-in for policy review and implementation including performance contracting.

- Capacity building and sensitization of a core group of resource persons from Police, county guards (law enforcement), prison officers, relevant senior civil servants and religious leaders on violence prevention, mitigation and redress. The training is aimed at transforming the perception and practices of the targeted officers and the religious leaders who are then expected to act as change agents in cascading the same information to their colleagues and support the institutional transformation.

- Further, activities focusing on enhancing access to legal services will be undertaken. This will include undertaking literacy enhancement legal literacy sessions through paralegal training and outreaches. Additionally, sensitization of lawyers will be undertaken so that the same lawyers can be engaged in periodic legal aid clinics.

- Conduct law enforcement sensitization with regular advocacy events with law enforcement officers. Also, a regional (county) and national (legal, psychosocial, medical) referral system will be developed to aid access to justice and health services survivors of violence including sexual violence.

Lastly, Modules 5 and 6 address issues of Prevention of Mother to Child Transmission (PMTCT) and the treatment, care and support for persons living with HIV. Justice Mavis highlighted the proposed interventions that particularly were targeted at Women Living with HIV within these two modules. This was based on the rationale that WLHIV were the Key Populations represented at the meeting. Some of the highlighted included:

- Capacity building of health care workers and clients on Family Planning (FP) use and safety within the HIV context.

- Developing and printing of reproductive health basic screening tool, IEC materials and job aids targeting FP.

- Sensitization of health care workers on FP including contraceptive /ARV Pharmacovigillance.

- Recruitment of peer educators in selected high burden facilities to improve linkage to care and treatment services. These will be based at health facilities and will work at facility level to identify clients for linkage to care and will also provide follow up at both facility and community level. The peer supporters will also serve to provide adherence support to patients and track patients who default or get lost from care.

Lastly, the facilitator concluded by pointing out the importance of module 9 which is a proposed TB &HIV joint programming which aims at scaling up joint programming activities and effectively addressing morbidity and mortality related to co-infection with the two diseases.

Question and Answer: Plenary session

Some of the key questions that were asked during this session included:

‘What information have the drafters of the Concept Note used in costing the different categories? How can they tell, for instance, the number of MSMs in Kisumu, Nairobi?’

‘The terminology used in the Concept Note needs to take account of people who use drugs and differentiate them from people who inject drugs’
OVERVIEW OF THE CONTENTS OF KENYA’S CONCEPT NOTE IN RELATION TO KEY POPULATIONS

‘Now that the Concept Note provides for meetings with the parliamentary health and legal committees, perhaps KELIN should assist us meet with these committees’

‘The police Curriculum needs to be changed to address these issues and until the issue of police harassment of sex workers is addressed right from the root, which is at the training college in Kiganjo, then nothing much will change’

‘During the launch of the Advocacy Roadmap for the New Funding Model, there was a clear distinction between male and female sex workers. The Concept Note seems to generally bundle up male sex workers into the same cluster as MSMs yet their demands and needs are different. Why?’

‘One of the gaps in the Concept Note is research and statistics on MSMs and there is need for more accurate data. Can we do a human rights index, similar to a stigma index for this key population?’

‘The Concept Note seems to leave out the important role played by the Senate, the Prisons and the National Human Rights Institutions and these stakeholders need to be added to the interventions. Additionally, the concept of access to justice is missing and institutions such as the HIV tribunal would fall in this category. Access to justice is crucial as it complements the police trainings, especially when the rights of Key Populations are violated.’

Upon addressing these issues, the representative of Key Populations to the Kenya Coordinating Mechanism (KCM) Ms Peninah Mwangi was invited to speak. Ms Peninah thus alerted her colleagues that the process of writing the Concept Note had been ongoing for a long time and that on 16th December 2014, the KCM had received the Note and deliberated on its contents. She further alerted the team that as a result of this meeting, the KCM had agreed that among the previous three Principle Recipients (PR), namely, AMREF, RED CROSS and CARE, they would retain AMREF and RED CROSS and principle recipients in addition to the Ministry of Health. These two organizations would thus sign a contract with Global Fund and thereafter the three PRs would then have the ability to choose Sub-Recipients.
The facilitator introduced Dr Kasera Kadondi from the TB National Strategic Plan writing Committee and also a member of the writing team of the country’s joint concept note to the Global Fund. Dr Kasera highlighted a few issues in his presentation to the participants including the following:

First, that the National TB Strategic Plan is yet to be launched although much of it is now completed. The TB Plan is targeted for the years 2014-2018 and has defined in it special groups including Most At Risk Populations (MARPs). The Plan furthermore has concepts of human rights and gender in it and has attempted to mainstream all sections to include most /high risk populations. The team hopes to launch the Plan early next year in 2015 and Dr Kasera invited the participants to still feel free to send in their comments and proposed amendments regardless of the finality of the document.

Dr Kasera further pointed out that the national economy was recently rebased and subsequently, we are now a low middle income country. This change has many ramifications including a demand by the Global Fund for the government to increase its contribution from 5% to approximately 20%. Furthermore, that the participants and their various organizations must be alive to the politics of the day and the current ongoing de-registration of NGOs. Due to this, he encouraged the team to think of many more means of ensuring sustainable financing as the environment became fluid.

Moreover, Dr Kasera added that, within the single Concept Note, what had been allocated was an estimated amount of 70million. It has emerged over the years that this amount is very little and the question now becomes how best to spread these funds over all affected populations. He therefore concluded by encouraging the participants to find more innovative and sustainable means of sourcing for funding outside the scope of the government and Global Fund.

Plenary session: Follow up questions

Upon conclusion of Dr Kasera’s presentation, some of the questions that were raised by the participants were as follows:

‘Despite becoming a low middle income country, such as Kenya has, doesn’t Global Fund give a time allowance initially for countries that need to increase their contribution?’

