THE GLOBAL FUND

to Fight AIDS, Tuberculosis and Malaria

KENYA

COUNTRY COORDINATING MECHANISM

A CASE STUDY

Conducted by Dr. Wuleta Lemma

October 30th – November 8th, 2003

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The consultant, Dr. Wuleta Lemma accepts sole responsibility for this report of the Kenya CCM case study documentation undertaken from 30 October to 8 November 2003 on behalf of the Global Fund to fight AIDS, Tuberculosis and Malaria. The report does not necessarily reflect the views of The Global Fund

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
A.O.B	Any Other Business
ASU	Administration Support Unit
CARE	Central American Relief Everywhere
CBO	Community Based Organization
CCM	Country coordinating mechanism
CDC	Center for Disease Control and Prevention
CHAK	Christian Health Association of Kenya
CRIS	Country Response Information System
CS	Civil Society
DANIDA	Danish International Development Agency
DFID	Department for International Development
DHSF	District Health Stakeholders Forum
DSRS	Department of Standards and Regulatory Services
DMS	Director of Medical services
EU	European Union
FBO	Faith Based Organization
FMA	Financial Management Agency
GAVI	Global Alliance for Vaccines and Immunisation
GDC	German development Corporation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoK	Government of Kenya
GTZ	Deutsche Gesellschaft fur Technische Zusammenarbeit GmbH
HIV	Human Immunodeficiency Virus
ICC	Individual Component Committees
JICA	Japanese International Cooperation Agency
JICC	Joint Inter-Agency Coordination Committee
KANCO	Kenya AIDS NGO Consortium
KEC-CS	Kenya Episcopal Conference- Catholic Secretariat
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Agency
KENWA	Kenya Network of Women with AIDS
KMA	Kenya Medical Association
LFA	Local Fund Agent of the Global Fund
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Programme
NEPHAK	Network of People Living with AIDS
NGO	Non-Governmental Organization
PLWHA	People Living With HIV/AIDS

PR	Principal recipient
PS	Permanent Secretary
PSI	Population services International
SIDA	Swedish international Development Agency
STD	Sexually Transmitted diseases
SUPKEM	Supreme Council of Kenya Muslims
TA	Technical assistance
TB	Tuberculosis
TOR	Terms of Reference
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

This report is of a study conducted from October 30 to November 8, 2003 to assess the composition, functioning and technical needs of the Kenya Country Coordinating Mechanism (CCM). The objective of the study was to document the lessons learned, what has worked and now worked in the operationalisation of the Principles of the GF at country level.

The Ministry of Health (MoH) in Kenya established, during the late nineties, the Inter-country Coordination Mechanisms (ICCs) to deal with a variety of health / development issues. The ICC on Health and Donors was expanded to form the Joint Inter-Agency Coordination Committee (JICC), which is the Kenyan Country Coordination Mechanism (CCM). The JICC is a major forum for coordinating major health activities including the ICCs of Human Immunodeficiency Virus (HIV) / AIDS, TB and Malaria. The JICC is designed to be a policy and decision making body. The JICC operates through three technical working groups namely: HIV/AIDS Inter-Agency Coordinating Committee (HIV/AIDS - ICC); Tuberculosis Inter-Agency Coordinating Committee (TB - ICC), and Malaria Inter-Agency Coordinating Committee (Malaria – ICC).

Some of the strengths of the JICC are:

- The high level of political commitment;
- The multi-sectoral approach, bringing partners together;
- Mobilization of fund and harmonization and coordination of proposal with National strategies.

However, some constraints were also observed, such as:

- Non-Governmental Organizations (NGOs), People Living With HIV/AIDS (PLWHA) associations and Faith Based Organizations (FBOs) who are not part of the JICC feel the groups selected to be members are not representative of the entire civil society (CS) body;
- JICC meetings tend to be long, and full participation by some members is difficult, in part due to the high number of representatives, and not enough time being available for discussion of major issues;
- The civil society and the private sector have only limited information on the Global Fund's guidelines and procedures;
- Effective participation is hampered because JICC meetings are used to discuss all health issues

In order to strengthen the JICC, it is recommended that:

- NGOs, FBOs, PLWHA and the Private Sector need to organize their respective groups and choose representatives to represent them in the JICC;
- Development of clear Terms of Reference (TOR) that will guide the works of both the JICC and ICCs is crucial;
- The JICC should continuously inform the public about what is going on in order to cultivate understanding and openness;
- More effort needs to be directed to strengthen the roles of the CS in the fight against Malaria and TB (better representation of NGOs, Community Based Organizations [CBOs], FBOs and private sector in the respective ICCs);

- An effort needs to be made by the Government of Kenya (GoK) to utilize the technical assistance (TA) and expertise that is available among the academic and research community in Kenya;
- Clear Monitoring and Evaluation (M&E) guidelines need to be developed by the GF, and TA needs to be given to implement them fully in country;
- A stronger regional networking across recipient countries will facilitate experience sharing of CCMs and will in hence timely problem solving.

1. Introduction

1.1 Rationale and purpose

This report describes the Country Coordinating Mechanism (CCM) in Kenya. It is based on a review of the composition and functioning of the CCM in Kenya. The purpose of this review was to document the processes of the establishment of the CCM and its functioning as well as to document the lessons learned in what has worked and not worked in operationalising the Principles of the Global Fund on public-private partnership.

