



**KeNAAM**

Kenya NGO's Alliance Against Malaria

# Barriers Affecting Kenya CSO Access to Global Funds

**A Report for the Kenya NGO Alliance Against Malaria (KeNAAM)**

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## **ABBREVIATIONS AND ACRONYMS**

CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CSO	Civil Society Organization
DCRH	Division of Child and Reproductive Health
DHMT	District Health Management Team
DOMC	Division of Malaria Control
FMA	Financial Management Agents
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLP	Global Level Partners
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
KeNAAM	Kenya NGO Alliance Against Malaria
MICC	Malaria Interagency Coordinating Committee
MOH	Ministry of Health
PMI	Presidential Malaria Initiative
PR	Principal Recipient
PSCM	Procurement and Supply Chain Management
RBM	Roll Back Malaria
SR	Sub Recipient

## ***EXECUTIVE SUMMARY***

Since its inception in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has established itself as a model for development financing for these diseases, combining country-level ownership of programmes with institutional efficiency and effectiveness. However, there has been disparity in the level and extent of support received by the diseases. At institutional level, the Civil Society Organizations have faced major challenges in implementation of their programs, as manifested by the large number of projects that are behind schedule. Due to these challenges, Kenya has missed out on some of the previous Rounds that the GF has granted to other countries. The hardest hit have been malaria programs. It is with this background that KeNAAM has initiated this review to assess the situation among its members as well as other stakeholders, determine the barriers to access of Global Funds in Kenya by Civil Society Organizations, and recommend ways of overcoming these barriers.

Key Informant Interviews (KII) and questionnaire interviews were conducted with heads of institutions and members of KeNAAM. A desktop review was conducted on the reports on malaria produced for the Global Fund in Kenya, and an assessment carried out on the obstacles that may have impeded the access to funds by the CSOs working on malaria in Kenya. The data was analyzed using SPSS.

The bundle of proposals presented for funding was concise and addressed the significant issues relevant to prevention and treatment of malaria. Some of the proposals in the bundle were strong and well prepared, and since all the proposals were funded as a group, it is obvious that the weaker proposals benefitted from the strength of the better-prepared proposals. The better proposals from the larger CSOs were well written and had clear objectives supported by clear service delivery areas to strengthen and support implementation. However CBOs and smaller NGOs did not have clear objectives supported by targets and indicators for implementation and outputs, which would make the project monitoring and evaluation difficult. Many of the proposals lacked linkage between the project funding level and planned activities. This led to many requested funds being excessive and unrelated to planned activities and expected outputs.

CSOs indicated that their expectations with regard to the global fund were not met. Some of the specific areas indicated by the CSOs not to have been met included the disbursement of funds to the implementing organizations which took much longer after the money had been released to the PR, and they were expected to rush and spend the money, disregarding their work plans. However key government institutions were clear that the GF was successful in contributing towards malaria control. Cited were the large number of nets distributed, the treatment of children under 5 years and pregnant mothers, and vector control at household level among target communities in rural areas.

Shortening of the implementation period was mentioned as a hindrance to budget development. On technical malaria programming requirement of the GF, at least half of the CSOs noted that it

had a positive effect on their ability and efficiency to implement their GF project. More than 65% of the CSO respondents indicated that their ability and efficiency was hindered by the requirements for GF grants on procurement procedures and supply chain management. On failure to meet their malaria program targets, more than 60% of the organizations blamed their failure to GF processes, especially funds release. Only one organization indicated that the failure could have been due to multiple factors and not GF alone. More than 80% of the CSOs indicated that their concerns were adequately addressed by the responsible institutions that they communicate with, which are mainly the SR (DOMC), KeNAAM and FMA. Main mode of communication was personal contact (phone and email) and at scheduled meetings.

It was apparent that there was a great disparity among organizations to carry out programmatic and financial obligations as required by the Global Fund. When asked to indicate the capacity of their organization to carry out the certain activities with regard to the GF by rating them whether their capacity was high, moderate or low, the COSs rated the capacities of their organizations as high in most of the areas and would lead to faster funds absorption, improved performance and timely implementation of programs within the work plan; promote timely and efficient procurement; improved financial reporting; increase in accountability and reduced bureaucracy.

Key development partners indicated that the access of the funds by programs was adversely affected by the poor feedback by key implementers and inability of programmes to submit returns in time, which has caused a huge backlog in accounts for the GF and affected subsequent fund allocations in ensuing years. The GLP were willing to provide technical support when specifically requested, but these need to be passed by CCM through the MICC. When asked to specifically identify areas that the GLP would like to support, some of the areas identified were CSO support (not directly but through the MOH), technical assistance, distribution of commodities, support to PSO/media involved in development and dissemination of advocacy and malaria prevention messages such as on malaria days.

This review has brought out the key position that KeNAAM can play in ensuring that GF programming is improved among the CSOs in Kenya. KeNAAM commands deep respect among the CSOs that were interviewed - and much expectation for the future. Building on the back of the expectations of KeNAAM members interviewed during this review, it is recommended that KeNAAM develops integrated proposals that have a planned and well-structured implementation plan, with the individual proposals fitting into this plan. KeNAAM should take up the responsibility of grants oversight to ensure that the malaria projects are not only implemented in time but that the individual CSOs are conversant with the requirements of the GF with regard to grant oversight. It is also recommended that KeNAAM takes the responsibility of creating/strengthening coordinating and facilitating the channels of communication - both bottom-up as well as top-bottom – that will focus on speedy and timely resolution of any conflicts, or solving relevant issues especially between the CCM, PR, SR and the SSRs/CSOs.

# ***CHAPTER 1***

## ***INTRODUCTION***

### **1.1 BACKGROUND OF THE GLOBAL FUND**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was started in 2002 and has now become a major source of financial assistance in the fight against these diseases throughout the world. It has also established itself as a model for development financing for these major tropical diseases, combining country-level ownership of programs with institutional efficiency and effectiveness. Kenya has benefited greatly from financial support from the Global Fund (GF), with many national facilities depending directly on the fund for running of health programs at the community level. Both government and private organizations have benefitted from the GF support. However, there has been disparity in the level and extent of support received by the diseases. At institutional level, the Civil Society Organizations have faced major challenges in implementation of its programs. This is manifested by the large number of projects that are behind schedule. Due to these challenges, Kenya has missed out on some of the previous Rounds that the GF has granted to other countries. The hardest hit has been the Malaria Programs. Since its inception in 2002, malaria has received GF grants in only two rounds - Round 2 (US\$ \$27,700,377.00) and Round 4 (US\$ \$162,173,085.00). Of these two approved levels, (total US\$ 189,873,462.00), less than half of the approved amount (US \$ \$80,744,064.00) has been disbursed. Even then, the two phases of each Round have steeped in problems, and the second phase of Round 4 is not even started as at the time of preparing this document. It is with this background that the Kenya NGO Alliance Against Malaria (KeNAAM) has initiated this review to assess the situation among its members as well as other stakeholders.

### **1.2 KeNAAM**

The Kenya NGO Alliance Against Malaria principal aim is to supplement the efforts of the Kenya government through the Ministry of Health to reduce and altogether eliminate the burden of malaria in the country. KeNAAM is a national network of NGOs, FBOs and CBO networks with its headquarters in Nairobi.

KeNAAM has over 65 active members spread throughout the country. Furthermore in an effort to foster partnership, KeNAAM has an associate membership drawn from private sector groups and organizations (PSOs). KeNAAM also collaborates closely with Ministry of Health through the Divisions of Malaria Control (DOMC) and Child and Reproductive Health (DCRH) by implementing the National Malaria Strategic Plan. Other stakeholders include major bilateral and

multilateral organizations that are keen on fighting malaria in Kenya and the Ministry of Education (KeNAAM, 2006).

### **1.3 PURPOSE OF THE STUDY**

The purpose of this study is to determine the barriers to access of the Malaria Global Fund to civil society organizations in Kenya.

### **1.4. PROBLEM STATEMENT**

From the review of Kenya CCM minutes and responses from CSOs with regard to Malaria Grant of the Global Fund, CSOs have been unable to fully access the funds. According to the Global Fund website, Kenya could only manage to access Phase 1, Year 1 of the Global Fund Round 2. It is evident that by the end of September 2008 when Global Fund Round 2 is expected to expire, Kenya may lose its Phase 1 Year 2, and all Year 3, 4, 5, funding. This has inadvertently locked out CSOs from accessing the essential funds to fight malaria in Kenya. Similarly, the slow access of Year 2 Phase 1 of Global Fund Round IV funds has left CSOs very concerned. This study, therefore, aims at finding out the real barriers to the access of these funds.

### **1.5 THE SCOPE OF THE STUDY**

The study included review of reports produced on the Global Fund in Kenya, a review of the proposals that have been submitted by CSOs – some of which have been funded (Round 2), while others have not been funded (Round 6). Other activities included in this study were an examination of the critical elements in the success of implementation of Global Fund, identification of the key barriers to CSO's access to the Global Fund and suggestion through appropriate recommendations on the way forward for tackling these barriers.

### **1.6 SUMMARY OF THE CHAPTER**

In this first Chapter, the issues to be addressed in this study on determining the barriers to CSOs access to the Global funds were examined. KeNAAM was introduced, the problem that gave rise to the study was presented, and the scope of the study was given.

## **CHAPTER 2**

### **STUDY OBJECTIVE AND METHODOLOGY**

#### **2.1 INTRODUCTION**

The selection of methodologies for carrying out this study was based on the choice of qualitative and quantitative techniques that would lead to the assessment of views and opinions from a wide and varied cohort of respondents. Although based on qualitative aspects, the study methods were also designed to expound on possible quantitative values and observations as experienced by the respondents.

#### **2.2 OBJECTIVE**

The objective of this study was to determine the barriers to access of Global Funds in Kenya by Civil Society Organizations, and recommend ways of overcoming these barriers.

#### **2.3 METHODOLOGY**

The study was conducted through Key Informant Interviews (KII) and questionnaire interviews with heads of institutions and members of KeNAAM. Both open ended qualitative and quantitative questions were used to assess the respondents' views on key issues and to record key responses on implementation of GF-supported malaria programs and the general malaria program environment in Kenya.

##### **2.3.1 Review of reports produced on the Global Fund in Kenya**

An internet review was conducted on the reports on malaria produced for the Global Fund in Kenya, previous and current GF funding on HIV/AIDS, malaria and TB, as well as the proposals prepared by CSOs and presented through KeNAAM to CCM and the GF for support.

##### **2.3.2 Identification of the key barriers to CSO's access to the Global Fund**

Possible obstacles that have impeded the access funds to the CSOs working on malaria in Kenya were identified and reviewed. The proposals produced by the KeNAAM members in the past were reviewed, and their strengths as well as inadequacies as documents for soliciting for funds from the GF identified.