‘What criteria has been used to de-register these NGOs, as this is worrying and haphazard’

‘How is the TB unit engaging with communities, especially MSMs, PWID and FSWs in the prevention strategy and does the TB unit fund communities to educate people on TB?’

‘Why does the TB Strategic Plan also include Leprosy and other chronic diseases?’

‘What is the definition of Key Populations within the TB Strategic Plan? This is because within the TB/HIV Concept Note, Key Populations under page 18 have been limited to prisoners, urban slum dwellers, diabetics, health care workers, uniformed service personnel, nomadic, internally displaced persons and other mobile populations, refugees, contacts of TB patients, and people living with HIV are considered Key Populations deemed vulnerable for TB infection. MSMs, for instance, have generally been presumed to be HIV+ in order to access the TB services within the Concept Note’

‘From the definition given under page 18 of the Concept Note, the fear is that, any FSW who is arrested and contracts TB and is not HIV+ is subsequently excluded from the TB interventions listed herein’

‘It would be great to see the TB services merged within the proposed Drop In Centres in the Concept Note.’
BREAK-AWAY GROUPS AND IDENTIFICATION OF ISSUES OF INTEREST

The facilitator, Ms Katana, invited the participants to divide themselves into four groups. The aim of these four key constituents would be to peruse the 98 paged Concept Note and pick out any issues that they thought needed more clarification, amendment or removal. The four groups were as follows:

- Women Living with HIV;
- MSM Community;
- Female Sex Workers Community; and
- Persons Who Inject Drugs and Harm Reduction Service Providers

Each of the above groups was based on at least 5 to 6 participants based on their various organizations and interests.

For each of these groups, the facilitator tasked them to peruse the Concept Note while taking keen interest on the following pages:

WLHIV: Pages 19,29,32,56,66,76,77,79,80,90

MSM: Pages 18,19,29,32,45,54,66,71,72,80,90

FSW: Pages 18,19,29,32,45,52,66,70,71,80,90

PWID: Pages 18,19,29,45,55,56,66,73,74,75,80,90

In discussing these issues, the four key constituents were tasked to address the following four questions:

- What are the issues in the modules that are of interest to the target community?
- What needs are fully addressed?
- What areas are not addressed?
- How can the remaining needs be addressed?
The group discussions were concluded and thereafter, four representatives from each of the Key Populations made a presentation on the issues of concern that had been picked up during their discussions. The following issues were raised:

**Group 1: Sex Workers Community**

- That Sex Workers must be explicitly mentioned under the TB interventions. This is based on the fact that sex workers are generally at a high risk of contracting HIV and subsequently becoming vulnerable to TB infections.
- That Sex Workers should be trained as Community Health Workers (CHWs) or alternatively, CHWs ought to be trained on issues of sex workers.
- That the same interventions given to MSMs and PWIDs, particularly on policy, advocacy and legal rights ought to be included for FSWs. Page 70 of the Concept Note does not comprehensively avail legal services and the retention of lawyers to FSWs.
- TB services ought to be integrated in the Drop In Centres (DICs). Additionally, the Concept Note defines its target population as prisoners, urban slum dwellers; health care workers, diabetics, uniformed service personnel, migrant populations, contacts of TB patients and people living with HIV. This definition thus excludes FSWs and generally presumes them under people living with HIV.
- That TB services should include more than TB screening. Drop In Centres should provide TB treatment or preventative therapy.

**Group 2: MSM Community**

- There is need for integration of TB services under the MSM interventions. Similar to FSWs, the proposed definition of target populations generally presumes that MSMs are adequately covered under people living with HIV. This definition needs to be amended to reflect MSMs as being susceptible to TB based on the fact that they are mobile populations who work in overcrowded areas.
- Need for the Concept Note to address the component of access to justice and decriminalization of MSM communities.
- Need to conduct a national baseline survey to document the magnitude and nature of human rights violations relating to Key Populations and the population statistics of MSMs. There is also need to conduct a TB survey which, according to the Concept Note, was last done in 1956. The Nationwide TB burden survey could focus on Key Populations just as has been under the HIV &MSMs data prevalence.
- Need to include water based lubricants to be compatible with condoms.
- Use of a generalized term of ‘sex workers’ instead of only addressing Female Sex Workers. There is a need to use this term in order to include others like transgender sex workers.
- Need to elaborate TB engagement as peer led as has been used in the HIV approach.
- Include the behavioral and structural component in HIV programing in Nairobi, Mombasa and Kisumu.

**Group 3: People Who Use Drugs**

- Prevention, vaccination, diagnosis & treatment of viral hepatitis needs to be included in the interventions.
- PWUDs are not categorized as Key Populations for TB interventions under page 18 and need to be included.
- Religious and media aspects need to be included in the proposed interventions under page 75. Additionally, engagement with the MCAs and Senate need to be included in addition to regular advocacy events with the police and senior judicial officials.
- The interventions proposed for PWIDs do not include a Social /Economic re-integration and support to PWIDS enrolled into OST program.
AFTERNOON DISCUSSIONS AND PRESENTATIONS: IDENTIFYING ISSUES OF CONCERN

Issues that the group needed clarified include:

e. The rationale for selecting the new 5 counties under page 56 of the Concept Note.

f. The use of terminology needs to be clarified to include people who use drugs as opposed to people who inject drugs.

g. The proposed Drop In Centres and whether they are going to use the existing ones already established by other donors or establish new ones under Global Fund.

