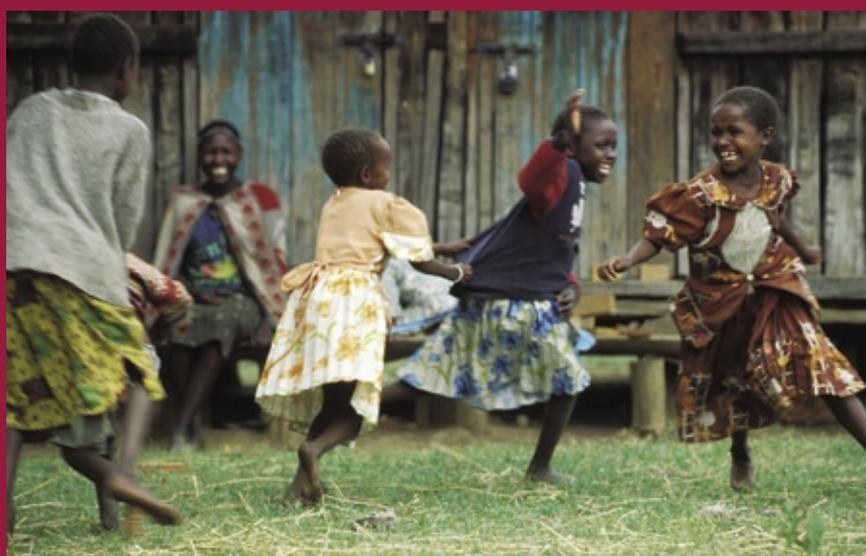




From policies to people

An analysis of the mechanisms in place
to resource community responses
to HIV and AIDS in Kenya



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Executive summary

International donors and the Kenyan Government have recognised the devastating effect that HIV and AIDS are having across the world and particularly in sub-Saharan Africa. They are beginning to respond with additional resources and new policies and action plans to tackle the disease and its effects. Whilst Kenya has received considerable financial assistance from donors and has begun to put sound policies in place, some civil society groups feel that these plans have not yet been put into action and that still more is required to ensure that resources are available to strengthen communities' own responses. This paper has analysed funding mechanisms and their effectiveness in getting resources to the community level and makes recommendations to donors, national governments and civil society groups.

It is estimated that 1.4 million people in Kenya are living with HIV today and that, over the last 20 years, more than 1.5 million people have died of AIDS-related illnesses.¹ Around 11 per cent of all children under 15 are orphans (around 1.78 million children) and at least 50 per cent of these have been orphaned by AIDS.² Overall prevalence rates have dropped from a peak of 14 per cent in 2000 to seven per cent in 2004. The reasons for this are not yet totally clear but it may be partly due to increased deaths from the disease combined with a probable reduction in the number of new infections.

The government of Kenya is generally perceived to have demonstrated good political leadership in responding to the disease: by establishing, for example, the National AIDS Control Council (NACC) under the Office of the President in 1999; by following the UN-approved principles of the 'Three Ones';³ and by launching a 'Total War on AIDS' in 2003. In response to this leadership, donors including the World Bank, the Global Fund and PEPFAR (the US President's Emergency Plan for AIDS Relief) have committed substantial resources to Kenya in recent years.

Research commissioned by the World Conference of Religions for Peace and UNICEF, carried out in six countries including Kenya, has demonstrated the significant impact that faith-based groups have had in responding to the epidemic, particularly in relation to orphans and vulnerable children – often without relying on external resources.⁴ For many Tearfund partners, the key to their response is local church bodies offering practical help to neighbours affected or infected by AIDS. However, the extent of the need is now overwhelming people's own resources and further funding is required at the local level. Donors have recognised this and have encouraged the disbursement of funds to community-based organisations (CBOs) and faith-based organisations (FBOs) where possible. The government of Kenya has also recognised – in policy documents such as the Kenya National AIDS Strategic Plan and the National Orphans and Vulnerable Children Action Plan – that CBOs and FBOs play a critical role and it has identified them as key implementing partners.

The plans and strategies which are being put into place at a national level use convincing language. Yet, there is real concern that they are not being put into effect at grassroots level, and are therefore not yet making a real difference to the people most affected. This paper is based on interviews with six Tearfund partner organisations, with a number of other community-based and faith-based groups, with representatives from some intermediary organisations (the term

1 Figures taken from the National AIDS Control Council's Kenya National HIV/AIDS Strategic Plan, June 2005

2 Office of the Vice President and Ministry of Home Affairs, National Policy on Orphans and Vulnerable Children, May 2005

3 A principle agreed internationally in 2004 whereby recipient governments are encouraged to establish one AIDS action framework, one coordinating authority and one country-level monitoring and evaluation system to effectively coordinate the national response to the epidemic

4 Foster G (2004) *Study of the response by faith-based organisations to orphans and vulnerable children*, UNICEF and World Conference of Religions for Peace

used in this paper to describe networks, national and international NGOs and other larger civil society groups which may pass on information and resources to community-level groups), and with members of the Kenyan authorities. A workshop was held in Nairobi where civil society representatives discussed the information gathered from these interviews; the views expressed at this workshop formed the basis for the recommendations made in this report. Tearfund and its partners make a number of recommendations:

International donors should...

- Support national ownership by complying with attempts to map and coordinate interventions in this area, in line with recommendations from the Global Task Team, and by being driven more by national needs than their own strategies. (SECTIONS 2.4, 3.1.2, 4.1.8, 4.2)
- Support CBOs and small FBOs by asking principal recipients of funding to show them a list of potential implementing partners at the proposal stage, in order to encourage the inclusion of CBOs and FBOs earlier in the project formulation process. (SECTIONS 3.3, 4.1.2)
- Improve their own monitoring and evaluation by carrying out a critical analysis of how their resources reach poor communities. (SECTION 4.2)

The Kenyan government and the NACC should...

- Reinforce national ownership by increasing efforts to coordinate the work of donors and NGOs to ensure that they do not duplicate efforts and that their activities are consistent with the Kenyan National AIDS Strategic Plan. (SECTIONS 4.1.8, 4.2)
- Support CBOs and FBOs' role in policy formulation, implementation and evaluation by:
 - including representatives from more CBOs and FBOs in their consultations; holding more consultations in rural areas; leaving a longer period for consultation so that intermediaries can gather input from CBOs and making information-sharing more of a priority (SECTIONS 3.3, 4.1.6)
 - ensuring Constituency AIDS Control Committees (CACCs) have the resources and skills necessary to be an effective focal point for information and resources at the local level (SECTIONS 3.2.1, 3.2.2, 4.1.1)
 - setting aside a specific percentage of overall funding which must be delivered directly to CBOs and small FBOs, as recommended by the ACT Africa review of the World Bank MAP Programme. (SECTIONS 4.1.3, 4.2)
- Increase effectiveness by ensuring that all funding is disbursed on time and increasing the speed of communication between themselves and the Financial Management Agency (FMA). (SECTION 4.1.4)
- Improve monitoring and evaluation by making more efforts to map the coverage and impact of the interventions that they fund and the type of organisations that they give funding to. (SECTIONS 3.2.2, 4.1.3, 4.1.4, 4.2)

Intermediary organisations and networks should...

- Support CBOs and small FBOs by:
 - including CBOs and small FBOs in their proposal formulation as well as in implementation (SECTION 4.1.2)

- making more efforts to seek out new organisations to work with (SECTION 4.1.2)
- ensuring that they accurately convey the views of smaller organisations in all consultation processes (SECTIONS 3.3, 4.1.2, 4.1.6)
- working harder to disseminate information to CBOs and small FBOs (SECTION 4.1.2)
- standardising their requirements for funding applications so that it is easier for smaller organisations to understand what is required of them. (SECTION 4.1.2)

Community and faith-based groups should...

- Build their own capacity to engage in national processes by:
 - being involved in strong networks so they are up to date with all the latest information and developments, write joint proposals and monitor the effectiveness of government policies at the grassroots (SECTIONS 4.1.2, 4.1.6, 4.1.7)
 - drawing on support from larger NGOs where it is available to build their own capacity to handle finance accountably, write proposals, monitor the impact of their work and utilise the funding available (SECTIONS 4.1.2, 4.1.3, 4.1.7).
 - making a more concerted effort to document what they have done – assessing where they could improve and noting successes, to help them make successful applications for funds in future, as recommended by the ACT Africa review (SECTIONS 4.1.7, 4.2).
 - holding government to account at the local level, tracking the funding that is received and ensuring that it is spent wisely. (SECTIONS 4.1.6, 4.1.7, 4.2)

1 Introduction

1.1 The need for more and better aid for AIDS

The scale of the HIV and AIDS epidemic is alarming. More than 20 million people worldwide have died from AIDS. Latest estimates from UNAIDS suggest that nearly 40 million people are currently living with the HIV virus. More than 14 million children have lost a parent to AIDS. Overall, Africa accounts for more than 60 per cent of HIV infections and 75 per cent of mortalities worldwide. In some areas in Southern Africa more than one in four adults is HIV-positive. Young women aged 15 to 24 are particularly vulnerable and are more than twice as likely to be infected as their male counterparts.⁵

The epidemic has huge social and economic costs. AIDS breaks down families and communities, creating orphans and putting additional burdens on remaining family and community members. A disproportionate number of key workers are also being lost, posing a serious threat to economic growth. AIDS may be regarded as a permanent disaster: a dynamic which affects large numbers of people with devastating consequences. The epidemic is outstripping organisations' capacity to respond effectively and is eroding the resources of communities whose capacity to respond is therefore diminished.