The CCM reviews leading to case study documentation were conceived in response to requests from CCMs to share early experiences and lessons learned by CCMs. The Secretariat also found it timely during the second year of its functioning to find out the level of understanding by the CCMs of their mandate and responsibilities with regard to implementation, monitoring and evaluation of Global Fund approved grants at country level. More specifically, the Secretariat undertook reviews of the CCMs in selected countries:

- to have information on how specific CCMs function and on their understanding of their mandate,
- to identify and document processes that work in operationalising the Global Fund principles of public-private partnership,
- to highlight areas for improvement/strengthening to reach the goal of a public-private partnership fully engaged in the planning, implementation and monitoring of Global Fund grants.

The scope of work and the selection of CCMs for the review and case study documentation were done in consultation with a number of partners such as the International HIV/AIDS Alliance, UNAIDS, WHO, and GTZ. The review in Kenya was funded by the GTZ BackUp Initiative. The documentation of the lessons learned and experiences of the CCM in Kenya will be shared with CCMs in other countries, especially those that are in the process of establishing themselves.

1.2 Documentation design and methods

This case study documentation of CCMs is based on a rapid qualitative review comprising of discussions with Global Fund Secretariat staff, review of all existing background information, guidelines, studies/reviews completed and on-going at country level followed by country field visit.

During the eight-day country visit from 30th October to 7th November, 2003, documents were reviewed (Annex 1) and interviews and focus group discussions with relevant stakeholders and members of CCMs were conducted. (Annex 2: List of people met and interviewed). The purpose of these interviews and discussions was to explore the process of the establishment and evolution of CCM structure, roles and responsibilities of the members, to identify issues related to ensuring broad multi-sectoral ownership and equal participation particularly of non-government actors. The extent to which the CCM was able to fulfil all required responsibilities, not only in proposal development but equally in implementation oversight, monitoring and evaluation was also reviewed. Based on this, recommendations to strengthen the capacity of CCMs to fulfil their mandates have been made.

The country visit concluded with a debriefing session with the CCM and a rapid needs assessment of the members.

1.3 Status of GFATM approved grants in Kenya

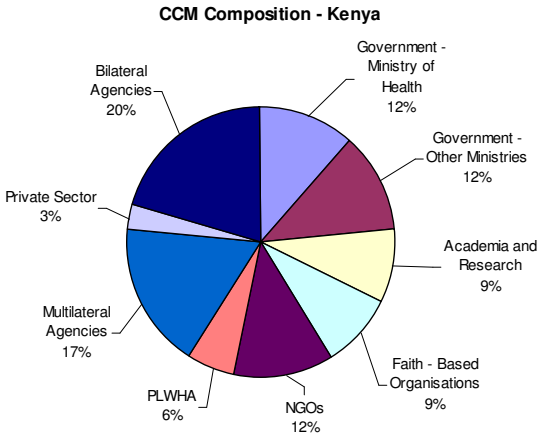
Kenya has secured GF resources for Round I and II. For Round 1, two organizations, Kenya Network of Women with AIDS (KENWA) and Sanaa Art Promotion, together, had secured over 2.8 million USD to fight HIV/AIDS over two years. The GoK proposal for the three diseases (Malaria, TB and HIV/AIDS) has also been approved in Round II, with an estimated amount of $33.6 million USD for Malaria, $11.2 million for TB and $129 million for HIV/AIDS for the next five years.

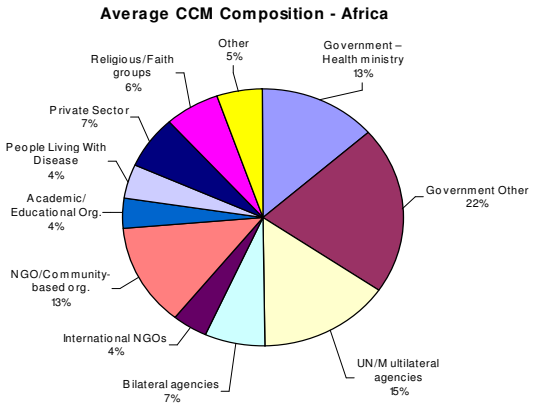
2. FINDINGS

2. 1 COMPOSITION OF THE CCM

From mid to late 90s, the Minister of Health established the Individual Coordinating Committees (ICC) (Annex 4). The ICCs are set up to work on a number of health/development issues. However, in reality, most of the ICCs were not very active. One of the ICCs Health and Donors ICCs, was expanded to form the JICC, which is the Kenyan CCM. The Government of Kenya established the JICC to be a coordinating body for all national health issues during the Round II proposal development, on 6th February 2002.

Based on the Global Fund's guidelines, the MoH invited representatives of organizations of PLWHA in Kenya, FBO, private sector, research/academic institutions and also the Ministries of Finance and Education, and the Office of the President to join the JICC **(**Fig. 1 shows the composition of JICC by constituency, actual number of CCM representatives from each constituency). The MoH did not allocate specific "number of seats" for different members but invited members of groups as representative of partners in the fight against the three diseases in Kenya. All members recommended by GF are included. (Annex 4: list of members)





2.2 GOVERNANCE

2.2.1 Leadership of JICC

The JICC is a major forum for coordinating priority health activities including the ICCs of HIV/AIDS, TB and Malaria. The JICC in the early stages was chaired by the Permanent Secretary (PS) of Health and vice-chaired by the Director of Medical Services (DMS) of the MoH. Kenya recently underwent political change with a new government sworn in 2003. This had a direct implication on the chairmanship of the JICC. In order to give maximum political visibility and leadership the Minister of Health became the new chairperson of the JICC. The JICC endorsed the Minister as the chair. This was a cause of concern for some members particularly the donor community, who felt that having the Minister as the Chair would limit open discussion.