Group 4: Women Living with HIV

a. That the Concept Note needs to clearly address SRHR issues that affect adolescents and young women and women as part of human rights barriers.

b. Freedom of choice in terms of treatment within the Option B+. Women should have the freedom to choose if they want the treatment for life or not.

c. Training of Community Health Workers, lay counsellors and Traditional Birth Attendants (TBAs) needs to be incorporated. TBAs should be integrated for purposes of treatment care and support to mothers living with HIV and their children.

d. Involvement of communities to promote patient literacy.

e. Concept Note focuses primarily on the high burden facilities. Prevention, care and treatment of WLHIV in low burden health facilities has not thus been addressed.

f. Need to engage MCAs and the Senate in formulation of by-laws as well as engaging National Human Rights Commissions in the access to justice.

g. Under page 76, on prevention of unintended pregnancies, there is need to change the terminology from simply offering family planning services to comprehensive sexual and reproductive health rights (SRHR). Additionally, on page 79, the wording on ‘RH’ be replaced with ‘SRHR’ which is more comprehensive.

Having completed the discussions and the presentations, the participants were urged to format and edit their presentations in anticipation of their engagement with the Concept Note writing team the next day, 19th December 2014. The meeting thus promptly ended at 4.45pm.
1. RECAP

The meeting started promptly at 8.35am with a word of prayer from one of the participants. This was followed shortly by a recap session that was conducted by Messrs Lugard Abila and Ted Wandera. In an effort to do the recap differently, the two facilitators involved the participants and asked them questions on all the sessions that they had been taken through the previous day. They tasked the participants to get to know each other by first name basis and to listen more keenly on the issues that each of their colleagues was raising during the day.

2. Identification of key cross-cutting issues amongst the four constituents

Upon conclusion of the recap session, the facilitator, Ms. Katana, invited Mr Allan Maleche to discuss and highlight to the group the key issues that had been generally identified by the facilitators as being cross cutting amongst the four groups. This was in an effort to consolidate the questions that needed to be addressed by the Concept Note Writing Team.

Among the main issues identified as cross cutting and which needed input, clarification and answers from the Writing Team are as follows:

a. The role of research and the ability to do baseline surveys for Key Populations primarily with the aim of documenting human rights violations and getting more accurate figures/statistics.
b. The need to integrate provision of TB services in areas where Key Populations are present as well as within the Drop In Centres. There is also need to include TB screening within the Drop In Centres.
c. The legal and policy advocacy interventions must be the same for all Key Populations. This subsequently means that the retention and training of lawyers for purposes of defending and bailing Key Populations must be offered to PWIDs and FSWs in addition to MSMs. Moreover, all interventions must also address the role of the Senate, County Assemblies, the media and religious leaders.
d. Need to strengthen the capacity of Key Populations generally in order to make them more capable of implementing the different modules.
e. Need to include the training of health personnel in all modules in order to be more aware and sensitive to the needs of the Key Populations.
f. Need to feature a component of access to justice within all modules that touch on Key Populations. This component ought to involve National Human Rights Institutions such as Kenya National Commission of Human Rights, National Gender and Equality Commission and the Commission on Administrative Justice. This could also feature the HIV Tribunal.
g. Need to include nutritional support for key affected populations given their vulnerability which subsequently limits their means and access to food.
h. The terminology in the Concept Note needs to be reworked, and in particular, the use of People Who Use Drugs instead of only capturing those who inject drugs, and secondly, the inclusion of Male Sex Workers as an integral population that needs its own interventions.
i. As acknowledged on page 12 of the Concept Note, Data on TB prevalence and mortality are sparse. Kenya has not conducted a national TB prevalence survey in the recent past with the last TB prevalence survey having been conducted in 1956. This needs to be re-evaluated.

Other areas of concern that were raised by individual participants included seeking guidance from the writing team on why Nairobi and Coast regions were not allocated as much funds as other new areas yet these two regions remain with the highest statistics particularly on persons who inject drugs. Secondly, there was also the request to integrate viral hepatitis as part of the interventions for PWIDs.
Mr Maleche then sought the consent of the participants in approving the above mentioned issues as being cross cutting and in need of clarification from the Writing Team. He then introduced the TB/HIV Concept Note Writing Team. The members present were the Chair of the TB/HIV Drafting team - Dr Sarah Masyuko-Government Representative, Vice Chair- Lucy Chesire from Civil Society, Paranita Bhattacharjee from Civil Society and Emily Muga from the Kenya Red Cross Society, a principle recipient.

In an effort to answer and give feedback on the issues that Mr Maleche had raised on behalf of the participants, the following contributions were given by the four members.

3. TBHIV Concept Note Writing Team – Response to the issues raised

First, as regards the need for statistics on human rights violations amongst Key Populations, this may not be possible within the current Concept Note. The rationale given for this was that mapping studies are quite tedious and expensive. To date, a mapping study had already been conducted in 2012 and NASCOP had shared the study’s report. Mapping is usually undertaken once every five years and from such mapping, programs are then developed. These programs consequently give the implementers information on the missing gaps and thus inform the team on what needs to be addressed. Currently, we have in existence 82 programs on Key Populations that report to NASCOP. These programs thus guide the writing of the Concept Note.

The writing team suggested that there is no need to conduct another survey/research and already there had been a survey in 2012, a polling booth survey in 2014 and there was another anticipated survey in 2016. In fact, the polling booth survey conducted in 2014 had a total of 20 questions, two of which were on violence. The team suggested that the alternative would be to get the participants involved in the Integrated Behavioral Biological Assessment (IBBA) research where the participants could ask for their questions to be featured.