### **2.3.3 Questionnaire Interviews**

Capacity Needs Assessment (CNA) questionnaire interviews were conducted with organizations already implementing GF supported projects as well as potential recipients of GFATM funds (a sample of the over 65 KeNAAM members) to determine their needs on preparation for Global Funds implementation. Face to face interviews were conducted with the respondents, but some members were contacted and interviewed through the telephone. Questionnaires were also sent to respondents through the email for self administration on-line and returning to the reviewer.

### **2.3.4 Recommendations on possible and probable solutions to the identified problems**

The respondents' views, consultations with policy and coordinating agencies, and review of the proposals and internet reviews of reports from the CCM website formed the basis of the recommendations for overcoming barriers to accessing GF funding for CSOs.

## **2.4 STUDY TOOL**

The study was conducted through a semi-structured questionnaire (see Appendix 1), but final responses were also drawn through probing to gain further information on the relevant topic.

## **2.5 DATA ANALYSIS**

Most of the questionnaires were open ended requiring opinions and views of the respondents on implementation and programming of GF projects on malaria. In order to set the responses for analysis, the answers were transcribed, grouped and coded depending on the topic. The data was analyzed using SPSS. Most of the responses were through direct face to face interviews and key informant interviews.

## **2.6 SUMMARY**

In this Chapter, the methodologies for this study were examined. The choice was made for assessment of proposals submitted for GF grants, collection of data through Key Informant Interviews, targeted questionnaire interviews focusing on key respondents, and perusal of the internet for reports. Data analysis was conducted through SPSS.

## **CHAPTER 3**

# ***REVIEW OF PROPOSALS SUBMITTED FOR PEVIOUS GLOBAL FUND ROUNDS***

### **3.1 INTRODUCTION**

The Global Fund process requires that applications be made through proposals submitted on the relevant topic to Geneva. In this Chapter, the proposals previously submitted for Round 2 (which was funded) and Round 6 (which was not funded) are reviewed and the results on the review are presented.

### **3.2 MALARIA PROPOSALS TO THE GFATM**

The bundle of proposals presented for funding was concise and addressed the significant issues relevant to prevention and treatment of malaria. Some of the proposals in the bundle were stronger and better prepared than others, and since all the proposals were funded as a group, it is obvious that the weaker proposals benefitted from the strength of the better-prepared proposals.

However the proposals had important deficiencies that would make the implementation of the project hard and monitoring and evaluation difficult to achieve or maintain.

### **3.3 PROPOSALS SUBMITTED: GF ROUND 2, GF 4, GF 6**

The proposal in the Round 2 bundle did not have a structured format and would be difficult to appraise and evaluate.

The Round 6 proposals were prepared under the technical guidance of DOMC. The Division formed a Technical Review Team that included observers and representatives for the applicant organizations to vet the relevant proposals. KeNAAM acknowledged that they had previously participated in such a review of proposals and that it found the process to be open, transparent and was guided by a scoring system to arrive at the most deserving proposals. Applicants were advised to form consortia in order to strengthen their resource base especially for small organizations. They were also advised to select activities carefully and indicate only what they are capable of implementing.

In order to facilitate and delineate areas of project implementation, the organizations indicated the districts they are active in.

The proposals forming the bundle for GF application in Round 6 were generally similar to those of the previous applications in content. However there was improvement – probably because as indicated above, both KeNAAM and the DOMC played a closer role in the preparatory process for the malaria proposals.

Following are some specific areas of deficiency.

### **3.4 STYLE AND FORMAT OF PROPOSALS**

Since the bundles were merely a collection of members' papers, they were as varied as the individuals that had prepared them. There was no single font type; the formatting was varied, as were the bullet types, the paragraphing style, and spacing. Although some of the proposals especially those from the established and larger institutions were well written most were mediocre in content and implementation plan, and would need strengthening. Table 1 shows an analysis of the proposals based on the proportion of the proposals that had had the basic sections of proposals and the performance score by individual proposals.

**Table 1. An analysis of structure of proposals prepared for the Global Fund: Round 2 and Round 6.**

Proposal	Title	Ex Su1	Intr2	Justi3	SMRT4	ExO5	Act6	Ind7	Strat8	WP9	M&E10	ExIm11	Sust12	Bdg13	Performance Index
MP.01	N	N	Y	Y	N	N	Y	Y	N	Y	Y	N	N	Gen	0.43
MP.02	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Gen	0.71
MP.03	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	Y	0.57
MP.04	Y	N	N	N	N	N	Y	Y	Y	N	N	N	N	Gen	0.29
MP.05	Y	N	Y	Y	N	Y	Y	Y	Y	N	N	N	N	Gen	0.50
MP.06	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	N	N	Gen	0.57
MP.07	Y	N	Y	Y	N	Y	Y	N	N	N	N	N	N	N	0.36
MP.08	N	N	Y	N	Y	N	Y	N	N	N	N	Y	N	Gen	0.29
MP.09	Y	N	Y	Y	N	Y	Y	N	N	N	M	N	N	Gen	0.36
MP.10	Y	Y	Y	Y	N	N	Y	N	Y	N	Y	Y	Y	Y	0.71
MP.11	N	Y	Y	N	N	N	Y	Y	N	N	N	N	N	Y	0.36
MP.12	N	N	Y	N	Y	N	N	N	N	N	Y	N	N	Gen	0.21
MP.13	Y	N	Y	N	Y	N	Y	Y	N	Y	N	N	Y	Gen	0.50
MP.14	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	N	N	Gen	0.50
MP.15	N	Y	Y	N	N	N	Y	Y	Y	N	Y	N	Y	Gen	0.50
MP.16	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Gen	0.21
MP.17	Y	N	N	N	N	N	N	N	Y	N	N	N	N	Gen	0.14
MP.18	N	Y	N	N	N	N	N	N	N	N	N	N	N	Gen	0.07
MP.19	N	N	N	N	N	N	N	N	N	N	N	N	N	N	0.0
MP.20	N	N	Y	N	N	N	N	N	N	Y	N	N	N	Y	0.21
MP.21	Y	Y	N	Y	N	Y	Y	N	Y	N	N	N	N	Y	0.50
MP.22	N	N	Y	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	0.64
MP.23	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	0.86

MP.24	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	0.07
MP.25	N	N	Y	N	N	Y	Y	N	Y	N	N	Y	N	Gen	0.36
MP.26	N	N	N	N	N	N	N	N	N	N	N	N	N	Gen	0.0
Proportion of proposals with section	53.8	34.6	73.1	34.6	26.9	38.4	75.0	46.2	42.3	23.1	30.8	11.6	19.2	30.8	

**Legend for Table 1:**

- Ex Su<sup>1</sup> - Executive summary
- Intr<sup>2</sup> - Introduction
- Justi<sup>3</sup> - Justification
- SMRT<sup>4</sup> - SMART Objectives
- ExO<sup>5</sup> - Expected Outputs
- Act<sup>6</sup> - Activities
- Ind<sup>7</sup> - Indicators
- Strat<sup>8</sup> - Implementation Strategy
- WP<sup>9</sup> - Work Plan
- M&E<sup>10</sup> - Monitoring and Evaluation
- ExIm<sup>11</sup> - Expected Impact
- Sust<sup>12</sup> - Sustainability
- Bdg<sup>13</sup> - Budget

### **3.4.1 Title**

In the Round 2 applications, only three of the 12 proposals in the bundle had titles relevant to the specific proposal. Without a title a reviewer would face a difficult time structuring the purpose and site for implementation of the project.

In Round 6, the bundle lacked integrated group title to show a unifying theme for the group. What was it that tied the proposals into a “bundle” other than the fact that they had all been put together by members of KeNAAM? Some of the individual applications also lacked titles, making it difficult to identify the basis for project implementation, and areas (physical and thematic) for implementation. Overall, 53.8% of the proposals in both bundles had titles.

### **3.4.2 Introduction**

All the proposals had some form of introduction and background on malaria. However these were not strong enough to bring out the current factors relevant to the targeted and planned field programmes. About 46% of the proposals lacked an introductory paragraph to give a brief account on the current status on the planned activities.

### **3.4.3 Justification**

Close to 65% of the proposals lacked justification for implementation of the various malaria interventions.

### **3.4.4 Objectives**

The better proposals from the larger CSOs were well written and had clear objectives supported by clear service delivery areas to strengthen and support implementation. However the CBOs societies and smaller NGOs did not have clear objectives supported by targets on implementation and outputs. However, the objectives in the majority of the proposals were poorly written and lacked the qualities that would support the implementation of the project, or the opportunity to monitor program activities or evaluate the direction of project progress towards attaining project objectives.

None of the proposals had SMART objectives to assist evaluate the implementation of the project. Objectives are considered to be SMART if they are Specific, Measurable, Achievable, Realistic and Time-bound. Some of the proposals had long and un-implementable objectives (one had 13 objectives) - an obvious indicator for a program that is not clearly planned and written. However overall, 26.9% of the proposals had SMART objectives.

### **3.4.5 Expected Output/Outcomes**

In spite of the requirement for the GF for applicants to submit proposals with targets and an indicators table to support the component strategy section and to refer explicitly to the

programmatic needs and gap analysis, most of the proposals lacked any targeted expected outcomes.

Overall, about 38% of the proposals had Expected Outputs. However in Round 2 applications, none of the proposals had a vision on the expected outputs - the immediate results from the activities and outcome of the project – the longer-term effects of project activities, or what the project would lead to after its implementation.

### **3.4.6 Activities**

The large CSOs had clear planned activities, as well as strategies for the planned activities. The CBOs and society proposals did not have any activities or implementation plan.

The program activities give direction on the tasks to be undertaken. These were not clearly stated in most of the proposals. It would be difficult to imagine how outputs would be arrived at and objectives acquired without activities. Yet 25% of the proposals in the two bundles for Round 2 and Round 6 lacked activities as part of the proposal.

### **3.4.7 Indicators**

Indicators are either qualitative - to measure the dynamic sustainability, which involves people's adaptability to a changing environment, their behaviors and attitudes post implementation of the malaria project, or quantitative - to measure the efficiency of carrying out the project. Indicators are important tools particularly for assessing project progress and determining any achievements. For this reason, indicators need to be

- Factual
- Measurable
- Valid (based on project factors not external factors),
- Based on obtainable data,
- Have a standard (a minimum level/range of performance considered on expert opinion, past performance or established norms),
- Ethical (in terms of right of individual to confidentiality, freedom of choice, informed consent),
- Independent (measuring only one factor)
- Understandable (simple and unambiguous, easy to interpret in terms of project status.)
- Reliable ( would give same value if measurements were repeated), understandable & accessible in terms of data required to generate results and access)

These critical elements were mostly missing in the bundled proposals, and the proposals lacked qualitative or quantitative indicators to guide the implementation and evaluation of the projects. Only 42.2% of the proposals had indicators to guide their implementation. Therefore it would be

difficulty for the Global Fund to address issues to do with the assessment and evaluation of the projects, or determine if various elements of the project are being achieved, and specifically the level of achievement (or non-achievement) by the implementing organization.