2.2.2 Roles and responsibilities of the JICC

JICC is designed to be a policy and decision making body. It was envisioned to take recommendations from the ICCs on a variety of health issues and to advise the Government and partners on all matters related to priority diseases including HIV/AIDS, TB and Malaria in Kenya. The JICC also makes decisions on procurement and logistics. In practice, decision making, particularly those related to proposal development and submission, responding to the Technical Review Panel (TRP**)** queries and work-plan development has proved to be difficult due to the large number of members and non-members attending meetings. Many stakeholders such as NGOs, donors, PLWHA associations, who are not represented in the ICCs, attend the JICC meetings because they were of the opinion that *"it is the only place where decisions are made".*

TOR or bylaws were not developed when the JICC and the ICCs were set up. In November, 2003, a draft Joint Interagency Committee Governance Manual was developed through a participatory process. This is currently being reviewed by the members before finalisation. [1]

The JICC met several times in a month during proposal writing and submission stages for Rounds II & III. MoH lead the process and the JICC took recommendations from the ICCs of HIV/AIDS, Malaria and TB on selection of priorities. After submission of proposals the meetings became infrequent although the JICC is supposed to meet quarterly and the ICCs monthly.

2.2.3 Administrative Service Unit (ASU)

The ASU was established under the Department of Standards and Regulatory Services (DSRS) in January 2002. Due to strong objection mostly from donors of the JICC on setting up a JICC-Secretariat, fearing that a new Secretariat at MoH will duplicate the work of National AIDS Control Council (NACC), a smaller unit the ASU was established.

The ASU is responsible for agenda setting, coordination of meetings, and distribution of minutes to all members and for public announcement of the call for proposals as well as for the distribution of documents/guidelines on GF to the JICC members. Until late 2002, funding for ASU activities was mainly from the regular MOH budget of DSRS. This caused considerable pressure on the limited Government budget for DSRS operations. The DSRS received additional funding from The Deutsche Gesellschaft fur Technische Zusammenarbeit GmbH (GTZ) Back-Up Initiative which has strengthened JICC and ICC. With support from donors such as GTZ, Center for Disease Control and Prevention (CDC), Department for International Development (DFID), World Health Organization (WHO), Joint

[1] After this case study documentation was completed, the CCM in Kenya was reconstituted. Please see Annex 6 fordetails

United Nations Program on HIV/AIDS (UNAIDS), the ASU also contracted the services of a consultancy firm to assist the three ICCs in the preparation of the government part of the country proposal.

The ASU is composed of a mini-steering committee chaired by the Director of Medical Services (DMS) and includes the Heads of TB and Malaria programmes at MoH, the DSRS and NACC. There have recently been discussions with the Principal Recipient (PR), the Ministry of Finance (MoF) to chair the mini-steering committee. Meetings of the mini-steering committee are more frequent during proposal development. This mini-steering committee sets up the agenda for the JICC meetings. The ASU is supported by staff from the MoH for the preparation of the agendas and for the dissemination of minutes to JICC members.

2.2.4 Technical working groups

The JICC for the GF's proposal development operates through three technical working groups, namely:

1. **HIV/AIDS Inter-Agency Coordinating Committee (HIV/AIDS - ICC)**. It was first established in the Ministry of Health, in 1999, and later transferred to the NACC in the Office of the President. The Convener is the Director of NACC (currently the Acting Director of NACC). This working Group has been in existence since 1994 and has helped to coordinate donors. In the context of the Global Fund, this working Group is responsible for the preparation of the Kenya Country Proposal, HIV/AIDS Component. It reports to the JICC.
2. **Tuberculosis Inter-Agency Coordinating Committee (TB - ICC)** is based at the National Tuberculosis and Leprosy Control Programme in the Ministry of Health. It was established in 1987 to advise the Ministry on all matters concerning the two diseases. The convener is the Head of the National Tuberculosis and Leprosy Programme on behalf of the Director of Medical Services. In the context of the Global Fund, this working Group is responsible for the preparation of the Kenya Country Proposal - Tuberculosis component. It is also responsible for coordinating the implementation of all Tuberculosis control activities in the country.
3. **Malaria Inter-Agency Coordinating Committee (Malaria - ICC)** - located at the National Malaria Control Programme in the Ministry of Health. Established in 1999, this working group coordinates the implementation of all malaria programmes in Kenya, including Monitoring and Evaluation (M&E). The Convener is the Head of the National Malaria Control Programme on behalf of the Director of Medical Services. In the context of the GF, this working group is responsible for the preparation of the Kenya Country Proposal, Malaria component.

2.2.5 District Health Stakeholders Forum (DHSF)

The JICC is represented at the district level by DHSF, which the MoH set up as part of Health Sector Reforms in 1996. The Chairman of the DHSF is the District Medical Officer. This forum is responsible for implementation of priority health programmes such as HIV/AIDS, Tuberculosis, Malaria, reproductive health, childhood illnesses, immunization and control of communicable diseases. Members represent Government, private sector, NGOs and PLWHA. The forum is more active in some districts than in others. During proposal development for the last three rounds, the forum has not till date played an active role. Neither was it involved in the selection of the PR, but it is supposed to be the true representative of the JICC at district level.