Second, with regard to the issue of identifying new counties and less allocation to Nairobi and Coast areas, the team argued that data from the various areas indicates that there are many more funders that have concentrated their interventions in these two regions hence the reasoning of the writing team to distribute the Global Fund monies to other less funded regions. The team further added that Global Fund often interrogates, within the Concept Note, who the other funders in the country are and what areas they already addresses drug dependence treatment for PWIDs, the team reminded the participants that the Concept Note is guided by the National Guidelines on Health within which the country has a stipulated minimum package. Thus, if Hepatitis prevention injections are not within the minimum package provided under the guidelines, then the writing team is forced to prioritize the little monies available for the most interventions for the most recipients as opposed to such standalone activities.

Third, in response to the question why some modules had more legal and policy advocacy interventions than others (case in point MSMs legal representation versus FSWs who had none), the team responded that the rationale for spreading the training of paralegals and legal representation to just a few modules was for purposes of budget balancing. In terms of implementation, the writing team indicated that they would actually conduct all trainings under a uniformed and singular topic of ‘Key Populations’ and not segregate them to MSMs, FSWs, PWIDs or WLHIV. This response therefore led the team to suggest that the writing team actually have a blanket clause that indicates that all trainings and engagement with Parliament, the Judiciary, Police, Media and Religious leaders will be undertaken under the objective of sensitizing these target groups on ‘Key Populations’.

The team also addressed the issue of terminology and agreed that the participants would send a written request of their proposed terms to the writing team. The team further clarified the issue of male sex workers and why they were not specifically mentioned in the Note. The team indicated that Male Sex Workers actually fit into the interventions of MSMs and that they are quite lucky as interventions proposed for FSWs would also cater for them. The team however noted that they did not include transgender sex workers as the National Strategic Plan did not have anything on their data or interventions.

Finally, the team responded to the issue of engaging Traditional Birth Attendants (TBAs) under the interventions of the Women Living with HIV. The argument given by WLHIV was that many times, they are stigmatized and will often not attend clinic and prenatal checkups due to the stigma. Many WLHIV prefer the services of TBAs. Emily Muga however indicated to the participants that the Ministry of Health had banned the use of TBAs as the Ministry attributed the increase in maternal mortality to them. Today, the role of TBAs had been minimized to referral of patients. Consequently, the writing team could not include them in the Concept Note. She however proposed that the participants could alternatively advocate for these TBAs to be recognized as Community Health Workers. This way, they would be trained as CHWs and be recognized as part of the interventions for WLHIV.

Participants who work closely with PWIDs also highlighted their concern that page 74, of the Concept Note, which addresses drug dependence treatment for PWIDs was not in tandem with the World Health Organization packages and two elements were missing from the interventions and in particular, Socio-Economic reintegration and psychosocial support for recovering addicts. The writing team justified this gap by indicating that the aim of the interventions is not to have an all rounded coverage of just a few people but rather
due to the financial constraints, the aim of the Concept Note was to spread the few funds to more people by giving less interventions to each.

Lastly, the writing team addressed the issue of including female condoms as part of the FSWs interventions. They acknowledged the need for these condoms and in particular, for FSWs who engage with regular clients and also in the need to prevent unintended pregnancies. The team however clarified this issue by stating that page 70 of the Concept Note actually recognizes distribution of female condoms but on a ‘need basis’ as female condoms are quite expensive.

4. TB/HIV Joint Concept Note: Highlights by Dr Sarah Masyuko

‘A unit cost needs to be developed for all services and each donor needs to support a wholesome project and not just one component. We are trying to develop this proposal for uptake by donors moving forward’ Dr Sarah Masyuko

Upon satisfactorily addressing the concerns of the participants, the facilitator then invited the Chairperson of the Writing Team, Dr Sarah Masyuko, to give the participants a brief presentation and highlight of how far the discussions on the Joint TB/HIV Concept Note had reached and what the team should anticipate as regards their involvement in future endeavors.

Dr Masyuko began by indicating that the Kenya Coordinating Mechanism has actually met in December and that the team hoped to have the final draft of the Concept Note by 15 January, 2015. Once submitted, the grant would then, if successful, commence on 1 July, 2015 up to 31 December, 2017. Dr Masyuko then went ahead to indicate that in line with the Global Fund requirements, Kenya’s Country Dialogue had been widespread and had engaged a variety of stakeholders including civil society, academia, other donors, the Global Fund itself and even private sector.

In developing the Joint Concept Note, several processes had occurred including the formation of a Joint ICC and Joint secretariat. Second, Strategic plans for both TB and AIDS had been developed and thereafter a mapping and prioritization of interventions and modules. To date, there had been a variety of consultative drafting workshops including the following:

- Country context workshop- supported by LVCT
- Prioritization of interventions workshop supported by WHO
- Gap analysis workshop supported by Futures & USAID
- Drafting secretariat workshop supported by Futures & USAID; and
- Civil Society Concept Note analysis workshop supported by KELIN.

Dr Masyuko asserted that in all the above workshops, Key Populations have remained actively involved in the dialogue process and that their participation can be seen in their involvement in the development of the Concept Note as well as their election in the KCM.

As regards the draft Concept Note, it prioritizes funding needs based on 14 modules which include prevention and intervention for the general population, female sex workers, men who have sex with men, people who use drugs, prevention of mother to child transmission (PMTCT), HIV treatment, TB care and treatment, service delivery amongst others. Prioritization of interventions within the Concept Note was evidence-based and built on analysis of the financial and programmatic gaps across the two programs as guided by the Inter-Coordinating Committees. It was also done within the realities of the country allocation. Dr Masyuko further pointed out that choices of interventions were made to achieve the highest impact and outcome. Lastly, she also observed that the funding split was made based on four considerations namely; Historical data, historical funding trends, existing funding gaps and previous experiences.

According to Dr Masyuko, there are several key steps that need to be undertaken before the completion and submission of the Concept Note to the Global Fund. The same is illustrated below. She concluded by indicating that the writing team hopes to complete the final draft by having the KCM sit to endorse the draft by 15 January, 2015 and have the same submitted by 31 January, 2015. She further advised the participants that there would be an implementation meeting on 8 and 9 January 2015 and that they ought to give feedback through the KCM Key Populations representatives and not the secretariat.