### **3.4.8 Implementation Strategy**

Although the larger organizations had clear and well articulated strategies and implementation plan, the CBOs and CSOs did not indicate how they will implement their activities and lacked any plan of action.

More than half of the proposals were missing an implementation strategy (42.3% of the proposals had implementation strategy). Without a strategy it would be difficult for implementers and GFATM to determine the course of action of the proposed project.

### **3.4.9 Work plan**

The work plan, although required and mandatory for GFATM proposals, was one of the worst areas of performance for the proposals, and was generally missing in the bundled proposals, yet it is the work plan that gives a timeframe and indication on when the outputs can be expected – a milestone and target on the project performance. It would be difficult to determine at what stage activities are being implemented, and which outputs are progressively being attained. Proportion of the two bundles with Work Plan was 23.1%.

### **3.4.10 Monitoring and Evaluation Strategy**

The proposals in the KeNAAM bundle for Round 2 lacked a plan for M&E. None of the 12 proposals had specific and itemized plan for assessing progress on targets. Without either monitoring indicator to show evidence of whether project activities are going on as scheduled (process and out-put indicators), nor evaluation indicators to show achievement or lack of, in meeting the objectives of the project (results and impact indicators), it would be hard to implement an M&E strategy.

The better written proposals from the larger organizations had a monitoring and evaluation plan but those from the smaller organizations did not have any M&E strategy.

Overall, 30.8% of the proposals for Rounds 2 and 6 had an M&E strategy.

### **3.4.11 Expected Impact**

In a proposal, the section on Expected Impact provides an opportunity for the applicant to indicate the global common benefit to the community as a result of implementation of the project. It provides an opportunity for judgment whether the project programming is visionary. This section had the worst performance index among the other areas, and only 11.6% of the proposals had an “Expected Impact” section.

### **3.4.12 Project Sustainability**

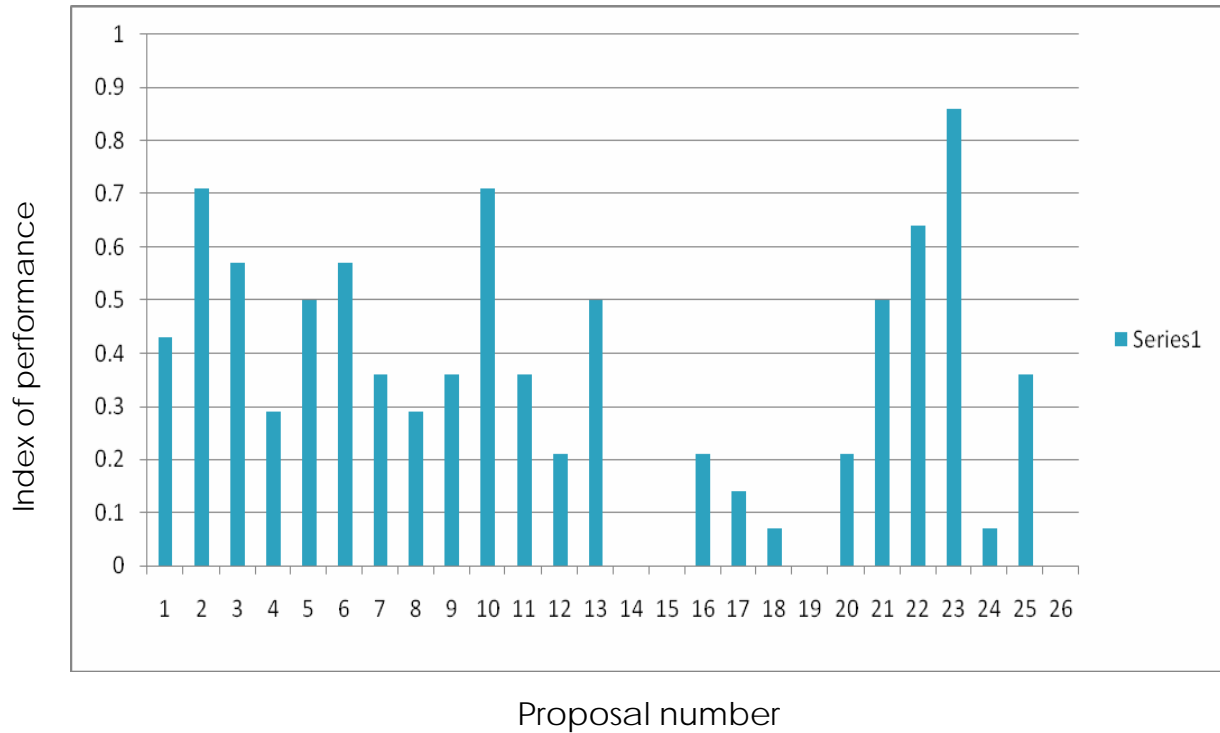
The section of project sustainability in a proposal shows that thought is in place for the period post-support through the current initiative. Applicants need to build this section into their proposals – even if it is only to show that they are aware that the resources from this grant will dry up and the project needs to continue in the period to come. However, only 19.2% of the proposal in the Bundles for Round 2 and Round 6 had any strategy of sustaining the GF projects.

### **3.4.13 Budget**

The GFATM proposes for a Performance Based Funding. The critical point here is that the funding request should be tied to an activity. This should be reflected in the budget to show - even in a broad outline - how the funds will be driving the project towards attaining project objectives. As in other areas, the budgets in the proposals were well structured for the large organizations, but the CBOs and societies had poorly structured budgets that would face difficulty in supporting. In one case the objectives targeted for support were repeated for all the 5 years, as were the level of funds requested.

However, in many of the proposals, there was no linkage between the project budget level and the requested amounts. This led to many requested funds towards being excessive and unrelated to expected outputs. Even then 69.2% of the proposals lacked any budget.

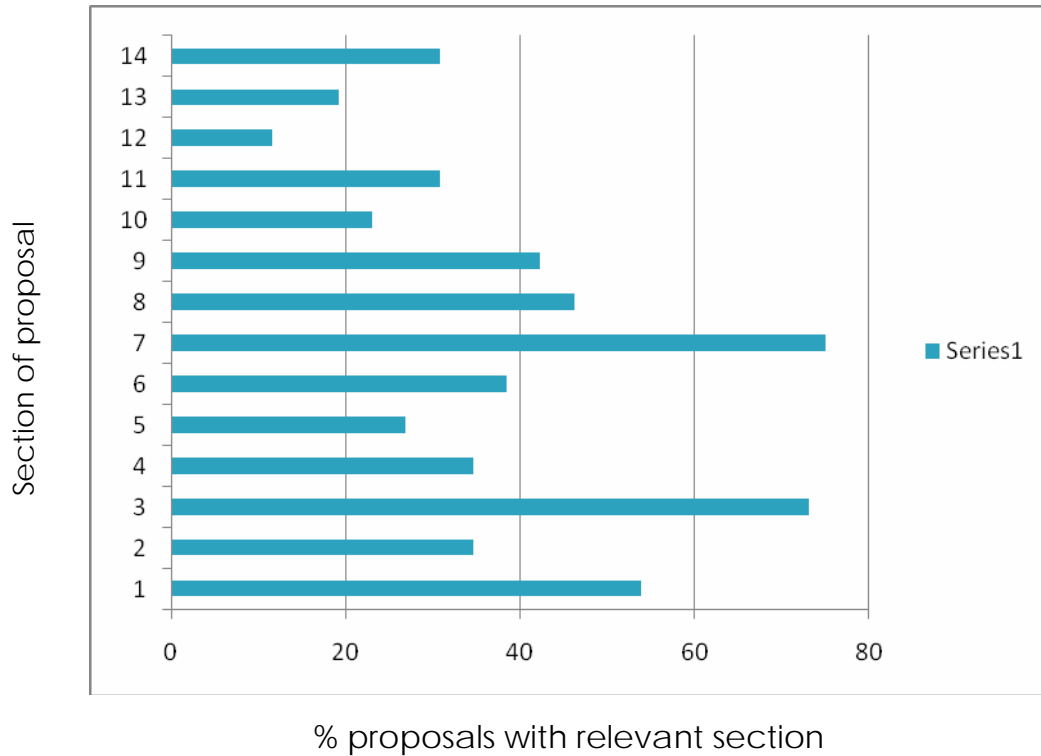
Fig. 1 shows that out of the 26 proposals from Round 2 and 6, only six had a score of 50% in terms of presence of all sections of a proposal (Title, Executive summary, Introduction, Justification/Rationale, SMART Objectives, Expected outputs/Outcomes, Activities, Indicators, Strategies, Work Plan, Monitoring and Evaluation, Expected Impact, Sustainability, Budget). At least three of the proposals lacked all of these sections.



**Fig. 1. Performance indices of the malaria proposals (1 - 26) from Round 2 and Round 6 applications for Global Fund support**

### 3.5 PERFORMANCE OF INDIVIDUAL PROPOSALS

Individual proposals did not fair too well either in terms of adherence to good practice in proposal writing, and assessment of the quality of the proposals and grant application. At least one proposal had a score of 0 – meaning that it had no business even attempting to apply for GF grants. The performance indices of the proposals on various key sections are presented in Fig. 2.



**Fig.2. Proportion of proposals from Round 2 and Round 6 of the Global Fund with headings (1 Title, 2 Executive summary, 3 Introduction, 4 Justification/Rationale, 5 SMART Objectives, 6 Expected outputs/Outcomes, 7 Activities, 8 Indicators, 9 Strategies, 10 Work Plan, 11 Monitoring and Evaluation, 12 Expected Impact, 13 Sustainability, 14 Budget)**

Fig. 2 shows that most of the proposals lacked such essential sections of a proposal such as title, executive summary, and indicators.

### 3.6 SUMMARY

In this Chapter, focus was placed on the assessment of the quality of the proposals previously submitted for GF funding. Although there were critical areas in which the proposals performed well, some key elements were lacking including selection of indicators that would assist in project monitoring and evaluation.

## **CHAPTER 4**

# **INTERVIEWS WITH CIVIL SOCIETY ORGANIZATIONS**

### **4.1 INTRODUCTION**

Civil Society Organizations have borne the brunt of the delay in disbursement of Global Funds. Years that have passed without Kenya participating in GF grant awards have meant missed opportunities for the organizations and a chance to contribute to the control of a disease that probably causes morbidity and mortality at a level higher than any other in the tropics. It was therefore pertinent that views of organizations that have received GF grants be sought to review their experiences, and those that have not received such funds collected and collated, and their expectations from the GF and observations on malaria programmes sought.