2.2.6 SELECTION OF PR AND SUB-RECIPIENTS FOR ROUND 2

Since the MoF is the fund-channelling Ministry to all other ministries in Kenya, the JICC decided in a meeting that the MoF would be the PR for the Round 2 grants as it needs to follow the normal working process of government of Kenya. The Sub-recipients for the Malaria and TB component is the MoH and for both the HIV/AIDS component, the Office of the President and MoH are selected to be the sub-recipients. The JICC has also agreed that NGOs will access funds through designated Financial Management Agency (FMA). The TOR for an FMA has been prepared by a sub-committee of the JICC and bid for tenders circulated. The FMA selected will receive requests, negotiate with NGOs and forward recommendations to the JICC for approval of NGO proposals. It will also supervise/monitor the NGOs, write reports to be presented to the JICC who will then forward them to the Local Fund Agent of the Global Fund (LFA) and then to the GF.

2.2.7 Principal recipients for Round 1 grants

In Kenya KENWA and Sanaa Art Promotions are the PRs responsible for the implementation of the Round I proposal.

- During the Round I proposal writing stages various NGOs, FBOs, etc. wrote a letter to the PS of Health to ask for more information about the Global Fund. They were told that once the country received money it would be channelled to them. Dissatisfied with this response, the various NGOs tried to call a meeting but were told that their proposal was time – barred. In the meantime, KENWA and Sanaa Art Promotions had been working on their own proposals, which they forwarded to the GF together with the minutes of their meeting of the PS and an explanation why their proposal was directly forwarded.
- KENWA and Sanaa were successful in receiving a direct grant from the Global Fund. In the early stages after approval of their Proposal by the GF, both organizations were not invited to join the JICC due to the tension created by them receiving funds instead of the government. An enquiry from GF was sent to the JICC, and both organizations were invited to be members of the JICC.
- KENWA confirmed they are given timely notice concerning JICC meetings and receives minutes of meetings. While Sanaa Art Promotions had participated in three JICC meetings, thus far, often receives notice of meetings late.

2.2.8 INFORMATION SHARING AND COMMUNICATION AMONG THE MEMBERS

Communication within JICC and the JICC and wider society

- ✓ Members reported they cannot actively participate in debates and decision-making in the JICC since they do not get communication of meetings in advance. One member of the civil society reported *"we got notice of the meeting and agenda after the meeting passed"*. Agendas are set in advance by the ASU but are not circulated on time to ensure participation. This also led to irregular attendance of meetings by members and attendance was sometimes delegated to junior staff.

- ✓ There is no mechanism to ensure information flow from the National to regional, to district and grassroots levels. There is also very limited understanding within the wider society about the GF and its processes. Those outside the JICC reported that *"CBO's and NGOs working at grassroots level do not know how to access funds from either the GF or governments*". The civil society members cited lack of resources to be the reason for the poor feedback to constituents
- ✓ Since media is a major source of information, the lack of understanding by the media of the GF is a limiting factor for a wider dissemination of information on the Fund. This in turn limits availability of information to civil society and increases barriers to a wider participation of the civil society. For example, the media believes GF is only concerned with HIV/AIDS and did not know the GF deals with the three diseases. The media has no information of the JICC and did not know the role it is playing in the Kenya GF proposal.

Communication with GF

- ✓ A number of members said that they did not know how to communicate with the GF Secretariat. Some said it is through the LFA while others said they were told *"if communication through JICC is difficult they can communicate to The GF directly"*. However, others, such as NGOs, FBOs, were of the opinion *"organizations writing directly to the Global Fund weaken the JICC".* The majority of the members were of the opinion that more frequent in-country contact with GF staff will strengthen communication gaps and may contribute to better understanding of guidelines. As some members put it *"they come and they spend short time in the country and go…we like them to spend more time in the country".*

2.2.9 UNDERSTANDING OF THE GLOBAL FUND PROCEDURES AND GUIDELINES

- Interviewees reported that with the exception of the government members of the JICC, other members of the JICC do not have clear understanding of the Global Fund procedures and guidelines. Most members are not very familiar with GF CCM guidelines. Some members saw the CCM guidelines for the first time during the assessment mission;
- For most NGOs, FBOs, Private sector members, the Round I application process was not clear, but the Round II call for proposal was clearer;
- There exists a lack of understanding of the role of the PR (MoF) and LFA by most members outside the Government;
- There is no clear understanding especially among the NGOs, CBos and people living with the diseases of the JICC role in implementation and M&E.

2.2.10 Harmonisation and coordination

Members commented that coordination of donors financing AIDS, Tuberculosis and Malaria has improved recently and the proposals were in harmony with National Strategies. During proposal development for the Round II and III, the JICC got technical advice and guidance from the ICCs to make sure the GoK proposals were in harmony with all National Strategies for the three diseases. All stakeholders had also participated in the identification of indicators that can be used by all those implementing HIV/AIDS projects in Kenya. These Indicators are in line with UNGASS and other

International guidelines. Also, the UNAIDS's Country Response Information System (CRIS) in Kenya is expected to contribute towards further harmonising the indicators.