The Chair then invited her colleague, the Vice Chair of the writing team, Ms Lucy Chesire, to say few words on the Concept Note. Ms Chesire began by acknowledging that the process has been very encouraging and positive as all Key Populations have been included and active in all the dialogue stages. Given the nature of the Concept Note, she now recommended that a small team amongst the Key Populations need to sit with the finance/costing team in order to understand the financial aspects of costing the interventions. The Global Fund allocations are approximately 76 million for a population of close to 5 million persons and
it is almost next to impossible to allocate sufficient funds to all the populations. She thus tasked the participants with the duty of ensuring that the Kenyan government allocates and disburses more resources towards their interventions. Moreover, she re-emphasized the oncoming demand from Global Fund for the government to raise its contribution to 20% given that Kenya has rebased to a low middle income status. She concluded by underscoring the importance of the integration approach to TB and HIV interventions as part of the move to reduce financial costs as monies given ‘above allocation’ are not always guaranteed.

5. Plenary session: questions arising from presentations

As a result of the presentations made by the writing team, the participants were invited to seek clarifications and inquire into areas that they did not understand. A summary of the questions asked is indicated below.

a. What other opportunities does this group have to input on the final draft of the Concept Note and will we get to see the final Concept Note handed over to Global Fund?

Response: The team answered this by inviting the participants to have a written proposal of all the amendments that they wish to see reflected in the Concept Note. This was particularly for terminologies such as PWUDs as opposed to PWIDs. The writing team requested the participants to consolidate these comments together with all the editorial terminologies that they were proposing (i.e. the editorial change to page 72 sub-clause 2e) in order for the writing team to review them all and for ease of reference before the final endorsement of the Concept Note. The team however, was quick to caution the participants that in suggesting amendments, the participants must not open up a Pandora’s Box of issues that are not necessarily be burning.

b. Page 18 of the Concept Note which defines target populations for TB interventions generally categorizes MSMs under the cluster of persons who are HIV +. This therefore wrongly presumes that all MSMs are HIV+. Can we include MSMs under the definition of TB target populations and not merely cluster them under the definition of ‘persons who are HIV+’?

Response: The team reminded the participants that most of the definitions that the team was using in the concept Note were from the National Strategic Plan and that it was not up to the team to give new meaning to the target populations for TB interventions as they had to restrict themselves to the already existing definitions.

c. Page 72 of the Concept Note, Sub-paragraph 2e is a copy and paste and refers to ‘FSWs’ under module 3 which is on MSM interventions. This needs to be changed.

Response: As indicated in their previous response, the team requested that this proposed amendment be in writing and handed over to the writing team for immediate reflection in the final concept note.

d. There is need for the participants to meet with the costing team as many of the participants do not understand the cost implications particularly how the team allocates monies to commodities vis-a-vis service provision and payment of peer educators and outreach workers. In many Harm Reduction Programs, the funders focus more on commodity purchase yet the outreach workers who undertake these programs are paid very little. Given that these workers are recovering addicts, sometimes they end up relapsing. In the same breadth, allocation of funds to people who use drugs should be more than the other Key Populations. This is based on the fact that people who use drugs are often cross cutting across the two main Key Populations namely FSWs and MSMs and therefore need a combination of service provision or large scale. Due to the little monies that are allocated to PWIDs interventions, the participants often cannot offer them all the needed services.

Response: The writing team acknowledged that the issue of costing and appropriation of funds to all the key populations is a difficult task. Funding splits amongst the various needs often is dependent on programmatic gaps and many times Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund then comes in to fill such gaps. Thus, if the survey shows that there is an existing donor funding an intervention around PWIDs or FSWs then the monies allocated will be less. We however also recognize the need for unit costs to be developed for all service and for each donor to commence supporting a wholesome project as opposed to just one component or intervention. Furthermore, costing also takes into consideration the absorption rate of the funds. Global Fund cannot allocate additional funds if the already existing funds in a certain intervention have not been exhausted. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding.

e. There is need for the writing team to clarify which other funders are funding projects on sex workers as we are always told that the justification for awarding very little to FSW interventions is based on the fact that there are other donors who are working on similar interventions.

Response: Ms Muga reiterated the above answer on costing issues and further answered this question by indicating that there are certain towns and cities in Kenya where, unfortunately, interventions have been overrepresented. She gave the instance of Nairobi where other interventions, including PEPFAR’s interventions have been reported and thus, the area has identified as not having any gaps. This therefore leads to its exclusion when it comes to new allocations and interventions under Global Fund. The writing team acknowledged that the issue of costing and appropriation of funds to all the key populations is a difficult task. Funding splits amongst the various needs often is dependent on programmatic gaps and many times Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund then comes in to fill such gaps. Thus, if the survey shows that there is an existing donor funding an intervention around PWIDs or FSWs then the monies allocated will be less. We however also recognize the need for unit costs to be developed for all service and for each donor to commence supporting a wholesome project as opposed to just one component or intervention. Furthermore, costing also takes into consideration the absorption rate of the funds. Global Fund cannot allocate additional funds if the already existing funds in a certain intervention have not been exhausted. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding.

f. Is it possible, beyond the Concept Note, to include TB allocations and interventions under Global Fund.