The international community has recognised the wide implications of the epidemic. Initiatives such as the Global Fund for HIV and AIDS, TB and Malaria (to be called henceforth the Global Fund), the World Bank's Multi-Country AIDS Programme (MAP) and the US President's Emergency Plan for AIDS Relief (PEPFAR) have resulted in a noticeable increase in resources for AIDS and improved responses at the national level. They have enabled many recipient governments to establish national AIDS committees, to draw up strategic plans and to provide improved health services and, in some cases, drugs to control the disease. They have also started to build civil society's capacity to respond.

It is now important that this volume of aid continues to grow as the demand for resources increases. It is also vital that the aid is used effectively, reaches those who need it most and is monitored effectively so lessons can be learned for the future.

1.2 The AIDS profile of Kenya

Kenya has a severe, generalised HIV epidemic. The Kenya Demographic and Health Survey (KDHS) of 2003 found a prevalence rate of nine per cent in adult women and five per cent in adult men, with an overall prevalence rate of seven per cent. However, only 14 per cent of adults reported that they had been tested and knew their results. Since 1993, life expectancy in the country has dropped from 60 years to about 47 years. In the 15 to 24 age group, women are nearly five times more likely to be infected than men. Those living in urban areas are twice as likely to be infected as those in rural areas. HIV prevalence rates vary markedly between regions, with the Nyanza, Rift Valley and Eastern provinces being worst affected.⁶

Twenty per cent of the Kenyan population are aged six and below; 48 per cent are under 15. Children are therefore very vulnerable to the effects of AIDS. In fact, KDHS 2003 estimated that 11 per cent of children under 15 are orphans and up to 60 per cent of these

5 UNAIDS (2004) *AIDS epidemic update 2004*, www.unaids.org/wad2004/report_pdf.html

6 Kioko U, Njeru E (2004) *Funding the Fight Against HIV/AIDS: Budgetary Analysis of Kenya's HIV/AIDS Activity*, Institute of Policy Analysis and Research, Nairobi

cases are directly attributable to AIDS. Forty per cent of orphans live with grandparents, 34 per cent are with other relatives and seven per cent are fostered or adopted.⁷

The impact of HIV and AIDS is felt across all sections of the economy and society. More than 50 per cent of Kenyans live below the poverty line, 30 per cent of children have stunted development and under-five mortality is 115 per 1,000 live births. Some 1.3 million children (aged 5 to 17) are currently engaged in child labour, mostly in agriculture, fishing and domestic services – partly because the epidemic has left them vulnerable. Kenya's National AIDS Strategic Plan – and, to a far lesser degree its Economic Recovery Plan – recognise the wider economic implications of the epidemic and highlight its impact on agriculture and rural food security, on the education and health sectors due to the loss of key workers, and on the long-term revenue base of the economy and public finances.

1.3 Community and faith-based organisations' response to AIDS within communities

It is well documented that, in all countries affected by the epidemic, community and faith-based groups have been at the forefront of local responses and have a vital role to play. Estimates suggest that in Kenya around 3,000 registered NGOs and another 10,000 community-based organisations are currently responding to the disease.⁸

A number of Tearfund partners in Kenya took part in this research and are responding to AIDS within their own communities and constituencies:

ST JOHN'S COMMUNITY CENTRE operates in six villages within the Pumwani area of east Nairobi's slums, which have a total population of around 60,000 residents. It carries out a wide range of development activities, such as non-formal schooling, rehabilitating street children, providing vocational training and health education. Its work on HIV and AIDS focuses mainly on orphans and vulnerable children. It provides counselling for children affected by the disease, encourages the writing of memory books, provides transport for 13 children living with AIDS to attend hospital for their ARV treatment, and facilitates group therapy for people living with the disease. St John's also works closely with schools in the district to train peer educators who can inform other students about the causes and effects of HIV and AIDS. It has recently started a new initiative to train and support 12 small community-based organisations (CBOs) working with orphans and vulnerable children (OVC) outside Nairobi; this involves helping, for example, women's groups to write proposals and manage their finances, as well as providing some additional resources.

THE FELLOWSHIP OF CHRISTIAN UNIONS (FOCUS) is the coordinating body of student Christian Unions in Kenya. It operates in 40 university colleges and campuses and represents about 8,000 student members. It has 20 full-time staff and 20 interns. Its main focus is on training and mentoring future Christian leaders, but it has included an HIV/AIDS component in its work for a number of years. It has arranged student workshops and invited speakers to address the subject at its annual conferences. Focus has also been training groups of peer educators on HIV and AIDS in two or three campuses each year, equipping them to become a focal point for information among the student body; a number of its interns have been involved in development work at the community level which includes an HIV and AIDS component.

⁷ Office of the Vice President and Ministry of Home Affairs, National Policy on Orphans and Vulnerable Children, May 2005

⁸ Estimate given by Dr Allan Ragi, Executive Director of the Kenya AIDS NGO Consortium

LIFE SKILLS PROMOTERS (LISP) is a small, independent faith-based organisation, established in 1999, which focuses on behaviour change among young people. Initially it focused on sexual behaviour but has broadened its work to encompass drug use and other high-risk activities. LISP works in the slums of Nairobi, one division at a time, training young people, parents and teachers. It has carried out programmes in more than 100 secondary and 100 primary schools and has also done training within churches. It has developed training materials with the Kenya Institute for Education, as well as advising the Department of Education and other stakeholders on how they should develop their guidance and counselling policy. It uses a participatory approach to training, although the huge class sizes within slum schools since fees for primary education were abolished has made this more challenging, but innovative approaches are being sought. LISP is also piloting a new programme for children with disabilities in primary schools, particularly helping their parents and carers to understand how best to support and protect them from sexual abuse or exploitation.

CHRISTIAN COMMUNITY SERVICES OF MOUNT KENYA EAST (CCSMKE) is the development arm of the Anglican Church of Kenya in the Central and Eastern Provinces, which account geographically for a third of the country. CCSMKE carries out integrated development work and treats HIV and AIDS as a cross-cutting development issue. It operates ten district stations throughout the region which are a focal point for the community, providing health facilities and training in agricultural techniques, water management, community health and HIV and AIDS awareness. CCSMKE also runs a hospital in Kerugoya where it has its head office. As well as mainstreaming AIDS education into many aspects of its work, it has also started to scale up AIDS-specific work and hopes to do more of this in the future. CCSMKE has begun training trainers in home-based care and stigma reduction, aiming to create a network of church support groups who can reach out to their own communities. It has also been carrying out the necessary capacity building in order to offer voluntary counselling and testing (VCT) facilities at all their clinics and aims to become a distributor of antiretroviral drugs (ARVs). CCSMKE has also been training AIDS counsellors and raising awareness in rural areas through music, dance and drama. In 2003, its activities impacted 25,300 people, with messages about HIV and AIDS central to all this work. It also served more than 530 people living with HIV and AIDS (PLWHA) and 200 orphans. Its new strategy for 2006–2008 has been drawn up with input from intended beneficiaries in a participatory process.

Example of an FBO equipping community responses

Christian Community Services of Mount Kenya East (CCSMKE) has been training church volunteers to carry out home-based care and counselling for people living with HIV and AIDS. Through this training, its aim is to reduce stigma within communities as well as provide practical support for those infected with the disease and their families. In the course of their research, Tearfund staff attended a follow-up workshop in Karaba for those who had received training. Around 20 volunteers – men, women and some teenage boys – met in their local church with a facilitator to discuss their experiences and to share their learning points. Each person was starting to build relationships with a small number of people living with HIV or AIDS. They felt that they had had a positive impact on those they had been visiting, but would like additional resources so they can meet material needs for things such as food and medicines.

THE EVANGELICAL FELLOWSHIP OF KENYA is the umbrella body for evangelical churches in Kenya. Established in 1973, it has 37 registered members, representing about six million people. It seeks to build congregations' capacity to respond to HIV and AIDS in their own communities, providing training and guidance on best practice in a variety of areas, particularly focusing on OVC. It has had limited funds available for its work on AIDS to date: it was involved in capacity building in 12 churches but has recently focused its work in just three churches annually.