All members of the JICC understand the importance of an M&E strategy to assure the success of the GF supported projects in Kenya. As one of the members said, *"we need to monitor all activities very closely".* The NACC has been trying, for the last two years, to finalize a National Framework for M&E for HIV/AIDS. A "Framework for Monitoring and Evaluating the Kenya Global Fund Program" which is based on national indicators for the three diseases, has been developed by an M&E consultant and is expected to be discussed in the forth coming JICC meeting

3 STRENGTHS

A number of aspects in both the composition and functioning have contributed to making the JICC work as a multi-sectoral coordinating mechanism

- **High level political commitment**

NGOs, FBOs and Government members of the JICC believed the JICC had received greater political visibility in the last few months since the Minister of Health became the Chair of the JICC. This demonstrates strong political will and commitment in the fight against the three diseases. As one member said, *"the advantage is the Chairperson being a strong personality and a member of cabinet; things move fast in the JICC".* However, some representatives of bilateral and multi-lateral agencies felt that this would rather be a constraint. The Chair being the Minister of Health would make free participation in meetings more difficult.

- **Bringing partners together**

The JICC has brought together representatives from various groups who normally would not have sat together to take decisions. As one interviewee says "*the CCM / GF is unique as it has made "outsiders" members…It helps us to see what others are contributing to the GF"*. The signing ceremony of GF in Kibera had also, as a member said, *"taken transparency and accountability to a new level";* other member said "*what is positive is that for the first time as a country, Kenya has tried to put a proposal that reflects its national strategy and gaps in implementation*".

- **Mobilised additional funds**

This country-led partnership was also able to secure three programme grants for HIV/AIDS, Tuberculosis and Malaria from The Global Fund totalling US$ 173 million over five years. In Round III the GoK is to receive an additional US$ 3.7 million for Tuberculosis.

- **Strong will to reach grassroots level**

There is a strong will by the government to reach the CBOs and NGOs at grassroots level. A high-level government official said, *"there is a need to refocus our efforts at grassroots level".* There is also a strong will to strengthen communication at all levels in-order to increase participation by the members of the civil society. The JICC is exploring the possibility of putting in place a Public Relations Strategy for Expectations Management, with the aim of reaching the wide society with timely information.

4. CHALLENGES FACED BY THE JICC

True representation and meaningful participation:

- The selection of different constituents was done quickly to meet GF conditions. This meant not all sectors were satisfied with the process of selection of representation for the CCM. NGOs, PLWHA associations and FBOs who are not part of the JICC feel the groups selected to be members do not really represent the civil society. Certain groups are not represented such as small community based organisations and large religious based groups like Kenyan Council of Churches. Most interviewed members and those outside JICC felt representation should not be made up of *"handpicked members by MoH",* as this did not contribute to true representation particularly of the civil society.

- Donors comprise the largest group, more than the combined government representation of the JICC, but they only represent their individual organization *(Information gathered during interviews with the donor community members and non-members of the JICC);* therefore, donors who are outside felt they needed to join the JICC. The JICC meetings end up being long with too many participants making meaningful discussion and decision making difficult. Some commented *"Membership tends to be very large as everybody wants to sit on it and the donor community is too large and have too much power*". Smaller groups fear big ones and do not participate freely. Because meetings are usually with large number of participants wanting to share their opinions, not enough time is devoted to all the issues put forward in the agenda.

- The GoK understands the challenges in selecting representatives from various groups. The Government admitted that *"we would have preferred if there were clear guidelines from GF on CCM compositions, not only on who should be included, but also the allocation of seats e.g. X number for Government, Y number for civil society, etc… when we didn't get that we went ahead and did the best we could knowing all the challenges we will be facing". " You have to understand this was also new for the government….to sit with the variety of stakeholders and make decisions".* Other members also shared these sentiments.

- JICC in recent months initiated discussions on ways how to make the JICC and ICCs more effective, inclusive and representative of all sectors. The MoH, last month requested the NGOs, FBOs, PLWHA and the Private Sector Groups to select organizations that can represent them in the JICC. Efforts will also be made to clarify the role of the Health and Population Donors Consultative Group to select their representatives to the JICC. The Chairperson of the JICC, the Honourable Minister of Health, also suggested that a retreat be organized in order to discuss issues and lessons learned on governance and to make recommendation for future action.

- Some NGOs, Academic Institutions and other stake-holder's interviewed said there are members representing their own interests. As an interviewee said *"Donors have their own agendas, and do not seem to understand the concept of additionality, the fund is supposed to fill gaps…they want their program to be supported* ". Suggestion by the academic community is that in order to minimize conflict of interest it will help if every member "declares their interest".

- NGOs, donors and the private sector also felt the government is keen on pushing its own agenda which results in competition and conflict of interest. This is based on the fact that most of the proposals being submitted are government driven and are skewed to the government sector response. Some NGOs, donors and private sector said they are members in JICC for *"rubber stamping"* as they felt they didn't fully participated in proposal writing and subsequent discussion held in preparation of the first year Plan of Action.

- Representatives of NGOs, FBOs and PLWHA associations, reported that they are reluctant to voice their opinions in the presence of some of the donors. As one member said: *"some times*

we don't convey our opinion freely as these are the same organizations we may approach in the future for financial help".

- Donors, NGOs and other members voiced their concern that effective participation is hampered because JICC meetings are used to discuss all health issues.

Timely information sharing and definition of roles and responsibilities

- Information on calls for proposals are not made available in a timely manner to enable particularly the CBOs and other smaller organisations to prepare proposals. Some civil society members said they only had two weeks to write the proposal.
- Most civil society members as well as some donors are not clear on the role of the JICC in disbursement of funds and in implementation. Nor is there clarity on the role of PRs, sub-recipients, and sub-sub-recipients.