Response: Ms Muga reiterated the above answer on costing issues and further answered this question by indicating that there are certain towns and cities in Kenya where, unfortunately, interventions have been overrepresented. She gave the instance of Nairobi where other interventions, including PEPFAR’s interventions have been reported and thus, the area has identified as not having any gaps. This therefore leads to its exclusion when it comes to new allocations and interventions under Global Fund. The writing team acknowledged that the issue of costing and appropriation of funds to all the key populations is a difficult task. Funding splits amongst the various needs often is dependent on programmatic gaps and many times Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund then comes in to fill such gaps. Thus, if the survey shows that there is an existing donor funding an intervention around PWIDs or FSWs then the monies allocated will be less. We however also recognize the need for unit costs to be developed for all service and for each donor to commence supporting a wholesome project as opposed to just one component or intervention. Furthermore, costing also takes into consideration the absorption rate of the funds. Global Fund cannot allocate additional funds if the already existing funds in a certain intervention have not been exhausted. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding.

Response: Ms Muga reiterated the above answer on costing issues and further answered this question by indicating that there are certain towns and cities in Kenya where, unfortunately, interventions have been overrepresented. She gave the instance of Nairobi where other interventions, including PEPFAR’s interventions have been reported and thus, the area has identified as not having any gaps. This therefore leads to its exclusion when it comes to new allocations and interventions under Global Fund. The writing team acknowledged that the issue of costing and appropriation of funds to all the key populations is a difficult task. Funding splits amongst the various needs often is dependent on programmatic gaps and many times Global Fund will first see research on what various other donors are already funding. It is only when the gaps are realized that Global Fund then comes in to fill such gaps. Thus, if the survey shows that there is an existing donor funding an intervention around PWIDs or FSWs then the monies allocated will be less. We however also recognize the need for unit costs to be developed for all service and for each donor to commence supporting a wholesome project as opposed to just one component or intervention. Furthermore, costing also takes into consideration the absorption rate of the funds. Global Fund cannot allocate additional funds if the already existing funds in a certain intervention have not been exhausted. It is only when the gaps are realized that Global Fund will first see research on what various other donors are already funding.
g. Please provide the participants with the list of qualifications for sub-recipient so that the teams do not feel short changed or at an unfair position.

Response: Ms Chesire responded to this issue by reassuring the participants that the process of selecting Sub-recipients is usually undertaken by the KCM and it is done by instilling in place committees that then send out the call for applications for interested SRs. These committees also determine the number of SRs that are to be under each Principle Recipient. Given that Key Populations are now represented in the KCM, Key populations need not worry as they are now part of the team that will be involved in the selection process.

6. Way forward: Next steps

Mr Maleche addressed the participants and summarized several issues that ought to be raised by the participants in their engagement with the writing team. Key among the issues to be raised were:

a. Need for the participants to agree on the critical issues that have not been captured in the Concept Note and how to influence the Concept Note.

b. Need to summarize comprehensively all the editorial changes to be made to the Concept Note.

c. Each population needs to address its critical comments and formulate them into a written request to the writing team.

d. Need to explore the idea of a smaller group meeting with the costing team.

e. Need to identify who will attend the meeting to be held on 8 and 9 January 2015.

f. Given that there are two representatives of Key Populations in the KCM, how do the participants use this platform to get their issues pushed for all Key Populations?

g. Need for the present participants to agree and choose two representatives from each of the four constituents represented in the meeting. These representatives would then help in forging stronger representation and assist in taking the group’s issues moving forward.

h. Need to understand the requirements of an SR and what efforts the participants can make to meet the requirements.

i. For the new counties which have been identified in the Concept Note, how have the participants from these counties prepared to be part of the Global Fund process? Do they have points-persons who can assist?

Upon identification of the above issues, the facilitator then instructed the participants to go back to their four groups that had been formed the previous day and identify the key issues to be taken forward to the writing team. They were tasked to rework their issues given that the Writing team had responded to some of their issues. Additionally, the groups were to mutually agree on what issues were cross cutting amongst the four groups and needed to be addressed.

7. A Summary of issues from the four Key Populations

The following are some of the issues identified by the team that are cross cutting and should be included in the Concept Note:

a. The Research component on the IBBM, which has been factored in the joint Concept Note should consider adding human rights issues concerning the needs of all Key Populations. This will help ensure we have some data around the issues of human rights given that a full survey would be too expensive to conduct with the limited resources.

b. There is need for alignment of the activities of all Key Populations relating to Policy, Advocacy and Legal Rights Section so that they can be the same across all populations. This should also be considered for women who are living with HIV. It would also be important to consider including trainings for healthcare workers to be more sensitive to the needs of Key Populations.

c. The policy, advocacy and legal rights sections of the Concept Note should take into account the devolved structures and include the engagement of Senators and Members of County Assemblies in some of the advocacy activities. Additionally, engaging religious leaders and the media in all interventions is also highly recommended.

d. It would be desirable if additional funding is available to conduct a baseline for size estimates for Key Populations including Male and Transgender Sex Workers, levels of knowledge on human rights issues, ability to access institutions providing access to justice. This can be considered as an activity in the incentive funding to the Global Fund.

e. It would also be desirable to include Key Populations in all TB interventions as they are also Key Populations in the context of TB, especially for those who are living with HIV.

f. There is need to strengthen the component on human rights and 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 CSOs providing pro-bono legal services.

g. The aspect of strengthening capacities of key population organizations should run through all the modules for Key Populations and for women who are living with HIV.
It is critical to have up to date national surveys on the prevalence of TB just as we have up to date data on HIV prevalence through the Kenya AIDS Indicator Survey.

Among the four groups, the following issues were presented as requiring urgent attention in the Concept Note.

**Female Sex Workers (FSW) Community**

a. The need for alignment of key population activities. Several activities that have been captured in the MSM and PWID are not in the female sex workers activities. i.e. Developing of policy briefs to align the existing laws affecting FSWs (Policy, Advocacy and Legal Rights section)

b. Strengthening capacity, planning and leadership development in Key Population serving organizations (Policy, Advocacy and Legal Rights section)

c. Engaging with the Senate and the members of the relevant county assemblies on issues of FSWs (Policy, Advocacy and Legal Rights section)

d. Female condoms, lubricants and condom dispensers need to be adequately addressed in the Concept Note for female sex workers.

