

**COVID-19 RESPONSE MECHANISM
KENYA COUNTRY DIALOGUE FOR KEY AFFECTED POPULATION.
JINSIANGU CENTRE OF EXCELLENCE, NAIROBI
1ST MAY 2021**

WORKSHOP REPORT

On 1st May 2021, from 10.00am, Jinsiangu, a Trans led organization brought together key and affected population to a workshop to discuss priorities for Kenya's application for COVID-19 Response Mechanism. The meeting brought together leaders and members of different key and vulnerable population including of Transgender Community, KP consortium, PLHIV and representatives of adolescents and youth.

WORKSHOP OBJECTIVES.

By the end of the workshop the participants were able to:

- Understand the Global Fund C19 Response Mechanism.
- Understand the funding areas for Global Fund C19 Response Mechanism.
- Identifying C19 needs of the key population community.
- Participatorily prioritize needs that should be addressed within Kenya's C19RM application to the Global Fund.
- Define relevant interventions to respond to priority needs

WHAT IS C19RM?

In April 2020, the Global Fund (GF) allocated \$500 million to support the response to global pandemic through the COVID-19 Response Mechanism (C19RM). However, transgender-led organisations barely received any of this funding. In April 2021, GF opened a new call for proposals through the C19RM 2.0 for countries with active GF grants to access a total of \$3.5 billion. In this new round, it is critically important that key population priorities are included.

The Global Fund allocated Kenya C19RM base allocation of US\$62,296,526. An equivalent amount to be applied under C19RM above base allocation. These funds are intended for the response to COVID-19 and to mitigate the impact of the pandemic on the fight against HIV, tuberculosis and malaria, and strengthen health and community systems.

KENYA'S C19RM FUNDING REQUEST WRITING TEAM.

The funding request is composed of members from various organizations/ communities and sectors;

- Government (COVID 19 task force, Disease programs/National AIDS Control Council (NACC), Kenya Medical Supply Agency (KEMSA, County Representatives.)
- Development partners
- Private sector
- Faith based organizations
- Affected Communities, Key Population and CSO.

The first writing team meeting was on 19th April 2021 and since then the team has had several meetings including engagement with various constituencies.

C19RM Full Funding Request Application Road Map and update

No	Description	Apr-21							May-21														Jun-21							Responsible person																		
		14	19	20	21	22	23	26	27	28	29	30	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25		26	27	28	31	2	3	4	7	8	9	10	11	14					
1	KCM meeting to initiate the COVID 19 RM funding request																																													KCM		
2	Writing team Funding request initial meeting																																													Chair C19 RM Writing Team		
3	Identification of TA needs and recruitment																																												Core Team /KCM secretariat/UNAIDS			
4	Desk review and stakeholders mapping																																												C19 RM Writing Team / Consultants			
5	Country Dialogue meetings (Constituencies/Countries / C19 Taskforce/ C19 Sub-committees/)																																												KCM Constituency Representatives/C19 RM Writing Team			
6	Consolidation of gaps and priorities																																											C19 RM Writing Team / Consultants				
7	First draft/costing/ supporting documents																																											C19 RM Writing Team / Consultants				
8	Submission of first draft to Covid Task Force and Joint HSWG for review																																														C19 RM Writing Team	
9	Endorsement by Covid Taskforce																																													C19 RM Writing Team		
10	Joint HSWG endorsement (virtual meeting)																																													C19 RM Writing Team		
11	Finalization of second draft																																														C19 RM Writing Team / Consultants	
12	Circulation of second draft HSWG and KCM																																													C19 RM Writing Team		
13	Review by KCM																																													C19 RM Writing Team		
14	KCM endorsement																																														KCM	
15	CR19RM submission to CT																																															KCM

KENYA'S FAST TRACK APPLICATION.

Kenya submitted a fast track application on 14th May 2021 comprising of 50% of the total application. These were for procurement of oxygen, diagnostics and PPEs. PPE priority was given to both health care providers and community actors. Commodities for community PPE include:

1. Alcohol Based Hand Rub
2. Face Shield
3. Gloves
4. Surgical masks
5. Disposable Masks

NEEDS/GAP ASSESSMENT.

The meeting conducted a plenary session to discuss the different needs of key populations community in relation to barriers caused by C19 on effective implementation of their HIV programs and how these barriers negatively impact on accessibility and quality of services, human right and how they contribute to gender based violence.