5. RECOMMENDATIONS FOR STRENGTHNEING THE COMPOSITION AND FUNCTIONING OF THE JICC

These recommendations were made during interviews by members of the JICC and other stakeholders who are not members.

- Civil society groups (NGOs, FBOs, PLWHA groups and the Private Sector) need to organize their respective groups and choose representatives for the JICC. The selection process should be transparent. This process, which has already started with GoK asking different stakeholders to organize themselves and chose representatives to JICC, should be strengthened and accelerated.
- The Governance manual, which is being developed through a participatory process, should be formally adopted as soon as possible. Clear TORs are essential to guide the work of both the JICC and ICCs. The size of the JICC, selection criteria for members, rules on decision-making, implementation and M&E, communication, declaration of conflict of interest, etc., need to be clearly stated.
- The ICCs need to be strengthened with broad representation of all relevant sectors/stakeholders, to provide technical assistance and to be able to advise the JICC
- Development of a Communication strategy, which ensures:
    - agendas, relevant documents (guidelines, etc) are circulated in a timely manner to all members.
    - that the general public and all the stakeholders are kept informed to ensure openness and transparency. This can be accomplished by regular press briefings by NACC, distribution of newsletters, translation of GF proposal writing guidelines in local languages, etc. The media have already expressed their willingness to be an effective partner to the JICC and disseminate information to the public in general. The NACC at press briefings should summarize major outcomes of the JICC meetings to NGOs and CBOs in its list.
    - Feedback and consultation by representatives with their constituencies and the wider stakeholders before decisions are taken in the JICC/CCM

- The ASU, to effectively carry out its tasks, would need to be strengthened with additional full time staff (2-3).
- Resources should be allocated for the day-to-day operations of JICC as well as to support the participation of NGOs, FBOs, PLWHA associations and CBOs at JICC meetings and for the feedback and consultation process
- Most members recommend that a workshop be held on the financial disbursement and management mechanism of the GF. This workshop should also clarify roles and responsibilities of the CCM, PRs, sub-recipients and LFA, FM. Members feel this will strengthen participation in the JICC.
- More effort needs to be directed to strengthen the roles of the civil society in the fight against malaria and TB through a stronger representation of NGOs, CBOs, FBOs and private sector in the respective ICCs. But for them to play an effective role, availability and accessibility of technical support for proposal development must be assured.
- The JICC needs to retain overall responsibility for quality control and as recommended by the GF endorse quarterly reports sent the GF Secretariat; this will increase participation and ownership of the whole process.

6. TECHNICAL NEEDS ASSESSMENT

6.1 AREAS REQUIRING TECHNICAL ASSISTANCE

Interviews with various JICC members (GoK, Donors, NGOs, Academic Institutions, FBOs and PLWHA associations) and Stakeholders who are not members of the JICC, and discussions held with JICC members during a debriefing meeting (held on the last day of the mission, Agenda in Annex 4) has identified the following existing or perceived needs for a better functioning of the JICC:

1. Guidance in proposal writing and capacity building in project design and management for CS organisations, such as CBOs, NGOs and FBOs;
2. TA in effective communication to wider society on GF for Kenya;
3. TA for team building of JICC members. Members are of the opinion that this will narrow ideological gaps
4. TA to strengthening M&E at all levels particularly for the finalization and operationalization of the National HIV/AIDS Framework;
5. TA to support the transfer of logistics responsibility to Kenya Medical Supplies Agency (KEMSA) by the consortium. Kenya has developed a procurement and logistics plan. There is a need for a logistic monitoring expert to support capacity building of KEMSA within the time scale allocated by the other International partners;
6. TA to JICC for resource mobilization.

6.2 ANALYSIS OF TECHNICAL SUPPORT PROVIDED TILL DATE

- The GoK had received technical assistance, from a variety of partners during the proposal writing stages for all three Rounds. Organizations such as GTZ, CDC, DFID, WHO, UNAIDS have helped financially in supporting consultants for proposal writing. NGOs interviewed also have mentioned they had received limited TA in Round II from *"some concerned*" national experts. The World Bank (WB), the Danish International Development Agency (DANIDA) and the European Union (EU) had also supported DHSFs in strengthening their day to day activities. Most technical partners also made it clear that: "*they are much stretched with their own programs and will find it hard to give a sustainable technical assistance to meet all the needs of PR, sub-recipients and sub-sub recipients under the Global Fund*".
- JICC members had also been active in supporting the procurement and supply chain plan that will ensure effective and timely distribution of GF procured equipments, drugs, etc., to all districts in Kenya. The United States Agency for International Development (USAID), the Japanese International Cooperation Agency (JICA), MoF, NACC and MoH are members of the Sub-committee for procurement.

6.3 RECOMMENDATIONS RELATED TO TECHNICAL SUPPORT

To the JICC

In addition to the recommendations given by JICC members and other stakeholders interviewed for strengthening management capacity and improved governance for proposal development, implementation, M&E, the following also needs to be addressed:

- An effort needs to be made by the GoK to utilize the TA expertise that exists within the academic and research community in Kenya. The community can be utilized to prepare training materials on effective project management and proposal writing for CBOs, NGOs and FBOs that can take into account local conditions. This can be facilitated through the CCM members from Academic and Research Institutions represented in the JICC;
- NGOs, CBOs and FBOs interviewed are reluctant to approach multilateral and bilateral partners directly for TA. They assume these partners only assist the GoK or a set of implementers they are already working with. The JICC needs to work out a mechanism through which the wealth of technical expertise that exists within these partners can be available to the civil society;
- The promotion of a more active participation of the private sector in CCMs and to further explore the possibility of their support to capacity building particularly of the civil society;
- The JICC should encourage experience sharing in implementation among the different sub-sub recipients of the GF. Linking new NGOs and CBOs with established groups in the field supported by technical partners is fruitful in order to build capacity and foster transfer of knowledge. One of the ways in which this can be done is by mapping out areas and groups that are currently supported by technical partners in the country.