**People Who Use Drugs (PWUD)**

For Persons Who Inject Drugs (PWID), the critical issues still pending and most pressing that need to be considered for the joint Concept Note include:

a. Overdose prevention and management to be included as a drug dependency treatment as well as psychosocial support (Module 4, page 74).

b. Provision of IEC materials on viral hepatitis.

c. Provision of Hepatitis vaccination for peer educators and outreach workers as part of the Combination Prevention Package. (Module 4)

d. Development of policy advocacy should include religious leaders, MCAs and media to address issues of human & health rights (Policy, Advocacy on Legal Rights section).

e. Need to include TB services in the package of services provided to PWID

**Men who have Sex with Men (MSM)**

a. Research component on the IBBM should consider adding a human rights issues concerning MSMs. The writing team should consider in the incentive funding section to have the conduct of a national baseline survey to document the magnitude and nature of human rights violations and gender disparities relating to Key Populations and the population statistics for MSM/MSW.

b. The question of Access to Justice in the human rights section, should be beefed up to include the institutions that are avenues for the provision of access to justice. These include the Judiciary, HIV tribunal and National Human Rights Institutes and legal organizations providing pro-bono legal services. Some the activities to be considered include provision of legal services such as lawyers and bailing of the MSM.

c. All components of the combi-prevention package as in the Kenya prevention road map should be captured. This includes programs to reduce GBV and social economic empowerment.

d. MSMs should be included as one of the target population for TB interventions because of their risks to HIV.

**Women living with HIV (WLHIV)**

a. Build the capacity of women living with HIV and their organizations to provide and manage patient literacy programmes (Module 6.3 Page 79)

b. Emphasize on SRHR and not RH in the whole Concept Note to ensure Women Living with HIV have adequate options to choose from.

c. Involvement of peer educators in the education on treatment and rights knowledge in terms of PMTCT and right to choice in option B+ (Module 5.2 page 76)

d. Involvement of MCAs, Senate and the National Commission on Human Rights in the legal and policy framework.
9. Concluding the meeting: 
Action points and activities to be undertaken

Upon each group making its presentation, Mr Maleche concluded the meeting by identifying several action points that needed to be followed up as well as several opportunities that the participants could take into consideration. The opportunities and action points moving forward were identified as follows:

a. A letter to be drafted and shared with Peninah Mwangi and David Kuria, who are the Key Populations representatives to the KCM. The letter will then be shared with the Concept Note writing team in order to allow them to respond back in writing. The timeline given for the preparation of this letter was by 22 December 2014. The said letter and the accompanying key issues are attached herewith and marked as Annex 1.

b. The ICC is open in terms of membership and NACC has sent a form for all who wish to be part of it. Participants should take advantage of this platform and engage. Ted Wandera of KELIN would circulate the forms.

c. There is need for the group to identify a representative to attend the meeting scheduled for 8 and 9 January 2015. This meeting will be for purposes of discussing the implementation and criteria for selection of SRs and SSRs.

d. Need to discuss, as a team, the kind of support that will be given to Peninah and David during the KCM meeting to be held on 15 January 2015.

e. Need to identify which team members can meet with the costing team as proposed by Lucy Chesire. The idea is to have four of the chosen representatives attend the meeting.

f. Elections to the KCM will be happening soon. There are 8 slots that are open and among them is one slot for NGOs and 3 slots for persons living with and affected by the disease. The participants in the meeting need to have a look at the draft call that was circulated within mailing lists and websites of different organizations in order to see if they qualify.

Mr Maleche further clarified that Global Fund allows for support of attendance of meetings and therefore geographical location of participants should not be a hindrance. Mr Maleche then invited the participants to select, vide consensus, two representatives from each of the four key constituents. The following participants were elected to form a smaller working group that will take forward the proposed recommendations:

**Sex Workers Community:**
Grace Kamau – Nairobi County
Eunice Adhiambo – Busia County

**MSM Community:**
Daniel Peter Onyango – Kisumu County
Evans Odhiambo Opany – Nairobi County

**Women Living with HIV:**
Inviolata Mbwavi – Nairobi County
Jacqueline Wambui – Kiambu County

**Persons Who Inject Drugs:**
Cosmas Maina – Kwale County
Lugard Abila – Mombasa County

With the election of the above members, the meeting was thereafter concluded.
ANNEX 1

LETTER TO THE TB/HIV CONCEPT NOTE WRITING TEAM AND THE FINAL KEY ISSUES RAISED BY THE KEY POPULATIONS

24 December 2014.

The Chairperson,
TB/HIV Concept Note Drafting Team,
Kenya Coordinating Mechanism,
P.O. Box,
Nairobi
Kenya

Dear Madam,

RE: CRITICAL ISSUES FROM THE KEY POPULATIONS CONSTITUENCY FOR CONSIDERATION IN THE FINAL TB/HIV CONCEPT NOTE

Reference is made to the Key Populations Constituency Consultative meeting that was held from 18-19 December 2014 in Nairobi and supported by the Communities Rights and Gender department of the Global Fund. The Key Populations present included Men having Sex with Men (MSM), Female Sex Workers (FSW), People Who Use Drugs (PWUD) and Women living with HIV (WLHIV).

We thank you and your team for making time to come in and address some of the questions by the group. Further to the discussions, the Key Populations Constituency noted a number of critical issues that have either been omitted or not well articulated in the TB&HIV Joint Concept Note. Please find enclosed a summary of the issues which we strongly feel need to be incorporated in the Concept Note before the final submission.