### **4.2 EXPECTATIONS OF CSOs FROM GLOBAL FUND ON FUNDING OF MALARIA PROGRAMMES**

Some of the CSO expectations from global fund by the recipient organizations include:

- Proportional provision of funds according to the size of the program to be implemented
- Vector control has been a neglected area; GF should have addressed the gap in controlling adult and larval stage of the vector (mosquito)
- GF need to educate communities on how to treat and control mosquitoes, need for the control, how to use the nets and malarial drugs
- Research aspect of the malaria disease should have been included in the GF; DOMC is not interested in this aspect
- An easy way of administering the finances needs to be put in place
- Simple technical and financial reporting system is needed
- Proper feedback mechanism should be in place
- An improved grant application form is needed; reporting should not be so hectic as it is now
- Facilitate timely disbursement of funds to reach the implementing organizations in good time to enable timely implementation of programs
- Contribute towards improving procurement system

- More funds should be released because there is need for malaria control; child mortality is still high
- Country proposal should be done by qualified persons to increase chances of winning
- The GF would contribute directly towards the reduction of malaria burden in Kenya

All the CSOs interviewed indicated that their expectations with regard to the global fund were not met or only partially met. Some of the specific areas indicated by the CSOs not to have been met included:

- Disbursement of funds to the implementing organizations took much longer after the money had been released to the PR.
- Once the money was released to the implementing organizations, they were expected to rush and spend the money in the shortest time possible thereby disregarding their work plans, i.e. a program that is supposed to be implemented over a period of two years is rushed through a period of eight months.
- Expectation not fully met included in provision of drugs and nets where sustainability was not addressed, and distribution and use were not sustained

However the key development partners and government institutions involved in malaria management were clear that the GF was successful in contributing towards malaria control. Cited were the large number of nets distributed, the treatment of children under 5 years and pregnant mothers, and vector control at household level among target communities in rural areas.

### **4.3 STRENGTHS OF GLOBAL FUND**

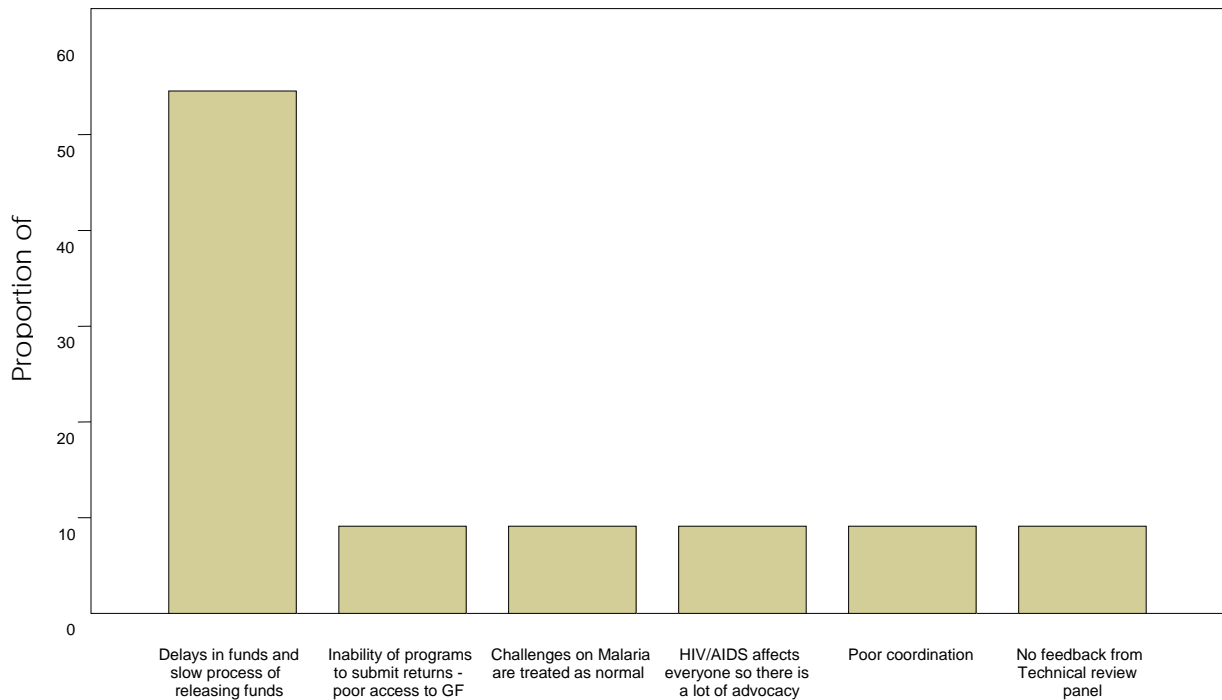
Implementing organizations indicated that the GF has been directly beneficial to the reduction of malaria burden in Kenya. Some of the strengths of global fund as indicated by the CSOs interviewed were as follows:

- Although GF funds have benefitted malaria programs in only two rounds, they have had an impact on the disease i.e. the malaria burden has decreased. The epidemics/outbreaks have been reduced.
- KeNAAM as a coordinating body is good and it should be strengthened
- Clear strategies for malaria implementation, i.e. ITNs, IRNs, case management, etc are in place
- One organization indicated that there is technical support from DOMC and WHO
- Coordination from the DOMC makes it a little easier to implement the GF programs
- With KeNAAM on board, malaria component is picking up compared to HIV and TB
- Key development partners indicated that the GF had averted deaths from malaria by up to 44%, making the Malaria GF support to be the highest achiever compared to HIV/AIDS and TB.

#### **4.4 WEAKNESSES OF GLOBAL FUND**

CSOs were highly critical of the procedures and processes in the management of GF malaria funds in Kenya. Some of the weaknesses of the Global Fund as indicated by the CSOs interviewed were as follows:

- The slow process of releasing funds results in reduced program time, yet the implementing period is not extended proportionately and organizations are expected to use all the money in the given time short, i.e. budget for 2 years is supposed to be used in 9 months. Lateness in funds disbursement results in rushed program implementation and/or not completing activities as per the work plan within the given time.
- In addition to the slow process of releasing funds, there is lack of dual tracking, i.e. there should be a second PR for malaria under the civil society. The route before the sub-sub recipients get the funds is too long, leading to the delays in funds disbursement
- Great efforts have been put in advocacy for control of both TB and HIV/AIDS. However neither of these diseases have a vector for their transmission to complicate their control. Therefore the management of malaria is more complex, and is much less understood compared to TB and HIV/AIDS. Three areas need to be looked at in malaria control: the biology of the vector, malaria disease epidemiology and the agents/factors on vector control.
- Coordination of the Global Fund is poor
- Changing rules without prior notice to implementing organizations confuses the implementation plans, for example second disbursement of funds was based on using at least 75% of first disbursement, however, when one organization requested for 2<sup>nd</sup> disbursement after using more than 75%, it was told it has to use all the funds given during the first disbursement before the second disbursement could be done.
- Procurement process is cumbersome and results in lateness of program implementation because commodities are received late. There is need to decentralized the procurement process.
- There is lack of linkages and joint implementation with CSOs at district level.
- There is lack of joint planning and implementation in place at district level due to lack of transparency and/or inefficiency resulting in funds being returned.
- There is lack of feedback from the technical review panel
- Malaria is not getting the attention it deserves compared to the HIV component after HIV was declared a national disaster. Proper management system was put in place at the top level thus strengthening the HIV component while malaria took backstage.
- Tax waiver on medical equipment is still a challenge. The process is too long and some organizations end up paying the tax to avoid the long procedure. Systems need to be put in place to quicken the process, which in turn ensure quick implement of programs.



**Fig. 3. Some of the weaknesses of the GF as witnessed by implementing organizations**

Delays in disbursement of funds was the most cited source of weaknesses by the implementing organizations (Fig. 3).

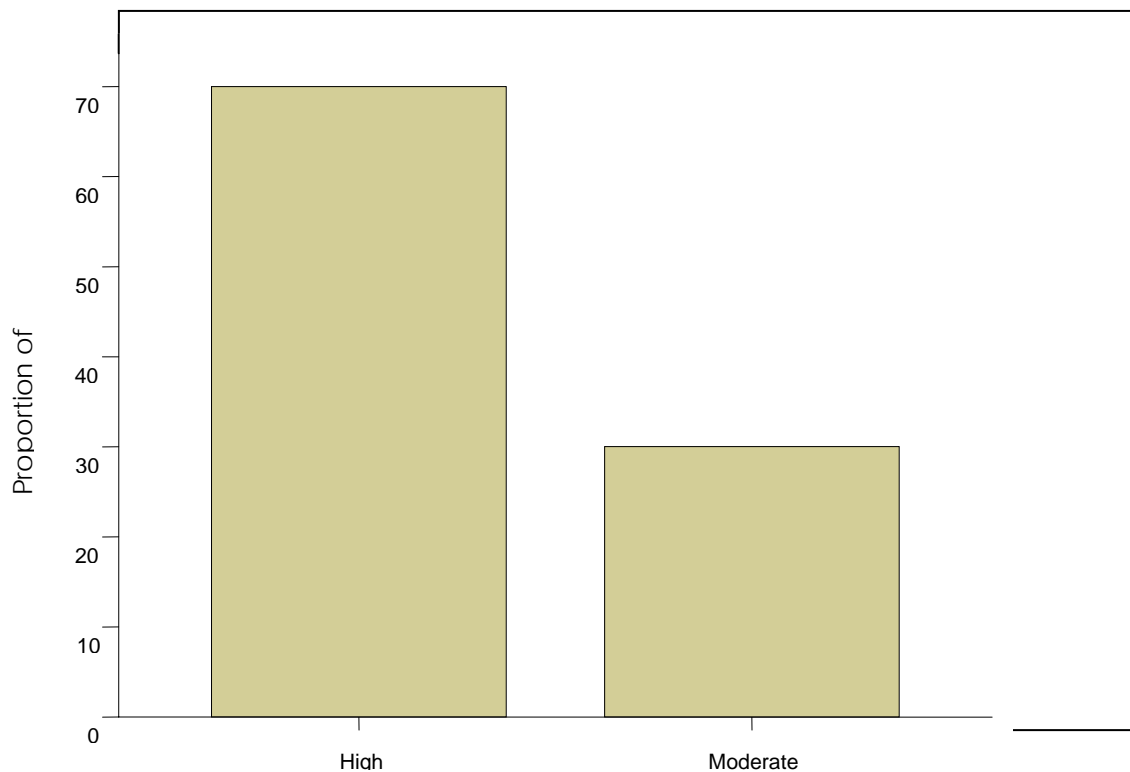
Key development partners indicated that the access of the funds by programs was adversely affected by the poor feedback by key implementers and inability of programs to submit returns in time. Districts delayed financial returns and felt to adequately account for project funds especially in Round 2. This caused a huge backlog in accounts for the GF and affected subsequent fund allocations in consequent years. There was a marked improvement in Round 4 funding, but even this Round has been plagued with delayed reporting and financial disbursement.