MEDICAL ASSISTANCE PROGRAMME (MAP) INTERNATIONAL is a Christian health aid agency that provides medicines, medical supplies, education, training and networking forums to meet long-term health needs across Africa. It works through churches and FBOs to reach communities, providing training and teaching materials, and supporting partners' interventions on behalf of vulnerable groups such as OVC. In Kenya MAP has been helping the leaders of different religious denominations to recognise the challenge that HIV and AIDS poses and to develop policies and strategies to address it in their own work and congregations. It has worked with nine faith-based organisations and more than 1,100 church leaders to improve their understanding of HIV and AIDS and its causes, and to impart prevention tactics and sound principles of establishing compassionate care ministries.

TEARFUND has a distinctive role to play in the global fight against AIDS through its direct contact with Christian grassroots organisations: it currently works with 320 partner churches and organisations in more than 60 countries. Responding to HIV and AIDS is one of Tearfund's top priorities. Tearfund is able to work with faith communities to meet the needs of very large numbers of poor people, influence personal behaviour, improve the use of international aid within country, and make informed contributions to policy processes. In many countries, Tearfund partners have taken a lead in tackling HIV and AIDS, through prevention education, home-based care and work to lessen the impact of the pandemic, especially on OVC. Some are engaging with provision of VCT, prevention of mother-to-child transmission and antiretroviral therapy. Intermediary organisations have mobilised congregations and other community structures, producing thousands of volunteers to engage in care.

1.4 Methodology

This study has used anecdotal evidence from a variety of sources to analyse funding mechanisms and donor funding architecture at the national and local levels in Kenya. It looks at their effectiveness in getting resources to community responses. Leaders from six Tearfund partners were interviewed about their work, their experiences of applying for and receiving institutional funding, their views on the government's and donors' responses to the epidemic, and the funding mechanisms that they think would be most successful in Kenya. Six other NGOs and umbrella organisations and networks were also interviewed and asked similar questions to compare their responses. The larger NGOs and umbrella groups interviewed were also asked about their experience of more direct relationships with donors and their thoughts on the role of smaller CBOs and FBOs. Tearfund and Tearfund partners also interviewed representatives from the Ministry of Home Affairs and the National AIDS Control Council to ascertain their views on the role of CBOs and FBOs, on the support received from donors and on the funding mechanisms currently in

place. These interviews were supplemented by desk-based research from the UK on donor strategies, donor-commissioned evaluations and other relevant topics.

Tearfund then hosted a workshop in Nairobi in August 2005, attended by 12 representatives from small- to medium-sized civil society groups to feed back the information gleaned from the interviews and research, and to discuss recommendations arising from this. The views expressed at this workshop have formed the basis for the recommendations in this report. Roughly equal numbers of men and women participated in this research.

2 International funding received by Kenya for the response to HIV and AIDS

2.1 The World Bank's MAP programme

The World Bank initiated MAP in 2000 as a long-term effort to mitigate the effects of the HIV and AIDS epidemic and eventually reduce the rate of incidence. The first five-year phase is designed to put in place institutional and organisational mechanisms in recipient countries; to build up the human capacity to undertake a large-scale programme of prevention, care, treatment and research; and to scale up existing programmes.⁹ The World Bank has approved a total of \$1 billion for MAP, provided in grant form.

MAP is distinctive insofar as it has to work through national governments – although 50 per cent of MAP funds are designated for non-government use, these have to pass through government. It explicitly acknowledges the important role of faith-based organisations and community-based initiatives in responding to HIV and AIDS.¹⁰ It notes, 'Civil Society Organisations are able to provide training and resources to the poorest and most marginalised members of society, including hidden, marginal or under-served communities. Ensuring that training and resources reach such people is a cardinal goal of the MAP approach.'¹¹

Kenya was one of the first two countries to receive funding via the World Bank's Multi-Country AIDS Programme. In January 2001, the government of Kenya was told that \$50 million had been made available to support its own strategic plan, which was to include \$30 million for community initiatives.

2.2 The Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was set up in January 2002. Its key components include a Country Co-ordination Mechanism (CCM) and Principal Recipient(s). The CCM is a 'round table' which should develop and submit grant proposals based on priority needs at the national level. After grant approval, the CCM should oversee progress during implementation. CCMs are central to the Global Fund's commitment to local ownership and participatory decision-making. They should have broad representation including government, non-governmental and community-based organisations.

The Principal Recipient (PR) is legally responsible for local implementation of the grant, including oversight of any sub-recipient of grant funds and communications with the CCM on grant progress. The PR also works with the Global Fund Secretariat to develop a two-year grant agreement that identifies programme results to be achieved over time. The Global Fund is very flexible in terms of which entities function as PRs and sub-recipients. There have been a wide variety of arrangements involving governments, NGOs and multi-laterals as single or multiple PRs, and even more combinations of sub-recipients.

To date, three Kenyan proposals have received funding for AIDS responses from the Global Fund. In the first round of proposals, two civil society groups, the Kenya Network of Women with AIDS and the Sanaa Art Promotions group, received two grants totalling around \$3 million for projects to raise awareness, challenge stigma and devise coping strategies. The Kenyan government submitted a successful application in round two and in December 2003

9 World Bank (2004)
Interim Review of the Multi-Country Program for Africa, October 2004, www.worldbank.org/afr/aids/map/map_review.htm

10 Taylor N (2005)
The Warriors and the Faithful: The World Bank MAP and local faith-based initiatives, Tearfund AIDS Briefing Paper 5

11 Brown J et al (2004)
Turning Bureaucrats into Warriors: Preparing and Implementing Multi-Sector HIV and AIDS Programs in Africa, World Bank 2004, page 37

learned that they would receive \$36.7 million. The money was provided to scale up VCT services to reach a million people over five years, to provide ARVs for mothers, infants and medical workers who require them, and to build the capacity of government institutions and civil society groups to deliver improved VCT, care and support services.

2.3 PEPFAR

The President's Emergency Plan for AIDS Relief is a five-year \$15 billion US initiative to combat the global epidemic, established by President Bush in 2003. US Congress required that the PEPFAR money should be divided in the following way:

- 55 per cent for the treatment of individuals with HIV/AIDS (of which 75 per cent is to be spent on buying and distributing antiretroviral drugs from 2006 to the end of 2008)
- 15 per cent for the palliative care of individuals with HIV/AIDS
- 20 per cent for HIV/AIDS prevention (of which at least 33 per cent is to be spent on abstinence-until-marriage programmes)
- 10 per cent for helping OVC (of which at least 50% is to be provided through non-profit, non-governmental organisations, including faith-based organisations implementing programmes at community level, from 2006 through 2008)

Kenya is one of 15 focus countries of the Emergency Plan and has received considerable funding as a result: \$92.6 million in 2004 and \$145.5 million by the end of 2005. The US government says that interventions it has funded in Kenya through PEPFAR have included; HIV-prevention programmes for youth and young adults, implemented by CBOs, FBOs and schools; targeted interventions for high-risk populations and vulnerable groups; services to prevent mother-to-child HIV transmission; support for a variety of public and private VCT centres and funding for ARV treatment through the Mission for Essential Drugs and Supplies (MEDS), a large Kenyan FBO which procures and distributes drugs locally.

Tearfund met with two organisations in Nairobi receiving funding from PEPFAR. The Academy for Educational Development (AED) is a US-based NGO which is also registered in Kenya and operates in 21 countries worldwide. It currently runs a community-level programme in western Kenya to provide basic services, mentoring and support groups for OVC and their carers. It also has a capable partners programme for smaller CBOs and FBOs attempting to scale up their work, supplying additional funding and organising workshops on grant management, monitoring and evaluation techniques and other key skills. AED is a preferred supplier of the PEPFAR programme so it does not have to go through a separate bidding process to get funding. John Snow International is a research and training institute funded by PEPFAR to work with the Kenyan Ministry of Health on reducing the transmission of HIV within the healthcare system. It advises on best practice and has set up a cascade training programme within the health system.

Unlike funds from the World Bank and the majority of monies from the Global Fund, most PEPFAR money does not enter the country via government channels. It is therefore more difficult to monitor how much has been received and how it has been spent.

2.4 Other bilateral donors and international NGOs

There are a number of other bilateral donors who have provided Kenya with aid specifically for tackling HIV and AIDS. The WHO estimates that this aid totalled around \$17 million in 2004-2005.¹² The UK's Department for International Development announced funding of £5 million (or around \$9.5 million) in February 2005,¹³ mainly supporting the Kenyan government's own response and its National AIDS Strategic Plan. Other donors active in the country include DANIDA, CIDA, SIDA, the EC, the government of Finland, AUSAID, GTZ and JICA.¹⁴ Again, as this money is frequently not channelled through the government, it can be difficult to build up a clear picture of exactly how much is being spent where. This is also the case for the majority of money coming from international NGOs. The government acknowledges that this is another important flow of support to the fight against HIV and AIDS but there is no comprehensive system currently in place to track where these resources are going and to monitor how they are contributing towards the overall national strategy. This is something that the Ministry of Home Affairs is seeking to rectify in the case of support for OVC (more details in SECTION 3.1.2).