During the meeting the teams present selected eight representatives, with two members each from the communities of women living with HIV, Men who Have sex with Men and Persons who use Drugs and Sex Workers. This team of eight will provide support to the two already elected representatives of the key populations during the process leading to the submission of the concept note.

In that regard we kindly request for a meeting with the costing team with four representatives from our selected team to get clarification and more information around the costing aspects. We are happy to have a meeting on the week starting the 5th January 2014

Submitted for your kind consideration, and looking forward to your writing feedback on the actions taken.

Yours faithfully,

Peninah Mwangi
Key Populations Representative

David Kuria
Key Populations Alternate
1.0 A Summary of Issues from the Key Populations Constituency including Women Living with HIV

1.1 Cross cutting Issues for Key populations and Women Living with HIV

The following are some of the issues identified by the team that are cross cutting and should be included:

i. The Research component on the IBBM, which has been factored in the joint concept note should consider adding a human rights issues concerning the needs of all key populations including women who are living with HIV. This will help ensure we have some data around the issues of human rights given that a full survey would be too expensive to conduct in the limited resources.

ii. There is need for alignment of the activities of all key populations relating to Policy, Advocacy and Legal Rights Section so that they can be the same across all populations. This should also be considered for women who are living with HIV. It would be also important to consider including trainings for healthcare workers to be more sensitive to the needs of key populations.

iii. The policy, advocacy and legal rights sections of the concept note should take into account the devolved structures and including Senators, Members of County Assemblies and County Council Askaris in some of the advocacy activities.

iv. It would be desirable if additional funding is available to conduct a baseline for size estimates for key populations including Male and Transgender Sex Workers, levels of knowledge on human rights issues, ability to access institutions providing access to justice. This can be considered as an activity in the incentive funding to the Global Fund.

v. It would also be desirable to include key populations in all TB interventions as they are also key populations in the context of TB, especially for those who are living with HIV.

vi. There is need to strengthen the component on human rights and 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 CSOs providing probono legal services.

vii. The aspect of strengthening capacities of key population organisations should run through all the modules for key populations and for women who are living with HIV.

viii. It would be good to have more up to date survey’s on the prevalence of TB among the entire groups just as we have up to date data on HIV prevalence through the Kenya AIDS Indicator Survey.

1.2 Female Sex Workers (FSW) specific issues

(i) The need for Alignment of key population activities. Several activities that have been captured in the MSM and PWUD are not in the female sex workers activities, i.e.

- Developing of policy briefs to align the existing laws affecting FSW’s (Policy, Advocacy and Legal Rights section)

- Strengthening capacity, planning and leadership development in Key Population serving organizations (Policy, Advocacy and Legal Rights section)

- Specific activities will include institutional systems assessment of these organizations to identify the strengths and the gaps to inform a contextualized capacity building plan.

- Additional capacity building to strengthen the social mobilization skills

- Engaging with the senate and the Members of the relevant county assemblies and county council askaris on issues of FSW’s (Policy, Advocacy and Legal Rights section)

- Female condoms, lubricants and condom dispensers need to be adequately addressed in the concept note for female sex workers.

1.3 People Who Use Drugs (PWUD)

The Persons Who Use Drugs (PWUD) critical issues still pending and most pressing need to be considered for the joint concept note include:

i. Overdose prevention and management to be included as a drug dependency treatment as well as psychosocial support (Module 4).


iii. Hepatitis vaccination for peer educators and outreach workers. (Module 4).

iv. Development of policy advocacy should include religious leaders, MCAs and media to address issues of human & health rights (Policy, Advocacy on Legal Rights section).

v. Research on human rights violation among PWUDs (Cross cutting issues-Allan).
vi. Include TB services in the package of services provided to PWUD (Module 4/1).

**Editorial:** Use PWUD in the whole document instead of PWID to make it more inclusive so as to ensure that the services are not limited to those who inject drugs only.

### 1.4 Men who have Sex with Men (MSM)

i. Research component on the IBBM should consider adding a human rights issues concerning MSM. Please refer to cross cutting issues above. The writing team should consider in the incentive funding section to have the conduct a national baseline survey to document the magnitude and nature of human rights violations and gender disparities relating to key populations and the population statistics for MSM/MSW. Baseline Surveys on TB. Please refer to cross cutting issues above.

ii. The question of Access to justice in the human rights section, should be beefed up to include the institutions that are avenues for the provision of access to justice. These include the Judiciary, HIV tribunal and National Human Rights Institutes and legal organizations providing pro-bono legal services. Some the activities to be considered are by provision of legal services such as lawyers and bailing of the MSM. Please refer to cross cutting issues above. All components of the combi-prevention as in the Kenya prevention road map should be captured, e.g. programs to reduce GBV and social empowerment.

iii. MSM should be included as one of the target population for TB interventions because of their risks to HIV.

iv. It was recommended that, it would be important for Global Fund Concept note team to consult and work through existing networks like, GMT HIV Prevention Network, rather appointing new representatives every now and then.

**Editorial:** Sub-section 2e of Module 3. Insert MSM where FSW is.

### 1.5 Women living with HIV (WLHIV)

i. Build the capacity of women living and their organizations with HIV to provide and manage patient literacy programmes (Module 6.3).

ii. Emphasize on SRHR and not RH in the whole concept note to ensure Women Living with HIV have adequate options to choose from.

iii. Involvement of peers in the education on treatment and rights knowledge in terms of PMTCT and right to choice in option B+ (Module 5.2)

iv. Involvement of MCAs and Senate and the national commission on human rights in the legal and policy framework, please refer to cross cutting issues above.

v. Access to justice not well articulated, please refer to cross cutting issues above.