To the GF

- Even though GF had put a great effort on publishing all necessary procedures and guidelines on the Web, more in-country interaction with GF staff is recommended to build / strengthen local understanding;
- Provision of user friendly M&E guidelines and to facilitate technical assistance for capacity building in M&E;
- A stronger regional networking across recipient countries will facilitate experience sharing of CCMs and will help on timely problem solving. It will be useful to investigate mechanisms employed by other international initiatives like Global Alliance for Vaccines and Immunisation (GAVI).

In conclusion the GoK recognizes the positive approach of the G. As an official from the MoH stated "t*he Global Fund has introduced a new approach to international developmental assistance which empowers countries to take active leadership in using development assistance to fight AIDS, Tuberculosis and Malaria. There are no additional demands on beneficiary institutions to develop new, complex and often expensive structures. What is a must is transparency, accountability and results-base).* The GoK's plan is that JICC will evolve into an effective coordination mechanism for the health sector priority package, which includes HIV/AIDS, tuberculosis, malaria, reproductive health, childhood illnesses, immunization and control of communicable diseases.

ANNEX 1: LIST OF DOCUMENTS CONSULTED

1.	**AIDS in Kenya**. Background, projections, impact, interventions, policy. 6th edition. Ministry of Health (in collaboration with the National AIDS Control Council). Republic of Kenya. 2001.
2.	**Community mobilization request proposal to fight HIV/AIDS**: Kenya Network of Women With AIDS. WWW.theglobalfund.org
3.	**Country Coordinating Mechanisms (CCMs): analysis of CCM composition for round 3**. The Global Fund to Fight AIDS, Tuberculosis and Malaria. October 2003.
4.	**Country Coordinating Mechanisms (CCMs): CCMs and the Broader Country Level Coordination Context**. Global Fund Fourth Board Meeting. The Global Fund to Fight AIDS, Tuberculosis and Malaria. 29-31 January 2003.
5.	**Country profile**: Kenya – Malaria. http: // rbm.who.int
6.	**Eligibility criteria**. WWW.theglobalfund.org
7.	**Guidelines for proposals**. WWW.theglobalfund.org
8.	**Guidelines on the purpose, structure and composition of country coordinating mechanisms**. WWW.theglobalfund.org
9.	**Global plan to Stop TB (2001-2005)**. www.stoptb.org
10.	**Health Management Information Systems** – report for the 1996 to 1999 period. Ministry of Health. Republic of Kenya. April 2001.
11.	**Kenya national programme to address the impact of HIV/AIDS, Tuberculosis and Malaria**. Framework for Monitoring and Evaluating the Kenya Global Fund Programme. Department of Standards and Regulatory Services. Ministry of Health. Republic of Kenya. August 2003.
12.	**Kenya national proposal to address and reduce the impact of HIV/AIDS, Tuberculosis and Malaria**; full proposal, grant agreement document; Round 2. WWW.theglobalfund.org
13.	**Kenya national proposal to address the impact of HIV/AIDS and Tuberculosis**. Round three. Summary of proposal, Full proposal. WWW.theglobalfund.org
14.	**Minutes of JICC 2002-2003**

15. **NGO participation in the Global Fund – a review paper**. International HIV/AIDS Alliance. October 2002.

16. **Participatory interactive media model (PIMM) for HIV/AIDS intervention among youth in Nairobi, Central, Eastern and Coast Provinces**. Sanaa Art Promotions. Full Proposal, Grant agreement document. WWW.theglobalfund.org

17. **Procurement and supply chain management consortium** – revised proposal to the Joint Inter-Agencies Coordinating Committee (JICC). The Global Fund Kenya. October 2003

18. **RBM Initiatives**: Technical Strategies. http: // rbm.who.int

19. **Responses to the questionnaire given to participants at the Cape Town Treatment Preparedness Summit.**

20. **Technical review and advice**. WWW.theglobalfund.org

21. **The Kenya national HIV/AIDS strategic plan 2000-2005 –**Popular version. NACC. October 2000

22. **The National health sector** – Strategic Plan 1999 - 2004. Ministry of Health. Republic of Kenya. Health Sector reform Secretariat. July 1999.

23. **Tracking the Global Fund in four countries: an interim report**. Draft to the Secretariat. 30 Spetember 2003.

24. **TRP reporting form (1/2)**. The Global Fund to Fight AIDS, Tuberculosis and Malaria. October 2003.