12 World Health Organisation
(July 2004) *Kenya
Summary Country
Profile for HIV/AIDS
Treatment Scale-Up*,
www.who.int/3by5

13 Quote from DFID Kenya
in the *East African*, Africa
News Service, Nairobi,
14 February 2005

14 Kioko U, Njeru E (2004)
*Funding the Fight Against
HIV/AIDS: Budgetary
Analysis of Kenya's HIV/
AIDS Activity*, Institute
of Policy Analysis and
Research, Nairobi

3 Kenya's institutional and policy framework for tackling HIV and AIDS

3.1 The policy framework

3.1.1 The Kenyan HIV/AIDS Strategic Plans

The Kenyan government, like so many others, took some years to recognise the magnitude of the problems that the AIDS epidemic would pose. Initially the Ministry of Health had sole responsibility for responding to the crisis. However, the government declared HIV and AIDS a national disaster in 1999 and in the following year established the National AIDS Control Council (NACC) and facilitated the development of the first Kenya National HIV and AIDS Strategic Plan (2000–2005). This focused on putting the correct institutional framework in place for dealing with the epidemic, as well as the need for targeting youth. This plan was later supplemented by a national policy on condom use, and a document on mainstreaming gender into the Strategic Plan. It was criticised (for example, by Zachary Ochieng in *News from Africa*, September 2003)¹⁵ because, although it set important goals, it was not at all clear on how they would be achieved.

In 2004 the NACC reviewed its previous policies (through the Joint AIDS Review Process, or JARP), the results of which are included in the 2005/6–2009/10 Strategic Plan. The summary concludes that the first Strategic Plan did result in a significant increase in condom use, a significant improvement in the quality of blood supplies in the health service, increased knowledge about the disease and how it is transmitted amongst the population, and improved systems and frameworks for tackling HIV and AIDS including the strengthening of NACC, improved funding mechanisms and increased participation of civil society and the private sector. However, the review also highlighted a number of obstacles to the implementation of the plan including:

- a lack of services, condoms, materials etc in remote or rural areas
- a lack of youth-friendly support services
- insufficient focus on refugees and discordant couples
- insufficient VCT centres and ARVs
- a lack of food and nutritional supplements for those living with HIV and AIDS
- a lack of testing kits
- inadequate financial resources, infrastructure and institutional capacity of implementing agencies
- a conflict of roles and interest within Constituency AIDS Control Committees (see SECTION 3.1.3 below)
- poor coordination of activities at the community level, including poor financial tracking systems
- large NGOs not willing to share resources with small CBOs and civil society organisations
- leadership wrangles within CBOs

¹⁵ www.newsfromafrica.org/newsfromafrica/articles/art_1590.htm

- mistrust, competition, suspicion and unwillingness to share information among different groups at all levels
- church groups overburdened by the responsibility of caring for orphans
- low quality of VCT services in some sites, their effectiveness unknown
- target groups not involved in programme planning and implementation
- stigma still persisting in many situations
- a shortage of trained personnel and health workers
- small enterprises and the informal sector not implementing workplace policies and activities.

The new Strategic Plan for 2005/6 – 2009/10 seeks to address some of these problems and provides the framework and context within which other strategies, plans and budgets should be formulated, monitored and coordinated. It has three priority areas:

- prevention of new infections
- improvement of quality of life for people infected and affected by HIV and AIDS
- mitigation of the social and economic impacts of HIV and AIDS.

The plan includes a comprehensive list of objectives and targets under each priority area and indicates who the lead agency and key partners will be in each case. It was agreed towards the end of 2005 and will run until June 2010, so it is too soon to say yet how effective it will be. The comments from those interviewed therefore reflect the policies which preceded this new Strategic Plan.

3.1.2 The National Policy and Action Plan on Orphans and Vulnerable Children (OVC)

The impact of AIDS on families and the increased number of OVC is one of the most concerning aspects of the epidemic. It is expected that the country will have two million orphans by 2010.¹⁶ In response to this, a National Steering Committee on OVC was established in May 2004, headed up by the Ministry of Home Affairs. In June 2004, Kenya undertook a rapid assessment of the situation of its OVC to develop a plan of action for dealing with the problem. This was part of the Rapid Assessment, Analysis and Action Plan (RAAAP) process initiated by UNICEF, UNAIDS, USAID and the World Food Programme in 2003; RAAAP encourages all countries to undertake an analysis of the response to OVC and then to produce a national plan of action to scale up and improve the quality of their response. This plan should provide a unifying framework that brings together the activities of all the different stakeholders under a set of common objectives and strategies. This includes all interventions for OVC, including activities of national and local government, donors and civil society organisations (CSOs).¹⁷ The widely agreed and endorsed framework for responses to OVC stresses the importance of building on existing community initiatives and motivation (see box).

The resulting policy and action plan incorporates these key strategies and lists the activities required if they are to be realised; it also details the necessary resources and key partners. The action plan aims to enhance the legal protection of children; to train more people to provide psychosocial support; to map as a matter of urgency the interventions already being undertaken by community groups and national and international NGOs to avoid duplication; to improve school attendance, basic health services and access to water and

16 Office of the Vice President and Ministry of Home Affairs, National Policy on Orphans and Vulnerable Children, May 2005

17 Gosling L (2005) *Civil Society Involvement in Rapid Assessment, Analysis and Action Planning (RAAAP) for Orphans and Vulnerable Children*, UK Consortium on AIDS and International Development, July 2005

International guidance on support to OVC at the community level

In July 2004, UNICEF, UNAIDS and a broad range of representatives from other donor, government and non-governmental agencies (including FBOs, NGOs, academic institutions, the private sector and civil society) collaborated to develop The Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. The five strategies within The Framework represent an agreed common agenda to support and guide the analysis of the findings from the OVC RAAAP initiative. The five key strategies are as follows:

- Strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilise and support community-based responses.
- Ensure access for OVC to essential services, including education, healthcare, birth registration and other services.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV and AIDS.

sanitation; to improve the quality of fostering and adoption services; and to reduce the stigma facing OVC. This policy was agreed towards the end of 2005 and will run until 2009, so it is too soon to say yet how effective it will be. Comments from those interviewed therefore reflect the policies which preceded this new National Action Plan.

The National Action Plan has also championed an idea, initially put forward by UNICEF, among others, to make conditional cash transfers to the most needy OVC. This has been trialled in the districts of Nairobi, Kwale and Garissa, where 500 OVC, identified through questionnaires filled in by District Children's Officers, have been given Kshs 500 every month. The Ministry of Home Affairs has said that the pilot was successful and that funds were generally used for school uniform, food and medicines. It believes that most of the recipients were living with grandparents and the money seemed to have a positive effect on the whole family. However, there have been concerns about the quality and depth of the analysis carried out on this pilot. It is now proposed that the amount is increased to Kshs 1,000 per month and that it is scaled up to 10,000 children in 2006, then 30,000 in 2007 and 50,000 in 2008. It is envisaged that Children's Officers will continue to carry out needs assessments in conjunction with local elders to determine beneficiary lists.

This form of support has been popular with some donors as it enables them to fulfil easily their commitment to giving ten per cent of their aid to OVC very quickly, and because the use of cash transfers is rapidly gaining support as a successful response to chronic poverty and a good way of improving social safety nets. It is also a way of getting money down to the poorest people at the grassroots very rapidly and in theory it should increase. However, many of those interviewed had misgivings about the way this scheme is being implemented. Some argued that the pilot scheme has not been evaluated properly and that the scheme will be very difficult to scale up more widely as there are not enough Children's Officers per district to administer the scheme and monitor its effectiveness. Also, as the

scheme is currently reliant on external aid, it may not be sustainable in the long-term. Others argue that vulnerable children have more than material needs and that this approach is not holistic enough. They fear that giving a select group of children an independent income may in some cases make them more vulnerable or, in the case of teenage girls, be forced into marriage. The impact of the scheme on non-recipients also needs to be carefully assessed. Overall, interviewees had a sense that it was dangerous to scale up such a scheme so quickly without detailed plans in place to monitor its potentially wide-ranging impacts.

NACC acknowledges that this proposal has raised some concerns but points out that it is sometimes difficult for the government to go against the wishes of the donors, especially as it is still struggling with credibility problems.