#### 4.5 EFFECT OF GF GRANTS REQUIREMENTS ON ORGANIZATIONAL ABILITY AND EFFICIENCY TO IMPLEMENT GF PROJECTS

When asked how the various Global Fund grant requirements have affected their ability and efficiency to implement their global fund projects, the CSOs gave varied responses to the various requirements had affected them as follows:

##### 4.5.1 Proposal development

Majority of the respondents, 50% of the organizations interviewed indicated that the requirements have hindered their ability and efficiency to implement their global fund projects, while 33% said that they have had no effect on their ability and efficiency to implement their projects. Only 16% indicated that the requirements had assisted them in implementing their projects.



**Fig. 4. The capacity of organizations to carry out proposal development**

All the organizations expressed the confidence that they had either a high or moderate ability to develop their proposals.

Some of the areas specifically pointed out to contribute to the hindrances on developing proposals for GF included the following:

- Timing of announcement and deadline too close, thus organizations do not know priority areas in advance hindering teaming up with other organizations to develop a concrete proposal or bring consultants to do a quick good job
- National priority areas are not well thought through, e.g. the research component is critical but not well covered
- The whole process is hectic and cumbersome

#### 4.5.2 Monitoring and evaluation procedures

When asked how M&E requirements for the global fund had affected their ability and efficiency to implement their GF projects, the majority of the respondents (66.6%) indicated that this requirement had no effect on the implementation of their projects. However, about 16% indicated that the procedures had assisted with a similar proportion indicating that the procedures had hindered their ability and efficiency to implement their GF projects.

For those who indicated that the procedures are a hindrance to their implementation, they said that although Financial Management Agents (FMA) has been keen on how finances are used, the monthly reporting was a burden and takes too much time.

Those who indicated that the requirements had no effect on them explained that first they did not know whether they were getting value for the money being used for implementation. There was no feedback mechanism, hence no effect on the activities being carried because they could not tell whether they were doing things right or wrongly. Some of the organizations even indicated that the M&E requirements did not exist, while others advocated for DOMC and the Ministry of Health to come up with a standard M&E tool.

#### 4.5.3 Financial management

At least half of the respondent organizations indicated that the financial management requirements of the GF had assisted their ability and efficiency to implement their GF projects especially due to the mandatory monthly reporting.

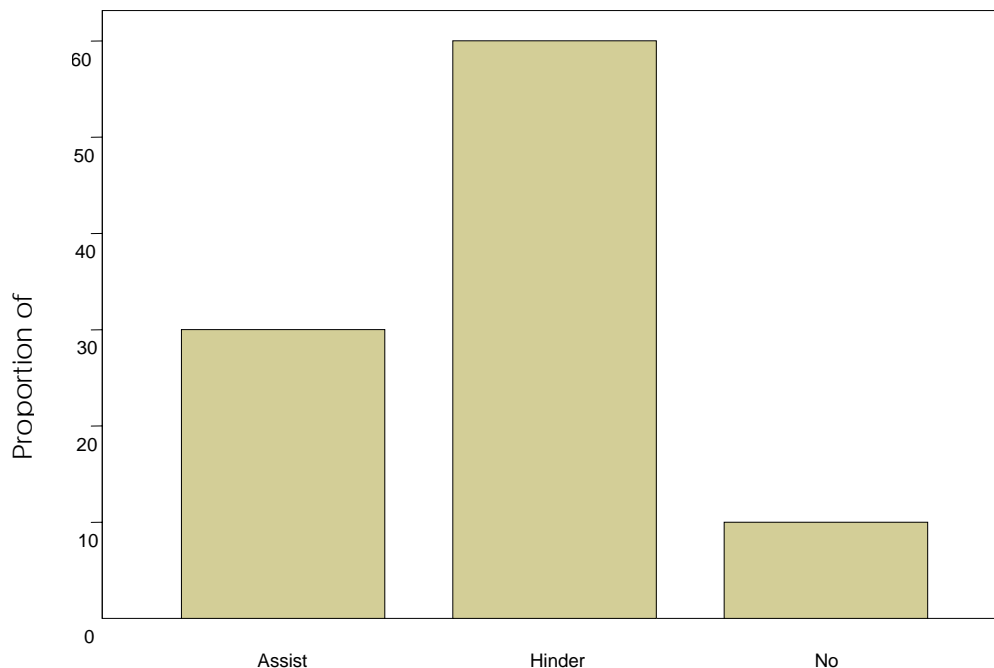


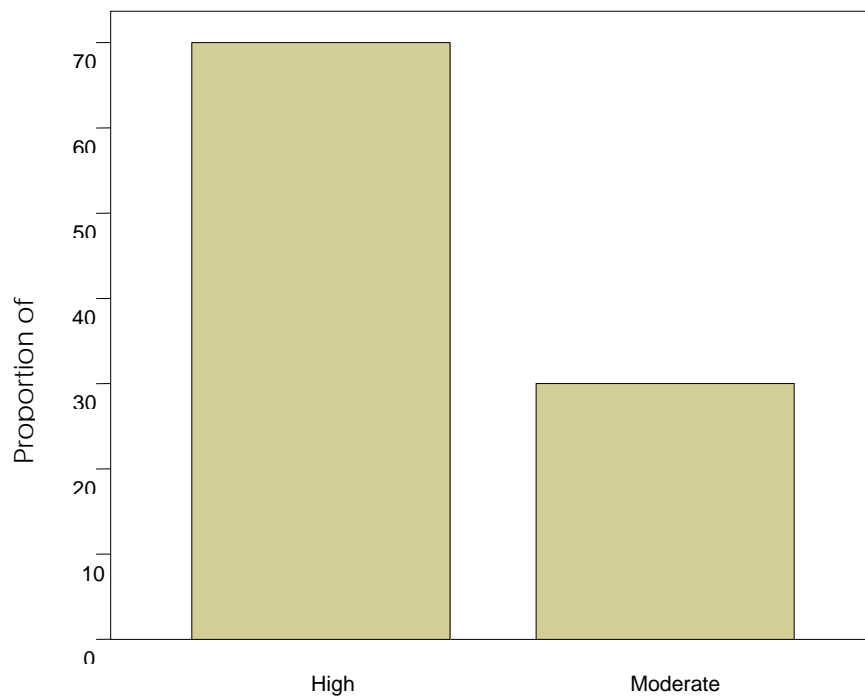
Fig. 5. How Grant Work Plan requirements for GF grants have affected current

Thirty three percent of the respondents indicated that the requirements had hindered their ability and efficiency in implementing their GF projects especially due to the slow process of disbursement of funds. About 16% respondents indicated that the GF requirements actually had no effect on their ability and efficiency to implement their GF project.

Grant work plan requirements were considered to be hampering implementers' efficiency in carrying out their responsibilities. The organizations feel that they need more latitude (more time) in implementing their projects. About 60% of the respondents indicated that the GF requirements on grant work-plan hindered their ability and efficiency towards implementing the GF projects. Those who indicated that the requirements hindered their implementation also indicated that the system needs to be improved.

#### **4.5.4 Budget development**

Majority of the respondents (50%) indicated that the GF requirements had no effect on their ability and efficiency in their project budget development. About 33% indicated that the requirements hindered their ability and efficiency to implement their projects, while about 16% indicated that the requirements had actually assisted their ability and efficiency to implement their GF project.



**Fig. 6. The capacity of organizations to carry out budget development**

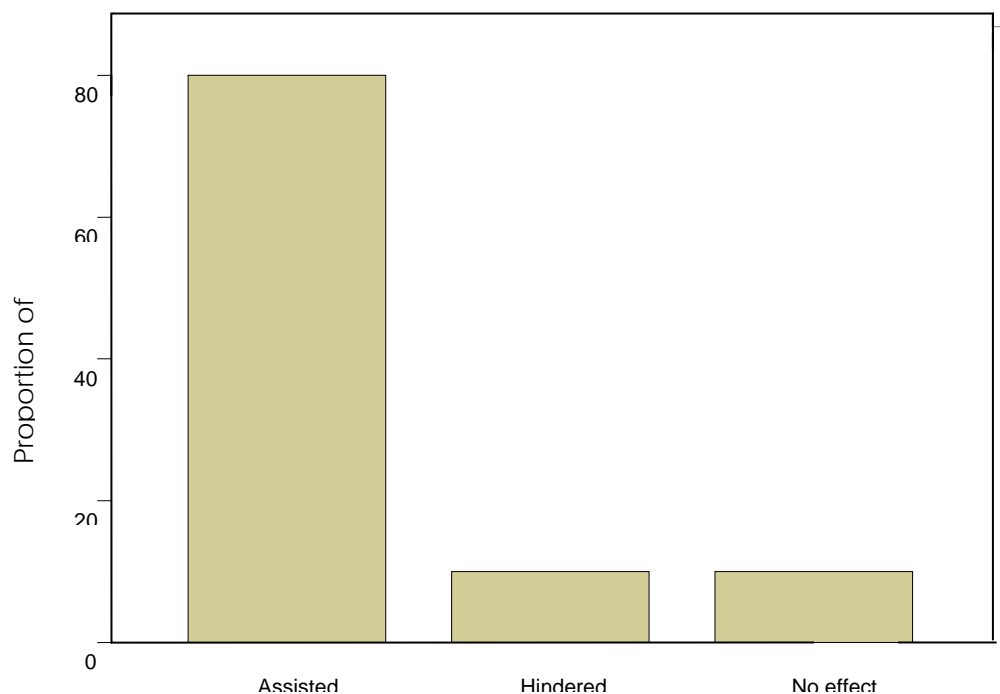
All organizations were confident that they had the capacity to carry out budget development. Some of those who indicated that the requirements had hindered their ability and efficiency to implement programmes, and explained that the reduction of the implementation period sometimes from two years to one year or less negatively affects their budgets – even if planned well. They also indicated that budgets are reduced compared to what is put in the proposal without consultation, resulting in under-implementation of the planned activities. The shortening of the implementation period also from say two years to one year was also mentioned as a hindrance to their budget development and project implementation.

#### **4.5.5 Technical malaria programming**

When asked whether the technical malaria programming requirement of the GF had assisted, hindered or had no effect on their ability and efficiency to implement their GF project, most of the respondent CSOs (50%) indicated that the requirement had assisted, 34% indicated that it had hindered them while 16% indicated that the requirement had had no effect on their ability and efficiency to implement their GF projects. Some of the organizations which indicated that the requirements had hindered their ability and efficiency to implement their projects said that it was a challenge to carry out joint implementation with the Ministry of Health.

#### **4.5.6 Procurement procedures and supply chain management (PSCM)**

More than 65% of the CSO respondents indicated that their ability and efficiency was hindered by the requirements for GF grants on procurement procedures and supply chain management.