25. **Summary report:** NGO Global Fund Survey. International council of AIDS Service organizations. October, 2002

ANNEX 2: List of people met

LIST OF PEOPLE CONTACTED/INTERVIEWED IN KENYA

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ANNEX 4: LIST OF ATTENDANTS TO THE WORKSHOP (7TH NOVEMBER 2003)

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National AIDS Control Council			
Dr. Patrick A. Orege Ag. Director	Office of the President	Tel: 2711261 / 249047 Fax: 250356	
Donors			
Lawrence H. Marum Medical epidemiologist	CDC Kenya	Tel: 2713008 Mobile: 722721781 Fax: 2714745	LMarum@cdcnairobi.mimcom.net
NGOs, PLWHA			
Mette M. Kjaer Country Director	African Medical Research Foundation (AMREF)	Tel: 604651 – 6 Direct: 602237 / 601592 Mobile: 254-0733 776207 Fax: 606340	mettek@amrefke.org
Allan G. Ragi Executive Director	Kenya AIDS NGO Consortium (KANCO)	Tel: 2717664 / 2715008 Mobile: 254-0722203344 / 0733333237 Fax: 2714837	kenaids@iconnect.co.ke
Representative of Sanaa	Sanaa Art Promotions	Tel: 575628 / 570432 Fax: 577834	sanaa@alphanet.com
UN Agencies, Programmes and Funds and Donors			
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Dr. A. Kalu	WHO		Kalu @whokenya.org
FBOs			
Mr. Abdulattif N. Shaban Director General	SUPKEM	Tel: 216963	

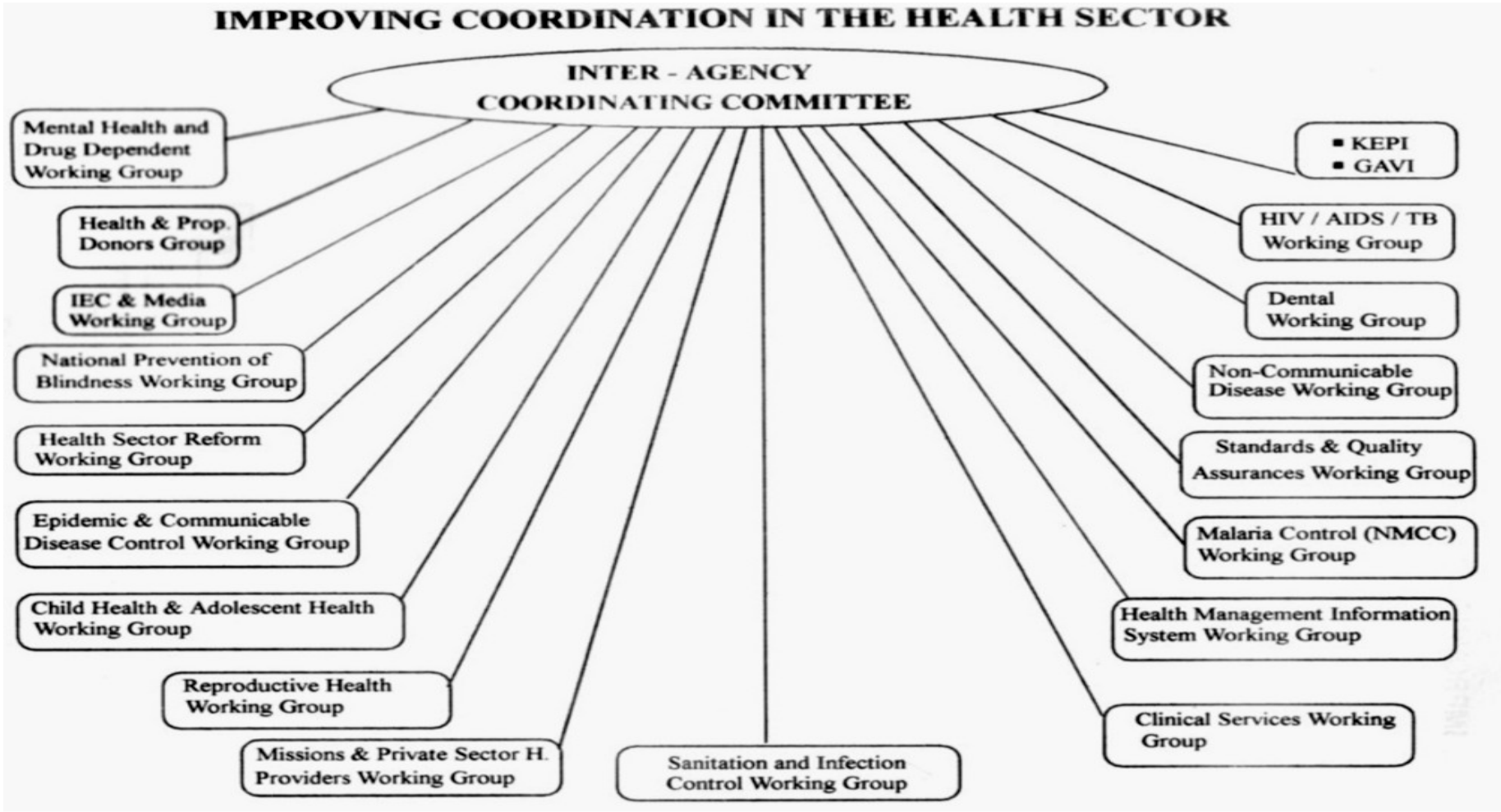
November 7, 2003

Afya House, 7th floor conference room,

MOH

9:00 am	-	Welcome remarks by the Vice Chair of JICC, Dr. Richard O. Muga, DMS/MOH
9:15am	-	Presentation of **JICC** study preliminary findings by Dr. Wuleta Lemma, GF consultant
10:00am	-	Discussion
11:00am	-	Group work
12:00am	-	Plenary
1:00pm	-	Conclusion and closing remarks

Annex 5: Original ICC Working Groups



Annex 6