3.2 The institutional framework

3.2.1 The institutional framework for distributing funds

The NACC sits under the Office of the President. It has 30 members and a Secretariat of 78 staff. Initially, the NACC had regional offices at the provincial, district and constituency level but after streamlining there now exist the national body and the Constituency AIDS Control Committees (CACCs) in each of the 210 constituencies. These CACCs are advised by technical committees at the district level (District Technical Committees, or DTCs) on the quality of applications, but funds are now only distributed at the constituency and national level. The NACC has produced a diagram (opposite) which shows how each of these bodies relates to one another, as well as to civil society and other actors. NACC disburses funds through an independent Financial Management Agency (FMA), appointed in 2002 through a competitive bidding process. The agency manages funds for community projects approved by NACC and is seen as a key way of ensuring that funds are not misappropriated, either by the state or by other actors.

Funds from donors such as the World Bank and the Global Fund which have been earmarked for community responses are channelled to a special NACC account controlled by the Kenyan treasury and monitored by the FMA. Organisations working at the local level can apply to the CACCs for funding up to Kshs 350,000; organisations working at the national level can apply for between Kshs 350,001 and Kshs 7,500,000 directly from the NACC. Proposals are submitted to the CACC which decides whether or not to grant funding. The FMA then verifies that the organisation which submitted the proposal has the necessary accreditation and accounting systems, and then transfers the funds electronically to the organisation's bank account. Guidelines for how to write a suitable proposal to the CACC and the NACC are available on the NACC's website. Lists of all of the proposals that have been approved at constituency level are also published annually in a national newspaper to help improve accountability.

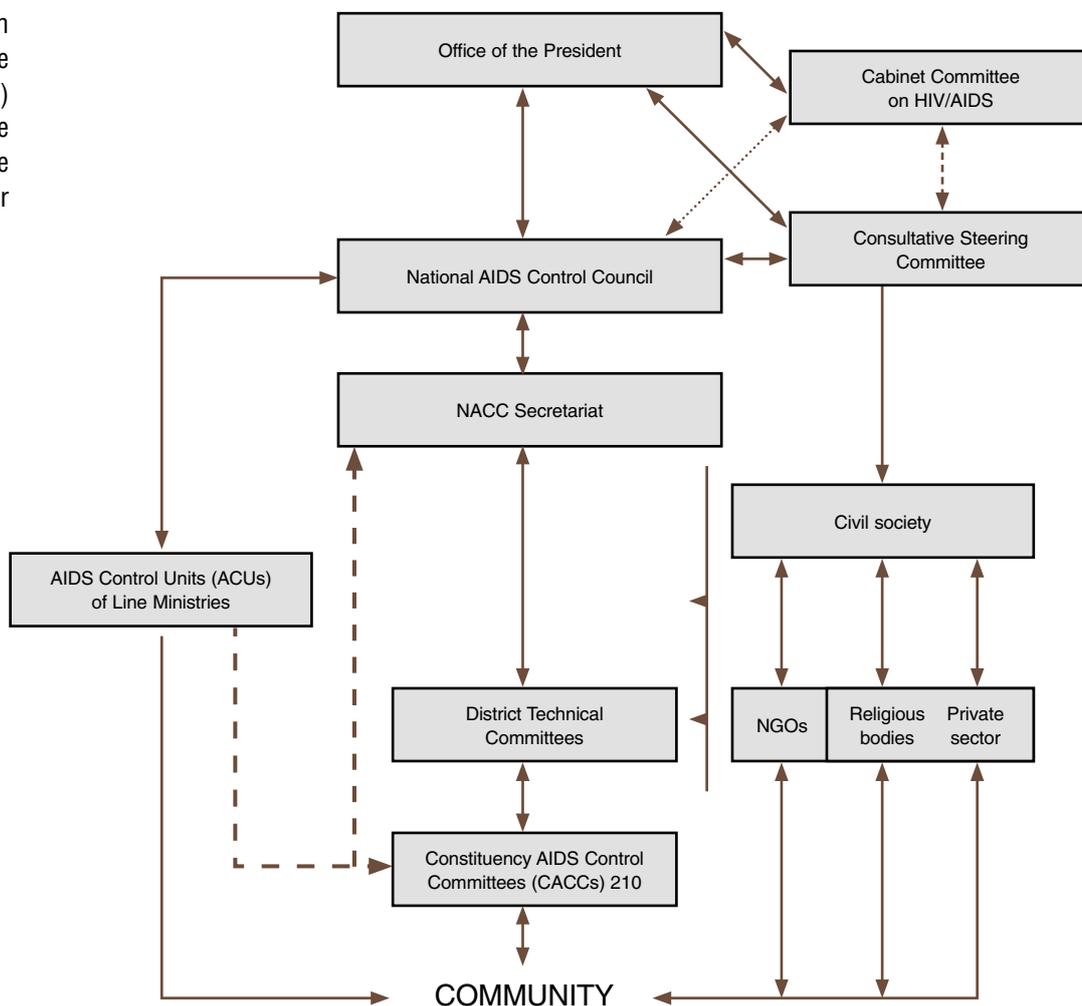
There were some initial teething problems with the funding mechanisms established by NACC and with internal accountability. The procurement process for appointing the independent Financial Management Agency has been described as excessively long and has led to delays in drawing down funding from donors. In June 2004, the World Bank issued a warning to the NACC because it had not accounted for money received over the previous six months and needed to do this before they could receive the final tranche of

money. Albert Voter, HIV and AIDS specialist for the Bank, was quoted in the All Africa News Service as saying, ‘There is a pressing need for the NACC to accelerate utilisation of these funds. It would be a sad betrayal of the people of Kenya if they remained unutilised, bearing in mind the scale of the problem and the need to save lives.’ American Ambassador to Kenya, William Bellamy, told the *East African* in February 2005, ‘Millions of dollars of World Bank grants and loans for health are currently unspent. Tens of millions from the Global Fund have also been available to Kenya for well over a year now, and only a small fraction has been spent.’

Also, in June 2002, an internal auditor’s report revealed that the NACC had irregularly paid \$240,000 to suppliers in contravention of public procurement regulations. Then, in September 2003, Dr Margaret Gachara, Director of the NACC, was suspended after being accused of lying to inflate her salary (*East African*, September 2003). Since then, donors such as DFID and international consultants PWC have been working intensively with NACC to improve its handling of funds and the efficiency of its processes. NACC’s credibility has improved significantly.

Separate from the NACC, the Global Fund’s Country Coordinating Mechanism (CCM) also allocates funding to civil society groups for tackling AIDS. However, although the CCM makes final decisions, it is advised by the Coordinating Committee on AIDS,

Diagram taken from the NACC website (www.nacc.or.ke) showing how the various bodies relate to each other



which is in turn managed by the NACC. The CCM alerts civil society when the Global Fund launches another funding round, for example by placing advertisements in national newspapers. It then assesses the quality of proposals, whether they fit with strategic priorities, and shortlists proposals which might be successful. Some of the money which the CCM allocated to the Kenyan government in 2003 was subsequently passed on to civil society groups: 278 groups applied for this funding but only 20 were successful.

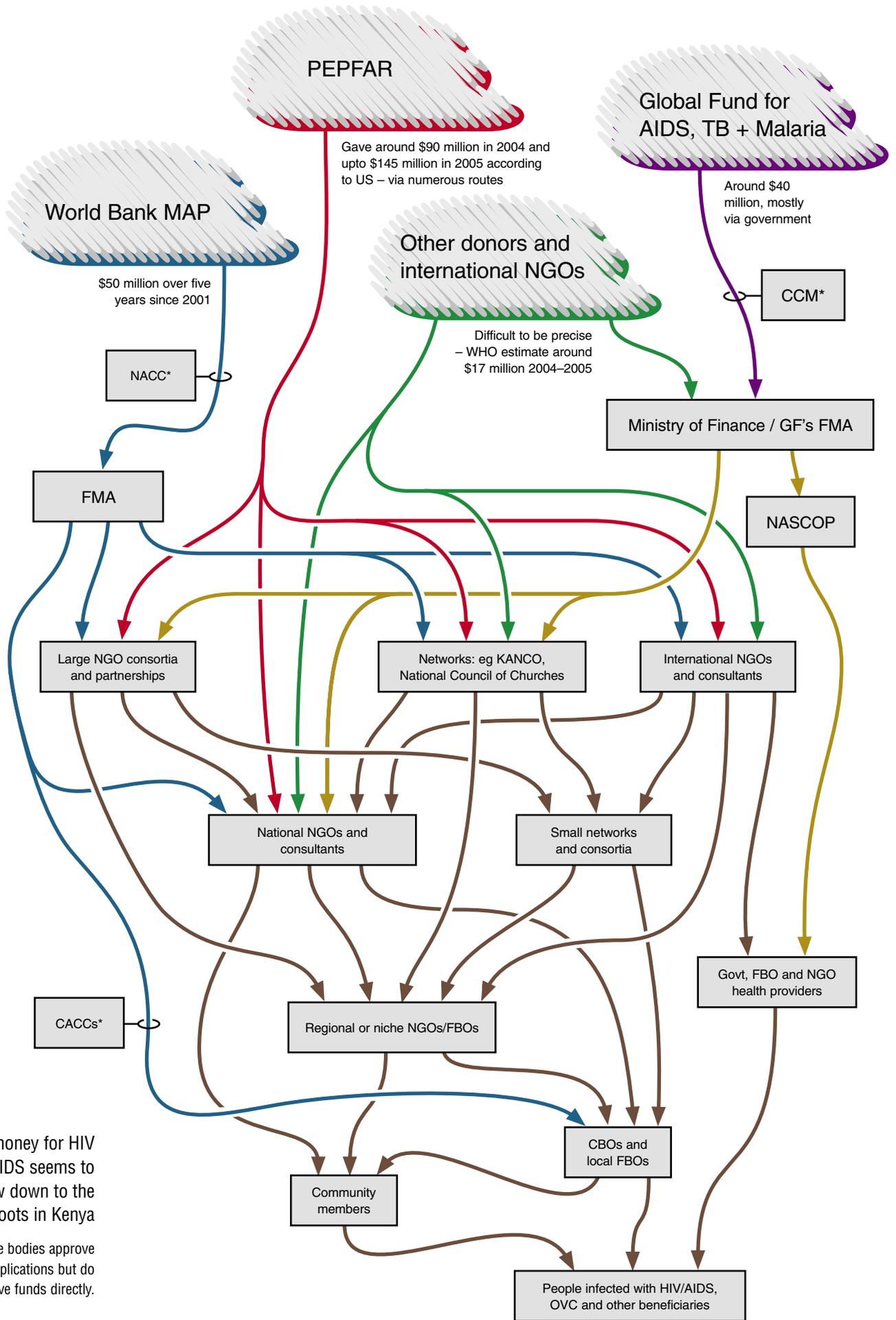
At the workshop held at the end of Tearfund's research in Nairobi, participants put together the diagram opposite which demonstrated their joint understanding of how money for HIV and AIDS was flowing down to the grassroots in Kenya, and illustrates the complexity of the situation.