We broke into groups and discussed use of implementation data from their organizations and networks and other studies that have been done in the past on effect of COVID 19 on Key populations.

We conducted discussions on the thematic areas mentioned below in order of priority.

1. RESPONSES TO HUMAN RIGHTS AND GENDER ISSUES.

Issues/barriers.

Key populations are particularly vulnerable during the COVID-19 pandemic. Those living with compromised immune systems, including HIV, face a greater risk from COVID-19. Some of the human rights and gender related challenges faced include:

- **Access to Health Services:** Transgender and other LGBTI people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare. This has been exacerbated by COVID 19, with most isolation centers and tools to respond to COVID 19 being gender blind.

- *De-prioritization of required health services:* Given overloaded health systems, treatment of trans people has been interrupted or in some cases deprioritized, including HIV prevention HIV testing and hormonal treatment among others.
- *Domestic violence and abuse:* Due to stay-at-home restrictions, many transgender and MSM youth are confined in hostile environments with unsupportive family members or co-habitants. This can increase their anxiety and depression.

Proposed Interventions:

- Conducting community-led monitoring (CLM) of human rights violations and equitable distribution and access of C19RM funded tools such as access to PPE, non-discriminatory food support, vaccines, etc.;
- Linking cases of human rights violations to support and redress, through KP led community paralegal programs.
- Scale-up rapid response mechanism, including safe houses with comprehensive KP-friendly services;
- Dialogues with community leaders and engagement of key population to raise awareness on the potential rights-violations in the context of COVID-19.
- Trainings of law enforcement officers on responsive policing, including responding to and addressing intimate partner and gender-based violence which increased because of COVID-19

2. RESPONSES TO GENDER-BASED VIOLENCE

Issues/Barriers

LGBTI people represent some of the most marginalized populations Kenya Ignorance, intolerance and hatred based on prejudices continue to result in their social exclusion, violations of rights, and intolerable levels of violence against them.

Transgender people continue to face Stigma and discrimination based on perceived and self-identified gender inequalities and harmful gender norms.

Legal systems sometimes short of protecting the Key populations yet the response to the COVID-19 pandemic continues to aggravate the existing gender inequalities and vulnerabilities that contribute to stigma, discrimination, and gender based violence of Key Population.

Extended confinement measures and restrictions on movement in Kenya, compounded by economic and social stresses brought on by the pandemic, have coincided with reports of increased numbers of people from key and vulnerable populations facing intimate partner violence and mental health issues.

Proposed Interventions:

- Conduct peer-led psychological first aid sessions, GBV referral pathways, and survivor support sessions.
- Provide peer-led post violence counseling, referral and linkages to post violence support to gender based violence survivors.

- Support affected key populations with linkages to access justice interventions or to legal redress for human rights violations experienced as a result of COVID-19 restrictions.

3. COMMUNITY-LED ADVOCACY AND RESEARCH

Issues/Barriers

- Kenya relies not just on the resilience of our already weakened health systems but also on the role of communities to prevent and manage the pandemic through non-medicalized public health measures
- There is need to strengthen the capacity of communities to engage, reverse and mitigate the impact of COVID.
- Community engagement serves to maximize the effectiveness of COVID-19 preparedness and response strategies and prevent transmission at the community level.
- By engaging communities in the preparedness and response of COVID-19, the health sector can avoid the emergence of cases that would worsen the pandemic.
- Community engagement can serve to address and prevent health and gender inequities during the COVID-19 pandemic.

Proposed Interventions:

- Map out legal, policy and other barriers that limit community responses
- Implementation data collection and analysis to inform development and/or improvement of key and vulnerable population programs to mitigate the impact of COVID-19;
- Conduct research and advocacy to scale-up access to services by key populations, including public financing for the provision of services by community-led and based organizations
- Conduct advocacy and lobbying, for improved availability, accessibility, acceptability and quality of services and social accountability;
- Advocate for campaigns for domestic resource mobilization for COVID-19 and the three diseases and Universal Health Coverage;
- Develop simple advocacy materials on the importance of preserving access to HIV, TB and malaria services and reproductive health services during COVID-19

4. NEGATIVE IMPACTS ON HEALTH SERVICE DELIVERY FOR KEY POPULATIONS

Issues / barriers:

- Several factors that elevate key populations' risk of HIV acquisition may also place them at higher risk of acquiring coronavirus, such as high mobility and close physical contact with others through social and sexual practices.
- Stigma and discrimination experienced by KP members in health care settings limit access to and uptake of HIV services and will also likely affect their access to COVID-19-related services.
- Concerns about potential exposure to COVID-19 in health facilities may lead to interruptions in treatment and other essential services for KP members living with HIV.