**Fig. 7. How Grant Oversight requirements for GF grants have affected current implementers' ability and efficiency to implement your GF project**

About 16% each indicated that the procurement procedures and supply chain management assisted or had no effect on their ability and efficiency to implement their GF projects, respectively.

The CSOs also indicated that when it comes to tax, medical equipment is zero rated but the process takes too long to clear items. Most of the organizations indicated that they had their own procurement procedures within their organizations that were effective and should be allowed to follow these procedures for the GF.

The majority of the respondents (80%) indicated that the GF requirements for grant oversight assisted them in their ability and efficiency in GF project implementation, while sixteen percent of the organizations indicated that it hindered or it had no effect on their projects implementation ability and efficiency, respectively. Grant oversight requirements are considered to have assisted the organizations in accomplishing their programmes. This is due to the fact that grant oversight is considered to be providing guidance on project implementation and the use of project funds.

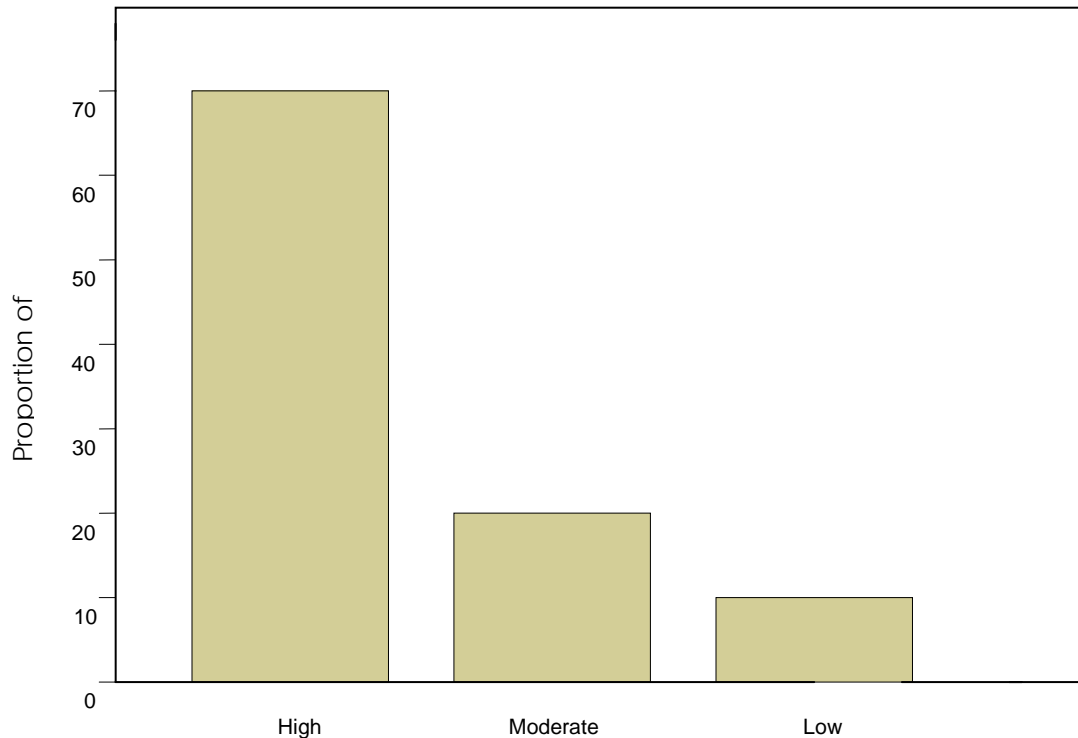
Some of those who indicated that the accounting system was efficient therefore helped in monitoring. However, those who indicated that it hinders added that there was too much bureaucracy and that the internal process was too slow.

#### **4.5.7 Selecting indicators for monitoring and evaluation**

When asked whether the GF requirements on selecting indicators for monitoring and evaluation had assisted, hindered or had no effect on their ability and efficiency to implement their GF projects, 50% of the respondents indicated that the requirements had assisted them, while more than 30% said it had no effect and about 16% percent indicated that it had hindered their efficiency and ability to implement their GF projects.

Selection of indicators is considered to be important and has assisted the implementation of GF programmes. However a considerable proportion of the organizations thought that the indicators actually hindered their ability to perform. It is suspected that this arose from the fact that the organizations set too high a bench mark that they found difficult to climb and attain

Some of those who said that the requirements assisted them indicated that they helped make priority areas clear. Some of them, however, said that the indicators are not clear and that there is need to standardize the indicators for M&E. Some of the organizations also indicated that they use their own indicators.



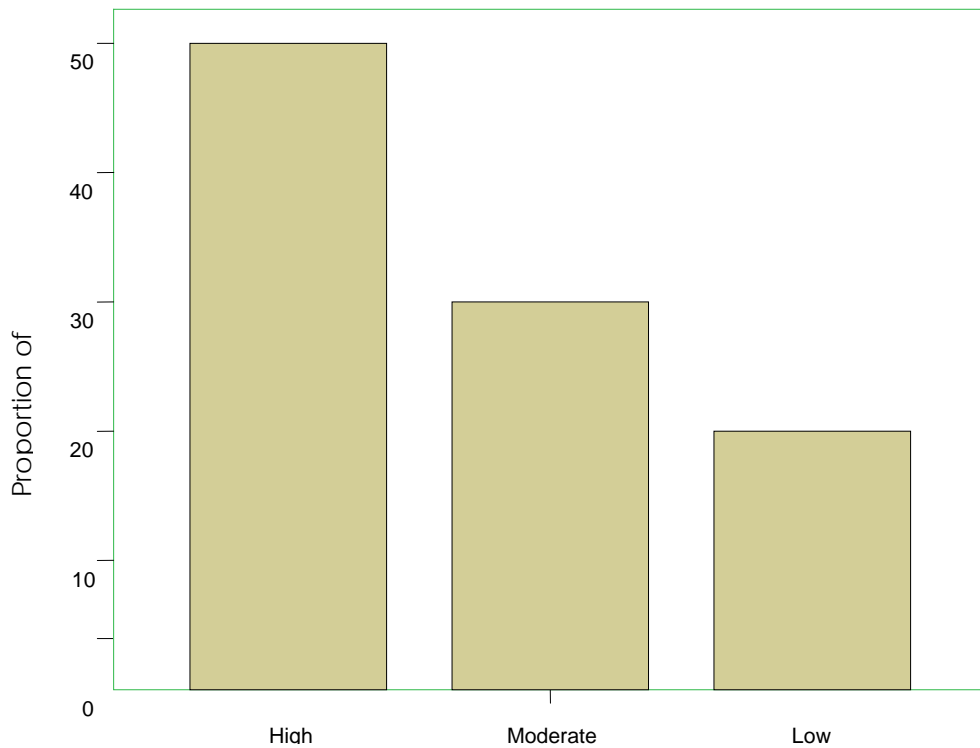
**Fig. 8 The capacity of organizations to carry out prioritizing of malaria intervention activities**

Although the majority of the organizations had the capacity to prioritize the malaria intervention requirements, about 30% of the organizations responded that they either had moderate or low

#### **4.5.8 Data collection for monitoring and evaluation**

More than 60% of the CSOs respondents indicated that the GF requirements on data collection for M&E had no effect on their ability and efficiency to implement their GF projects.

Although 80% of the organizations had either a high or moderate capacity to monitor project activities, the rest of the organizations indicated a low capacity to monitor activities.



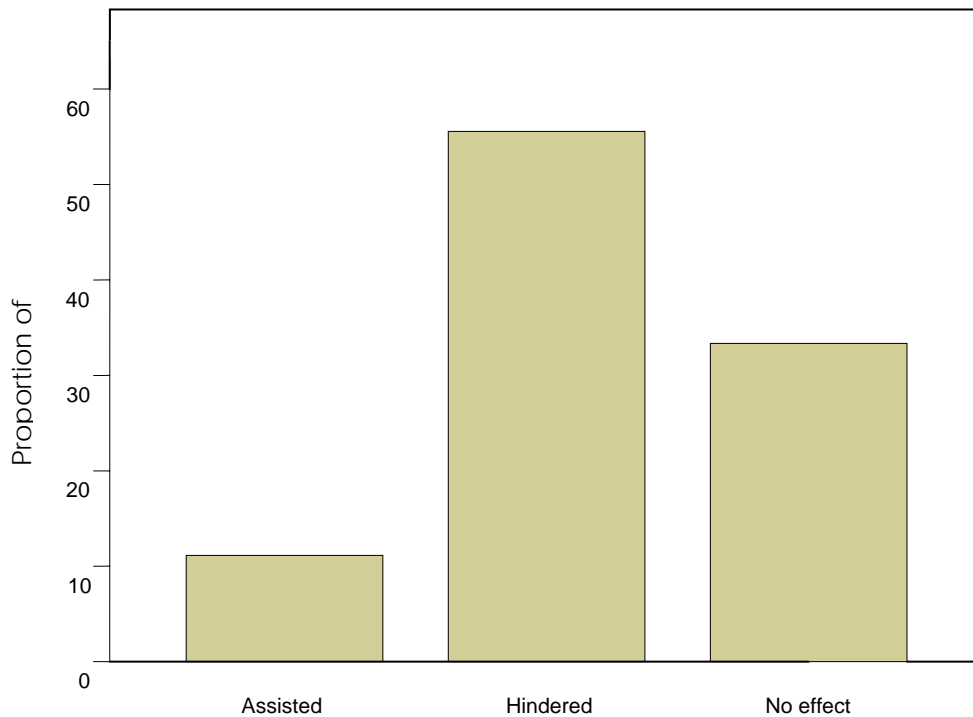
**Fig. 9. The capacity of organizations to carry out monitoring of project activities**

About 16% indicated each that it assisted or hindered their ability and efficiency, respectively. Some of the hindering factors indicated by the respondents were:

- Report to the MOH follows a long procedure, i.e. from district level before it finally gets to the DOMC. The respondents felt that there is need for an HMIS department for data management of the GF
- There is no feedback mechanism in place
- There are no standardized M&E tools. Some of them use their own tools

#### **4.5.9 Reporting for monitoring and evaluation**

More than half of the respondents indicated that GF requirements on reporting for M&E had hindered their ability and efficiency in implementing their GF projects, while about 30% indicated that it had had no effect on their ability and efficiency. Only about 16% indicated that it had assisted them.



**Fig. 10. How reporting for monitoring and evaluation requirements for GF grants have affected current implementers' ability and efficiency to implement your GF project**

Reporting and reporting format were considered to have hampered implementation of GF projects. The reporting format was considered to be too stringent and detailed. Considering that reporting has been one area of deficiency, the GF could relax this area to allow implementers to give feedback more in line with their projects.

Those that indicated that it had assisted said that the quarterly technical reporting was helpful. However, some of those who said it hindered indicated that reporting done through district system was not effective.