3.2.2 The institutional framework for monitoring and evaluating progress

As acknowledged in the latest Strategic Plan, there have been only limited attempts to coordinate monitoring and evaluation systems for AIDS interventions in Kenya so far. The Financial Management Agency employed by the NACC to disburse funds monitors the accountability of organisations receiving funding, auditing their accounts and verifying their existence and location. Yet, it does not check on the quality or integrity of their work, its impact or whether there is duplication in any particular area. There is a Joint AIDS Programme Review process which has occurred twice since 1999. This provides the main arena in which principal stakeholders review progress and agree on priorities.

The Joint AIDS Programme Review operates through an NACC Monitoring and Coordinating Group which has four technical sub-groups closely linked to the three priority areas of the Kenyan National Strategic Plan. The groups prepare and present reports to the JAPR meetings, outlining progress, challenges and proposed future interventions in their respective areas of concentration. The Kenyan authorities acknowledge that a much more scientific and comprehensive approach was required to measure effectively progress being made in all areas of Kenya's response so that future strategies could be more easily assessed and better targeted. The NACC and other key partners drafted a joint monitoring framework in December 2004. It recommends that a national HIV and AIDS databank is established, that the monitoring and evaluation capacity of all actors is strengthened and improved and that all interventions should contain a commitment to monitoring and evaluation. CACCs are also due to be strengthened to improve monitoring and evaluation at the local level. They will be expected to collect data on agreed indicators and then to use this data when making decisions on priority areas for future funding. They will also be responsible for ensuring that data from CBOs and FBOs is accurate, reflects these agreed indicators and is delivered on time. As many of the key concerns of civil society groups focus around implementation of the strategies at the local level, it will be vital that this proposed national system is fully operational and effective as soon as possible.

The National Steering Committee on OVC has also suggested that a national children's database be established to capture data on OVC nationally. It hopes that the 150 Children's Officers employed by the Children's Department will carry out the work required to maintain this database, after training. It is unclear how this database and monitoring work will sit in the overall monitoring and evaluation system.



How money for HIV and AIDS seems to flow down to the grassroots in Kenya

* These bodies approve funding applications but do not receive funds directly.

Kenya and the 'Three Ones'

The Principle of the 'Three Ones' originated from the ICASA conference in Nairobi in September 2003 and was later endorsed by UNAIDS, other developing countries and development partners in 2004. The 'Three Ones' are:

- One agreed HIV and AIDS action framework that provides the bases for coordinating the work of all partners
- One national AIDS coordinating authority with a broad-based multisectoral mandate
- One agreed country-level monitoring and evaluation system.

The Kenya National HIV and AIDS Strategic Plan is the action framework specified in the Three Ones. The National HIV and AIDS Control Council serves as the national coordinating authority. It is true that the Country Coordinating Mechanism of the Global Fund does sit outside the NACC, but the Ministry of Health are represented on both. Also, below the CCM are three Coordinating Committees for each of the diseases covered by the Fund, and the Coordinating Committee for AIDS is managed by the NACC, so there should be strong coordination between the two. Kenya is currently trying to implement the third principle: a framework has been drawn up but many of the component parts at all levels are simply not yet operational. Furthermore, many donors have their own different monitoring systems with a variety of indicators. The National Steering Committee on OVC is also in the process of developing its own system for evaluating progress against its own action plan. It is not clear if this will be consistent with the national system and feed into it, or if it will be a separate process.

3.3 The role of civil society within this framework

There have certainly been attempts to incorporate civil society into planning the response to HIV and AIDS, to distribute funds so that they implement programmes on the ground and to take their views into consideration when reviewing progress. However, many Tearfund partners and others expressed concerns that often only national-level or umbrella organisations were consulted and that the views of small community-based or faith-based groups are seldom heard or, more importantly, listened to. Some closer to government and donors noted that it would be extremely difficult actively to engage such a wide range of actors; they stressed the need for those invited to participate in consultations to make more effort to engage with smaller groups.

The 30 members of the National AIDS Control Council include the chair of the National Council of Churches in Kenya, the secretary general of the Central Organisation of Trade Unions, the director of Women Fighting AIDS in Kenya, the chairman of the Supreme Council of Kenya Muslims and the director of the Kenya AIDS NGO Consortium (KANCO). They can certainly bring the perspectives of the groups they work with to the table, but they are far outnumbered by government members, and some fear that those selected to the Council may not be those most in touch with the grassroots. Likewise, the Global Fund's Country Coordinating mechanism includes the coordinator of the Network of Organisations of People Living with HIV and AIDS in Kenya; the director of the Kenya Network of Women with AIDS; the secretary of the Kenya Consortium to fight AIDS, TB and Malaria; the general secretary of the Christian Health Association of Kenya; and the director-general of the Supreme Council of Kenyan Muslims. Again, members tend to be

high-level representatives of national NGOs and umbrella organisations rather than those having direct links with affected communities.

The 2005/6 – 2009/10 National AIDS Strategic Plan lists all the organisations that were involved in the Joint AIDS Review Process – more than 100 in total. A very rough analysis of this list suggests that at least half of those consulted were from civil society groups, including business alliances, religious denominations, international NGOs and farmers' cooperatives.

These organisations can bring a wealth of knowledge and experience to the review and planning process. Again, however, few of those consulted are small community and faith-based groups. It may be that they are able to feed in their views via their representatives, and it may be difficult to facilitate more participation from these groups, but many of those interviewed as part of this research had concerns about the apparent lack of direct consultation with CBOs and FBOs. This is discussed further in the next section.

When it comes to distributing funds, government and donors are making concerted efforts to ensure that money reaches civil society groups. However, many of the groups interviewed had not received funding directly from the NACC, the Global Fund or another bilateral donor, but had received it via an intermediary organisation. For example, one partner is joining a network put together by Norwegian Church Aid to apply to the Global Fund, and was one of the members of the Hope for the African Children Initiative which has received PEPFAR funding. The Kenya AIDS NGO Consortium (KANCO) has also put together joint proposals from groups of CBOs to the NACC and then acted as a funnel for funding, assisting with reporting requirements and programme monitoring. This is often seen as helpful: the intermediary organisation can carry out capacity building as well as just transferring funds, and can help smaller organisations produce the quality of proposals and accounts that donors require. However, the extra layer or layers of bureaucracy inevitably reduces the amount of money that actually reaches communities. Also, small groups may have to compromise or change their plans – plans that have been drawn up in conjunction with beneficiaries – to meet donor requirements or the overall strategy of the intermediary organisation.

The government has recently tried to improve the flow of resources to communities by strengthening the role of the Constituency AIDS Control Committees (CACCs). In December 2003 it was suggested that a committee be formed in every constituency, initiated by the MP, to ensure that the whole community was fully engaged in the fight against HIV and AIDS and to distribute funds to groups working effectively on the ground. This was a welcome step, but there appear to have been difficulties in getting these organisations off the ground (see SECTION 4.1).