- For KP individuals who are HIV-negative, the COVID pandemic may reduce their access to preexposure prophylaxis (PrEP) and other prevention services.

Proposed Interventions

- Implementation of differentiated service delivery for prevention, testing and treatment prioritizing innovative service delivery methods, such as community models for HIV self-testing; community-based care and multi-months dispensing for key prevention and treatment products;
- Development and scaling of electronic information and behavior change communication in virtual and social media platforms;
- Peer Led communication about COVID-19 to key populations
- Training for community actors on HIV and COVID.
- Provision of PPEs to KP community Actors.

5. COMMUNITY-LED MONITORING

Issues/Barriers

- The COVID-19 pandemic and the resulting responses have highlighted the barriers that exist to the provision and access of services, specifically HIV prevention services for key populations.
- We have also seen increased gender and human rights related barriers to access and retention to HIV and TB services.
- Trends of service quality for HIV, TB, Malaria mental health, HIV prevention or sexual and reproductive health have in most instances reduced due to heavy focus on responding to COVID 19.
- CLM can be used by communities and key population in monitoring access to services for their constituents, including improving the legal environment, human rights promotion and protection, or action against stigma and discrimination.

Proposed Interventions:

- Monitoring availability, accessibility, acceptability and quality of HIV, TB, malaria and COVID-19 services;
- Conducting community-based monitoring of barriers to accessing HIV, TB, malaria and COVID-19 services (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers);
- Conducting community-led advocacy to improve programs and policies
- Providing tools and equipment (e.g. PPE to protect from COVID-19) for community-based monitoring.
- Technical support and training on community-led monitoring and using community data to inform programmatic decision making and advocacy for social accountability and policy development;
- Monitor and report on stock-outs, quality of services and human rights violations

SOCIAL MOBILIZATION, BUILDING COMMUNITY LINKAGES AND COORDINATION

Issues/Barriers

- Despite understanding the transmission risks, many people are unwilling to act in ways to stop COVID 19
- COVID 19 response is too focused on the medical and technical aspects of disease control
- Does not take a sufficiently people-centric approach.
- Does not consider the cultural context enough at the outset
- Trust issues have impacted the uptake of vaccines:

Proposed Interventions:

- Maintain social mobilization during COVID-19 by using appropriate new information, communication tools and technologies.
- Strengthen platforms that improve coordination, joint planning and effective linkages between communities and formal health systems to respond to COVID-19, other health actors and broader movements
- Procure IT support for communities to foster engagement in all COVID-19 processes from planning, implementation and monitoring.
- Strengthen existing community platforms (drop-in centres, safe spaces, community-based clinics) as well as community networks to deliver peer led HIV, TB, mental health, SRH and COVID-19 services

ORGANIZATIONAL CAPACITY BUILDING, PLANNING AND LEADERSHIP DEVELOPMENT.

Issues/Barriers

- The Covid-19 pandemic and the subsequent lockdown has affected millions of people, particularly the poor and marginalized.
- A large number of civil society and non-profit organizations have provided enormous support to the affected communities in diverse ways.
- However, a large section of these organizations has also faced challenges and obstacles to continue their work in a meaningful manner.
- The occurrence of the pandemic, necessitated strengthening digital infrastructure and skills as well as improving grant-proposal writing skills of organisations, particularly owing to the digital divide in urban and rural Kenya and the diminishing resources available to civil society and non-profit organisations.

Proposed Interventions:

- Capacity building and mentorship of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization, community-based monitoring and advocacy during COVID-19
- Technical and programmatic development to ensure high quality delivery of integrated community-based COVID-19 services
- Infrastructure and core costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy

WAY FORWARD

- The draft report has been submitted to the writing team secretariat.
- We will write the final report with the outcomes from our funding application for C19RM.