#### 4.5.10 Data quality verification

On data verification, again the majority of the CSO respondents (57%) indicated that the GF requirements on data quality verification had no effect on their ability and efficiency to implement their GF projects. The implementing organizations indicated that there was no process of data verification at the institutional level. About 33% indicated that the GF requirements hindered their performance, while the remaining percentage did not respond to this question because they were not aware of the existence of such requirements. Some of the organizations that indicated that the requirement had no effect also indicated that they use internal quality verification mechanisms because there is none from GF. One research institute interviewed indicated that the requirements had no effect on it because, being a research institute, there was need to accumulate sufficient data for publication, a process that they go through at the institutional level, and for the rest of their programmes.

#### 4.6 ORGANIZATIONAL EXPERIENCE

The implementing organizations had a variety of malaria prevention, treatment and management projects. When asked about the program areas where they were the organizations carry out the main malaria activities, some of the areas indicated by the CSOs are shown in the table below.

**Table 2. Programmatic areas of GF among implementing organizations**

<b>Program area of CSOs</b>	<b>Percent (%) involvement</b>
Indoor Residual Spraying	16.7
Insecticide Treated Bed Nets	83.3
Clinical management (case management)	50.0
Monitoring and Evaluation	16.7
Training/community education	66.7
Larval and Vector Control ( <i>Bacillus thuringiensis</i> -BTI)	16.7
Outreach services	16.7
Community mobilization	33.3
Establishment of community units	16.7
IMC (Health worker management)	16.7
Supervision of program	16.7
IPT promotion (training to CHWs)	16.7
Support case management (buy drugs for CBOs that run pharmacies)	16.7

The major areas indicated are Insecticide Treated Bed Nets, Training/Community Education and Clinical Management (Case Management). One of the CSOs interviewed indicated that it does not directly implement programmes, but supports its affiliate organizations (sub-sub grantees) on the ground to implement.

#### **4.7 PROPORTION OF MALARIA FUNDING AND SUPPORT OBTAINED FROM THE GF**

When asked how much of their malaria programs funding and support was obtained from the GF, the CSO respondents gave varied responses. Half of the respondents indicated that most of the funding for their malaria programs came from the GF, while the other half indicated otherwise. The amount from GF for malaria programs was very minimal in large CSOs as compared to smaller organizations. This was attributed to access to additional funding among the larger CSOs by other donors as opposed to smaller organizations that solely rely on GF for funding of their malaria programs.

#### **4.8 WHERE PROGRAMS ARE CONDUCTED**

It was evident from the interviews with the CSOs that malaria programs are conducted across the country covering almost all provinces in the country. The specific districts where malaria programs are supported by GF include: Malindi, Mwea Kirinyaga, Bureti, Kericho, Nandi, Rachuonyo, Central, Nairobi, western Kirinyaga, Mbere, Embu, Makuyu, Muranga, Maragua, Kibera, Bondo, Kabarnet, Migori, Kilifi, Wajir and Laikipia.

Level of target population again varied from organization to organization depending largely on the level of funding available. None, except one of the organizations interviewed, had met their targets for the GF programs at the time of the interview for various reasons. Most of them blamed their inability to meet their targets in good time to late release of funds, insufficient funding and late procurement of materials including ITNs. However, more than 60% of the organizations interviewed attributed at least 50% or more of the success of their malaria projects to GF funding.

When it comes to failure in meeting their malaria program targets, more than 60% of the organizations again blamed their failure to GF processes, especially funds release. Only one organization indicated that the failure could have been due to multiple factors and not GF alone.

#### **4.9 CHANNEL OF COMMUNICATION**

When the respondent CSOs were asked whether they had channel of communication to the various bodies involved in the GF management, all the organizations indicated that they do communicate with the SR (DOMC), KeNAAM and FMA. Except for one organization, all the organizations interviewed so far did not have direct communication channel with CCM. None of the organizations had any communication channel at all with the PR. Their responses are recorded in the table below.

**Table 3. Communication between the Malaria CSOs and institutions managing GF processes in Kenya**

<b>S. No</b>	<b>Global Fund communication Chain</b>	<b>Proportion of organizations in communication</b>	<b>Regularity of communication</b>
1.	CCM	16.7%	- Member sits in CCM Board
2.	PR	0.0%	- None
3.	SR (DOMC)	100%	- Monthly basis - Whenever need arises
4.	KeNAAM	100%	- When meetings are called or when there is need - Quarterly meetings and other meetings - Has representation in KeNAAM or member hence attend all meetings
5	FMA	100%	- Quarterly basis

#### **4.10 ADEQUACY AND SATISFACTION IN ADDRESSING ORGANIZATIONS' ISSUES AND CONCERNS**

The level of satisfaction with address of issues and concerns of various issues by the institutions addressing their queries was high. When asked whether their concerns have been adequately addressed and their communication channel, more than 80% of the CSO organizations interviewed indicated that their concerns were adequately addressed by the responsible institutions that they communicate with, which are mainly the SR (DOMC), KeNAAM and FMA. Main mode of communication was personal contact (phone and email, and at scheduled meetings, Only about 16% of the organizations indicated that only about 50% of their concerns are satisfactorily addressed by DOMC, while KeNAAM did not satisfactorily address their issues especially on lack of funds flow.

When asked to explain why they had not addressed their concerns to responsible institutions, most of those who had not communicated with CCM indicated that they did not know much about CCM and its functions. Communication with both CCM and PR was not easy due to high level of bureaucracy and difficulty of access to the CCM Secretariat and the Ministry of Finance. The organizations interviewed indicated that their views are generally not addressed by CCM. In any case, the respondents indicated that most of their issues were being handled by either DOMC or KeNAAM. Most of the organizations indicated that KeNAAM communicates on behalf of the

members efficiently. The views that CSOs indicated that have not been addressed by CCM still revolved around late disbursement of funds and poor procurement procedures.

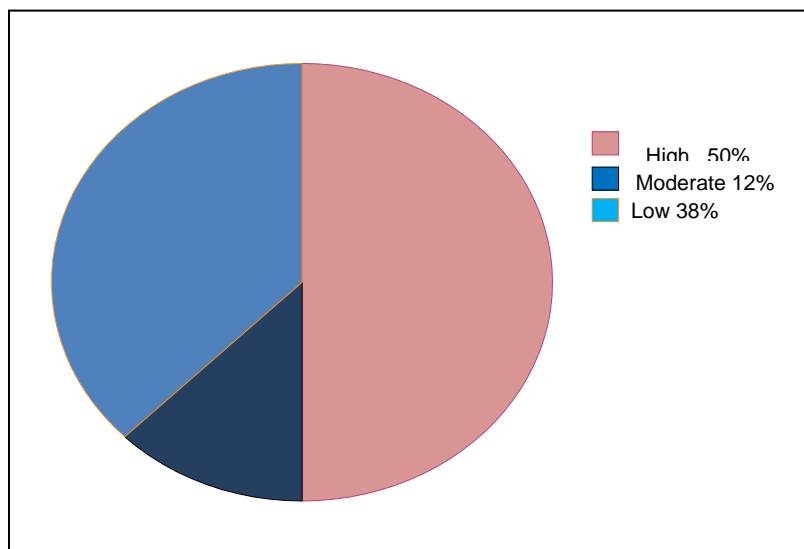
#### **4.11 HOW CSOs WOULD LIKE TO SEE THEIR CONCERNS ADDRESSED**

CSOs had varied views on remedy on their concerns. When asked how they would like to see their views and concerns addressed, some of the responses they gave were as follows:

- There is need for a more articulated reporting system including clear instructions as to who to report to and a proper reporting format
- There should more meetings with SR (DOMC) and KeNAAM for updating database and sharing of information
- Disbursement of funds should be done in good time to allow timely program implementation
- The procurement system should be improved to avoid delays in implementation

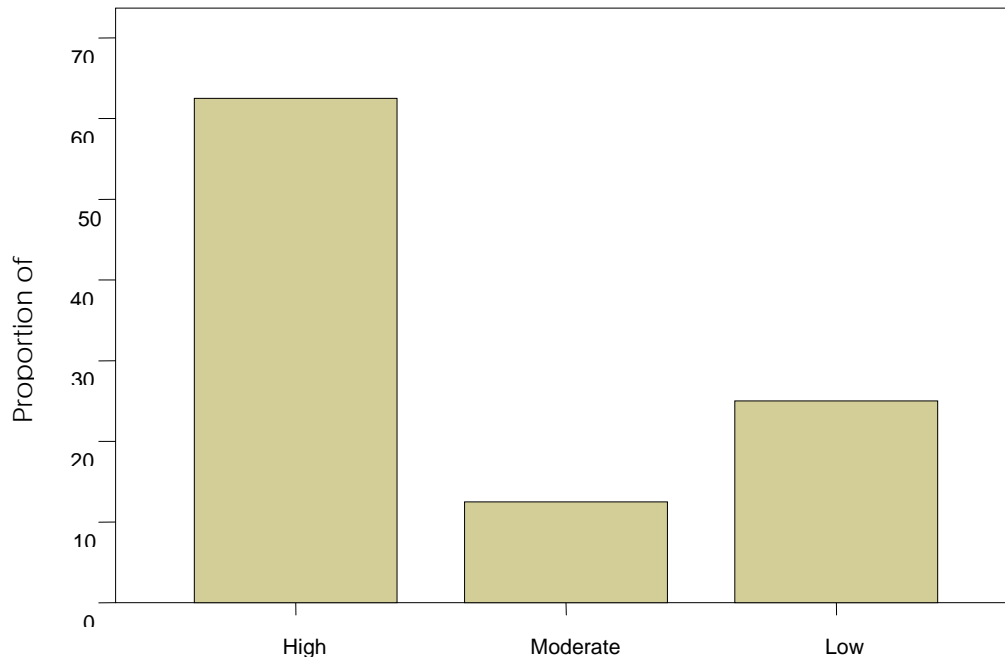
#### **4.12 THE CAPACITY OF ORGANIZATION TO CARRY OUT PROGRAMMATIC AND FINANCIAL ACTIVITIES AS REQUIRE BY GF GRANTS**

It was apparent that there was a great disparity among organizations to carry out programmatic and financial obligations as required for Global Fund grants. When asked to indicate the capacity of their organization to carry out the certain activities with regard to the GF by rating them whether their capacity was high, moderate or low, the COSs gave varied responses depending on how they rated the strength of their organizations in various areas. In most of the areas, they rated the capacities of their organizations as high.



**Fig. 11. The capacity of organizations to carry out compliance with GF requirements**

Although 62% of the organizations expressed either high or moderate ability to comply with GF requirement on project implementation, 38% noted that they found difficulty in complying with all the GF requirements.