The question of how much information and resources actually reach small CBOs and FBOs becomes particularly pertinent given the many aspects of the latest Kenyan AIDS Strategic Plan that they are expected to help deliver. The Results Framework included in the Kenyan Strategic Plan sets out no less than 160 objectives to be met in the next five years. It is expected that CBOs and FBOs will be a key partner in delivering 87 of them. Likewise, of the 51 key activities and actions required in the OVC Action Plan, it is suggested that CBOs and FBOs should be responsible for helping to achieve 24. It is therefore vital that the level of funding and information that they receive is commensurate with this task.

4 Comments on the Kenyan framework and suggested improvements

4.1 Comments and recommendations from Kenya

4.1.1 The CACCs

As most CBOs and small FBOs tend to work at the community level, their first point of contact with funding proposals is (or should be) the CACC. As noted, these committees are under the patronage of the local MP. This could be seen as a way of ensuring political leadership on the issues at the local level. However, a number of those interviewed spoke about the politicisation of aid within constituencies, with MPs appointing family members to the CACC and using fund distributions to secure political support. Other interviewees noted that the performance of the CACCs had been patchy and attributed this variation to the characters involved at local level: some accused people of joining the CACC for prestige rather than ability or interest. They called for more transparent selection criteria for CACC members, and for a bottom-up approach where communities can select their own representatives, including women, faith groups etc. Participants also noted that in several cases CACCs do not have a permanent office or staff and have so far failed to act as an effective focal point for community responses. These concerns were mirrored by donors, who felt that there was a lack of accountability at the local level.

The NACC acknowledges that currently the capacity of some CACCs is low but points out that a comprehensive training programme is being rolled out for all CACC members. It also point out that, although the local MP acts as the CACC's patron, the guidelines say that the chairperson must be independent. Finally, it argues that resources have been made available for all CACCs to have a permanent office, although apparently these have not yet been released in several places. The NACC also points out that measures to improve the accountability of CACCs are being put into place, such as the publication in the national press of all the grants made. But it acknowledges that there needs to be a better flow of information from the centre to the CACCs and then out to communities, and that overall there is insufficient money available to fund all the requests made.

Tearfund partners feel it is essential that CACCs are well resourced, remain independent from local politicians and that training and capacity building continues, given the vital role CACCs play as the first port of call for community groups. This is particularly important given the enhanced role that FBOs and CBOs are expected to play under the new monitoring and evaluation system. It is also important that the published lists of disbursements are distributed more widely among rural villages.

4.1.2 Intermediary organisations

CBOs and FBOs often receive money and information from umbrella organisations, networks or other intermediaries. Participants in this research welcomed the role that intermediary organisations can play, but some had also experienced some frustrations. They argued that CBOs and smaller FBOs are often just viewed as implementers rather than true partners and are therefore often excluded from the project design phase. They felt it would be better for intermediaries to consult them at an earlier stage. They also urged intermediaries to seek out

new partners instead of always working with the same groups. If capacity building is an element of the support given, it is important that the capacity of more groups is built up instead of the same groups being trained repeatedly. Some intermediaries also have their own procedures for proposal-writing and project evaluation. It was suggested that they should work together to streamline these, to make it as easy as possible for CBOs and small FBOs to understand them and to write proposals suitable for multiple funders. Some people also expressed frustration that these groups add more potential delays into the funding process and increase the in-country administration costs. However, it was accepted that intermediaries were necessary for helping smaller groups access funds.

Comments were made on some of the networks currently operating in Kenya. It was said that the Kenya AIDS NGO Consortium (KANCO)'s role has changed significantly since first established: initially it acted as an umbrella organisation, then became a consortium and now acts as an implementer, writing separate funding proposals and then distributing this money. It was noted that this is useful for the small number of groups who receive this funding, but that the vast majority of members would prefer KANCO to focus more on advocating on behalf of others, engaging in consultation and sharing information more widely. KIRAC, the Kenya Inter-religious AIDS Council, is meant to serve as the equivalent body for faith groups. It is recognised as such by NACC and has been consulted by the government, but many of the smaller organisations interviewed knew little about this network or felt that there was not much momentum behind it. Another group, the Kenyan Christian AIDS Network, does not have wide popular recognition. The Kenya Consortium to fight AIDS, TB and Malaria (KECOFATUMA) is a newer network which relates solely to the Global Fund. CBOs and small FBOs were concerned about the resources (mainly time) required to engage with this number of networks; they felt that in general these networks were more useful for larger NGOs and that it would be better if there was one focal point for small organisations requiring information. Some argued that small FBOs actually needed their own network, whereas others felt that the existing networks should be made more responsive to the needs of small organisations. Overall, however, it was agreed that networks have played an important role in raising the profile of AIDS among policy-makers.

4.1.3 Applying for funds

There were some general issues raised about the ways that CBOs and FBOs are asked to apply for funding from all sources. Some argued that the competitive proposal-writing currently discriminates against effective CBOs working at the grassroots, who may not have experience of proposal-writing and creates an environment where 'briefcase NGOs' may flourish. They cited the case of one CBO which had reportedly employed a consultant to write its proposal as it did not have sufficient capacity to do so itself. The proposal did not accurately reflect what it wanted to do and therefore its final projects received a poor evaluation for not meeting its stated aims. One network agreed, saying that they felt this approach made CBOs focus on what they felt was most likely to receive funding rather than what their community really needed. Many felt that the NACC could be more flexible in the size of grants that it offers. Some organisations felt that they were too big to really benefit from grants capped at Kshs 350,000 (roughly £3,000) at the local level, given the amount of additional bureaucracy involved, but believed that they might be too small to be considered at the national level. Finally, it was pointed out that rigid structures for receiving

funding, although important for accountability, can deter groups such as students from applying because their groups have a more fluid structure.

4.1.4 Disbursement of funds

Delays in fund allocations were frequently raised as a concern by a range of civil society groups. One larger umbrella body had had a proposal accepted by the NACC for money from its Global Fund allocation, but the money did not arrive until one year after approval; this meant that not all the programme objectives could be achieved as the deadline for results remained the same. Another partner organisation had an application approved by the NACC in September 2004 but was still waiting for the funds in August 2005. The fact that the disbursement and monitoring of NACC funding is carried out by the Financial Management Agency means that recipients do not have a direct ongoing relationship with the NACC, and this limits the flow of information from the centre to the grassroots.

4.1.5 Consultation on policies and priorities

Most interviewees felt that consultation events should be made more accessible to CBOs and smaller FBOs, and that the government should do more to actively seek out their views on both policy formulation and programme review. This could be improved by holding more events outside expensive hotels in the capital. Some of the networks and intermediaries said that when they are consulted they are often only given a very small window (a matter of a few days) to get their comments back, or attend the event, which does not allow them to consult more widely with their member organisations. They feel that a proper consultation timetable would allow for fuller engagement. Consultations at the local level can also tend to be very presentation-heavy, and are more about disseminating information than engendering genuine debate. Participants were pleased that leading figures from civil society were represented on the NACC and other key bodies but noted that these people often do not have good links with the grassroots and cannot represent the whole breadth of civil society. While the Joint AIDS Review Process has been a positive step, the government must now seek ways of engaging with the hundreds of other civil society groups who did not take part in JARP as, without a sense of ownership of the strategy at the local level, it is unlikely to be implemented. In the case of government consultations it was pointed out that government capacity was not great enough to carry out wide and in-depth consultation; instead, those invited to take part should collaborate more with their peers. However, it was acknowledged that donors and government could do more to facilitate this peer-consultation process.

4.1.6 The relationship between government and civil society

It was suggested that many FBOs and CBOs have become cynical about the role governments can play and that this has prevented them from engaging more fully in government processes and consultations. Representatives of government and intermediaries interviewed actively encouraged smaller organisations to build their capacity to engage more with policy-makers at all levels and to make genuine efforts to understand the way in which governments have to operate, as the only way to ensure a comprehensive response to AIDS. FBOs and CBOs were also encouraged to see monitoring and evaluation as adding value to their work and making it more effective in the long run, rather than as an added burden.

Some also commented that the NACC is trying to be the implementer rather than the steward of the national strategy; it should work harder at building the right relationships with implementing partners such as CBOs and FBOs. The Compact which has been agreed between the UK government and the voluntary sector, which sets out how the government and voluntary organisations can best work together in the UK, was suggested as one example of good practice in this area.¹⁸

4.1.7 Coordination of donors

There were concerns among the NACC, intermediary organisations and representatives of international development partners about the implementation of strategies. Some feared that, despite the work that has gone into the monitoring and evaluation framework, donors might still stick to their own methodologies. It was recognised that they may need considerable persuading to follow the recommendations set out in the 'Three Ones' and by the Global Task Team (see SECTION 4.3 below). The Ministry of Home Affairs is also concerned that much of the money coming into Kenya for children comes from private sources and international NGOs. It does not wish to stem this flow of resources, but is trying to do more to coordinate these efforts. It is working initially at the national level with some of the biggest funders such as the Christian Children's Fund, PACT and World Vision, to develop a suitable monitoring system and will then implement this at provincial and district levels.

4.1.8 The Global Fund

There was a general feeling that the Kenyan government has been transparent about the funds that it has received and has reported on its actions. There is some mistrust, however, of the Global Fund's CCM among CBOs and FBOs and very little knowledge about who is represented on it, and where and when they meet. Although information about the CCM is available on the internet, a large proportion of CBOs and small FBOs do not have regular access to it. It was suggested that, if there was a democratic process for selecting CCM members, they might have more of a popular mandate. Many felt that the CCM also needs to be more proactive in engaging with civil society and make information about its work more widely available. In relation to Global Fund aid disbursements, one Tearfund partner said that it had submitted two proposals to the Global Fund which it believed to be of a high quality but both were turned down. It felt it was probably too small to be given serious consideration by the Fund, but received no detailed feedback. Another person complained that the Global Fund had a 50-page application form, which put off many lower-capacity organisations.

Overall, CBOs and FBOs felt the government had a good strategy – but were concerned that it might not be implemented on the ground or that it might focus too much on urban areas.

4.2 Recommendations proposed by the international community

Many of the problems identified by CBOs and FBOs in Kenya have also been noted by donors and international institutions on a wider scale. They have made their own recommendations about how funding mechanisms and community participation can be improved – some of which concur with those put forward by Tearfund partners and other interviewees.

18 www.thecompact.org.uk

4.2.1 Report of the UNAIDS Global Task Team

The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors produced its final report in June 2005.¹⁹ The report recognised that many countries, such as Kenya, were facing considerable difficulties in significantly scaling up programme implementation and ‘making the money work’. The report stated that these countries had access to additional funding, but lacked sufficient capacity to identify problems, set priorities and establish accountable systems. It also illustrated a general lack of coordination among international development partners and in some cases a tendency to impose external strategies for dealing with the epidemic rather than garnering support for nationally owned strategies. International partners were therefore encouraged to provide technical support in a manner that reinforces national ownership, addresses immediate needs and strengthens capacity in a sustainable manner. Its recommendations encourage:

- the empowerment of inclusive national leadership and ownership in recipient countries – with an effective plan that others stick to
- the alignment and harmonisation of donors’ aid – with donors working together to avoid duplication and working in support of, rather than parallel to, national strategies
- better in-country coordination between different UN bodies and between the Global Fund and other multilateral institutions
- accountability and oversight – key recommendations with regard to accountability and oversight are shown in the box below, as they seem to have particular resonance with the comments made by Tearfund partners based on their experiences.

The Global Task Team recommendations

- National AIDS Councils should carry out participatory reviews of the performance of donors, judging them against internationally agreed criteria for harmonisation and alignment, with scorecards to rate the performance of donors.
- Donors should help National AIDS Councils strengthen their monitoring and evaluation mechanisms and structures to help problem-solving and future planning. Civil society groups should be part of this monitoring and evaluation process to ensure that marginalised communities are included.
- National AIDS coordinating authorities, multilateral institutions and international partners should increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalised communities and the critical analysis of national data.
- Donors will regularly provide to national AIDS coordinating authorities and the general public:
 - information on planned and actual commitments and disbursements, including the recipients and the intended use
 - information on performance of the programmes financed, including actual results achieved against targets.

19 UNAIDS, Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (June 2005) Final Report

4.2.2 AIDS Campaign Team (ACT) for Africa review of the World Bank's MAP programme

In 2004, the World Bank carried out a review of the MAP programme's success in assisting local responses to scale up their response to HIV and AIDS.²⁰ It focused on ten countries, one of which was Kenya. Its report noted the delays in procuring an independent Financial Management Agency in Kenya – partly because it was one of the earliest MAP recipients – but said that, once this was resolved, the government disbursed funds relatively quickly. It also noted that two separate training initiatives had been held for civil society groups, which covered policy awareness, financial management and monitoring and evaluation techniques. The report reflected the view that, in some cases, the involvement of MPs at the CACC level had been problematic. It concluded that more resources are now required at the grassroots level, and that the next challenge is improving the overall quality of community initiatives. Some of the key lessons learned that are highlighted by its report are:

- A decentralised government system and/or a well-functioning social fund system can help countries scale-up responses quickly.
- It is helpful to prepare well in advance of implementing the local response component of a national AIDS strategy, including drawing up guidelines, building consensus on best practice within communities, carrying out training etc. This can be time-consuming but means that scale-up can happen much more quickly once the initiative is launched.
- Communities need easy access to simple information on how to access MAP funding for local response activities.
- Communities should be encouraged to draw up their own action plans. The quality of these might be poor at first but the design process opens up the debate on HIV and AIDS at the community level.
- An NGO- or supply-driven process is costly and may be hard to scale up, especially in rural areas. A balance should be sought between funding larger NGOs and funding CBOs and FBOs.
- Communities have to take responsibility to ensure results and quality activities at the local level, using simple indicators and methodologies.
- Simplified financial reporting is required for the small sums handled by community groups. Each country must find a balance between accountability and cost-effective monitoring systems.

²⁰ Delion J, Peeters P, Bloome A (Dec 2004) *Experience in Scaling Up Support to Local Responses in Multi-Country AIDS Programs (MAP) in Africa*, in collaboration with the AIDS Campaign Team for Africa (ACT Africa) of the World Bank

5 Conclusions and recommendations

This report has shown that both international donors and the Kenyan Government have recognised the enormous challenge that AIDS is posing in the country and are beginning to respond. The scale of resources committed so far and the policies that have been written are a positive first step. However, comments from those interviewed clearly demonstrate that policies alone are not enough to really impact the lives of people on the ground. These plans now need to be put into action in a way that really empowers local responses and local people. The following recommendations were developed from the conversations held with Tearfund partners and others in Kenya. They are obviously most pertinent to Kenya but Tearfund is carrying out similar research in other countries to try to establish whether they could be applied more widely. They also build on the more general recommendations made in *Tearfund AIDS Briefing Papers 4* and *5* which looked specifically at the Global Fund and the World Bank's MAP.

International donors should...

- Support national ownership by complying with attempts to map and coordinate interventions in this area, in line with recommendations from the Global Task Team, and by being driven more by national needs than their own strategies.
- Support CBOs and small FBOs by asking principal recipients of funding to show them a list of potential implementing partners at the proposal stage, in order to encourage the inclusion of CBOs and FBOs earlier in the project formulation process.
- Improve their own monitoring and evaluation by carrying out a critical analysis of how their resources reach poor communities.

The Kenyan government and the NACC should...

- Reinforce national ownership by increasing efforts to coordinate the work of donors and NGOs to ensure that they do not duplicate efforts and that their activities are consistent with the Kenyan National AIDS Strategic Plan).
- Support CBOs' and FBOs' roles in policy formulation, implementation and evaluation by:
 - including representatives from more CBOs and FBOs in their consultations; holding more consultations in rural areas; leaving a longer period for consultation so that intermediaries can gather input from CBOs and making information-sharing more of a priority
 - ensuring Constituency AIDS Control Committees (CACCs) have the resources and skills necessary to be an effective focal point for information and resources at the local level
 - setting aside a specific percentage of overall funding which must be delivered directly to CBOs and small FBOs, as recommended by the ACT Africa review of the World Bank MAP Programme.
- Increase effectiveness by ensuring that all funding is disbursed on time and increasing the speed of communication between themselves and the Financial Management Agency (FMA).
- Improve monitoring and evaluation by making more efforts to map the coverage and impact of the interventions that they fund and the type of organisations that they give funding to.

Intermediary organisations and networks should...

- Support CBOs and small FBOs by:
 - including CBOs and small FBOs in their proposal formulation as well as in implementation
 - making more efforts to seek out new organisations to work with
 - ensuring that they accurately convey the views of smaller organisations in all consultation processes
 - working harder to disseminate information to CBOs and small FBOs
 - standardising their requirements for funding applications so that it is easier for smaller organisations to understand what is required of them.

Community and faith-based groups should...

- Build their own capacity to engage in national processes by:
 - being involved in strong networks so they are up to date with all the latest information and developments, write joint proposals and monitor the effectiveness of government policies at the grassroots
 - drawing on support from larger NGOs where it is available to build their own capacity to handle finance accountably, write proposals, monitor the impact of their work and utilise the funding available
 - making a more concerted effort to document what they have done – assessing where they could improve and noting successes, to help them make successful applications for funds in future, as recommended by the ACT Africa review
 - holding government to account at the local level, tracking the funding that is received and ensuring that it is spent wisely.

Tearfund HIV/AIDS Briefing Paper 6
From policies to people:
An analysis of the mechanisms in place to resource
community responses to HIV and AIDS in Kenya

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CHRISTIAN ACTION WITH THE WORLD'S POOR