**Fig. 12. The capacity of organizations to carry out GF procurement and supply chain management**

The majority (63%) of the organizations responded that they had no problem with carrying out their own procurement and supply chain management.

The capacities that were rated as low were verification of data quality (66.7%), GF Procurement and supply chain management (PSCM, 66.7%) and GF reporting formats and formatting (50%). Some of the CSOs indicated particularly that the procedure at FMA was too slow. The percent responses given by the CSOs to the various activities with regard to GF are indicated in Table 4.

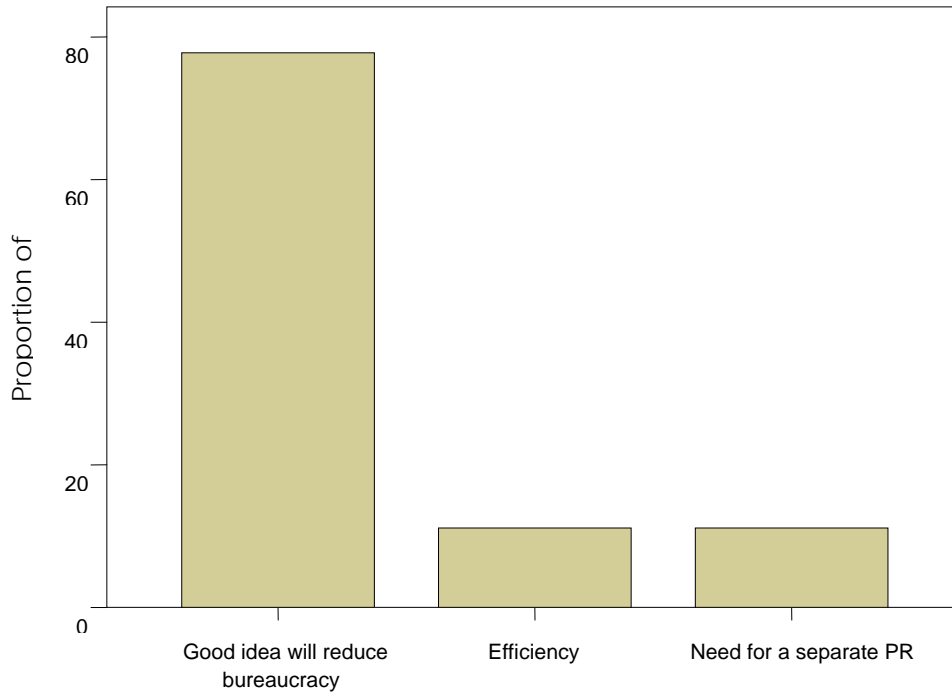
**Table 4. Capacity of organizations to implement program activities**

Activities	High	Moderate	Low
Prioritizing malaria intervention activities	66.7	33.3	0.0
Proposal development	50.0	50.0	0.0
Budget development	66.7	33.3	0.0
Work plan development	100	0.0	0.0
Procurement of project materials	50	16.7	33.3
Evaluation of proposal quality	66.7	33.3	0.0
Implementation of project activities	66.7	16.7	16.7
Selecting indicators for monitoring and evaluation	83.3	16.7	0.0
Monitoring project activities	66.7	16.7	16.7
Evaluation of project activities	50	33.3	16.7
Reporting	83.3	0.0	16.7
Verification of data quality	33.3	0.0	66.7
Compliance with GF requirements, e.g. Performance Based Funding (PBF)	50	33.3	16.7
GF Procurement and supply chain management (PSM)	33.3	0.0	66.7
GF reporting formats and formatting	50	0.0	50

The implementing organizations also indicated that they had their own efficient internal procurement system in place, and that the problem with procurement was at the Ministry of Health level which was slow in procurement of materials needed for implementing programs, but was adequate at organizational level. Some of the organizations indicated that they need capacity building in monitoring of project activities. Some of the organizations also indicated that their only challenge with compliance with GF requirements and which was a major challenge was the late disbursement of funds. They also pointed out that the reporting format was unclear.

#### **4.13 CSOS VIEWS ON SUBMISSION OF PROPOSALS THROUGH THEIR OWN PR**

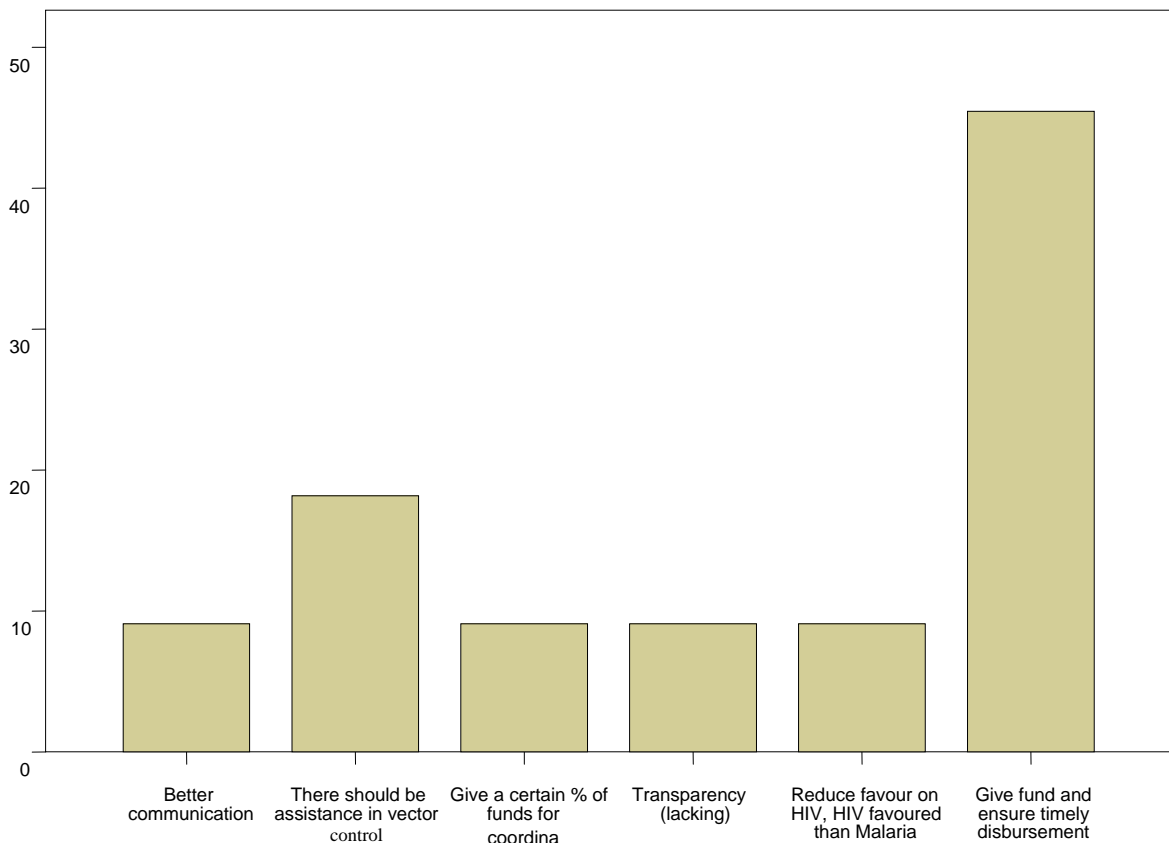
When asked for their opinion on the CSO/NGO groups submitting their proposal through their own PR, all the respondents indicated that it was an excellent idea.



**Fig. 13. Opinion about the prospects of CSO/NGO groups submitting their proposals through their own PR in the future**

All CSOs were confident that they would perform better with their own PR as this would either reduce bureaucracy (79%), and enhance efficiency. All of them believed that this would provide timely disbursement of funds leading faster funds absorption, improved performance and timely implementation of programs within the work plan; promote timely and efficient procurement; improved financial reporting; increase in accountability and reduced bureaucracy. However, some of the CSOs expressed concern that the PRs will get their money earlier than the CSOs. Also caution was given that sometimes PRs feel they are more superior to the other organizations and would introduce conflict among CSOs.

#### 4.14 FUTURE EXPECTATIONS ON THE GF FOR MALARIA PROGRAMMES



**Fig. 14. CSO expectations from the Global Fund on funding of Malaria programmes**

Organizations expectations from the GF were widely varied but included improved communication and contacts, increased assistance and widening of opportunities in vector control, provide funds for coordination, improved transparency, reduced favour of HIV/AIDS in disbursement of funds, disburse funds promptly and efficiently. The last category had the highest proportion of response (45.5%).

#### 4.15 SUMMARY

The views and observations of the CSOs on the GF programming in Kenya have been presented in this Chapter. Their aspirations and wishes on improvement on funds disbursement, management and financial reporting have been given, and experiences on implementation presented.

## **CHAPTER 5**

# **COUNTRY PROGRAMMING OF MALARIA PROJECTS**

### **5.1 INTRODUCTION**

Responses on coordination of programmes on malaria were varied. However it was felt by respondents that malaria was much less known at grassroots than HIV/AIDS in terms of its impact on social life among communities. For example, it was the opinion of policy and coordination respondents that at grassroots, better information and visibility is evident in issues connected with transmission of HIV in the population than that of malaria. This scenario is evident even in areas where malaria programmes are actively under implementation.

The second area of concern among policy and coordination respondents was the lack of widespread interventions on malaria. As a comparison, HIV/AIDS has advocacy, counseling and testing, treatment, psychosocial support, socio-economic factors, home based care/care and support, orphans, adherence to ARVs, etc. Malaria programming has stuck to Indoor Residual Spraying and distribution of Insecticide Treated Bed Nets. This lack of alternative aspects of management of malaria in the community has led to low-keyed and non-vibrant implementation of malaria programmes.

Related issues raised by the policy and coordination respondents regarded the low number of proposals presented by CSOs for Global Funds compared to the number of proposals presented for HIV/AIDS support. The experience of the respondents was that either CSOs do not understand malaria epidemiology and related problems to the same level that they understand HIV/AIDS, or that the impact of malaria on economic development of Kenya is not appreciated. As a result of the few proposals, it becomes hard to come up with quality proposals compared to the large number of proposals targeting GF grants on HIV/AIDS.

### **5.2 MONITORING AND EVALUATION**

Policy and coordination respondents singled out M&E and reporting as two key areas that have adversely affected malaria and other GF programmes. In the view of the respondents, monitoring and evaluation and reporting by CSOs have tended to lag behind the agreed plan of implementation, and have not followed the laid down programme. Indeed this has been the single most important factor that has derailed GF grants for CSOs. Funds provided by the PR have not been accounted for adequately and fully to allow continuous disbursement. As a result many programmes have faced a delay in funding and subsequently delayed programming that has not been running in tandem with the proposal plan of action.

It was acknowledged that the posting of a Monitoring and Evaluation Officer at the PR has improved the situation to a great level. The timeliness of M&E of the GF programmes has been reflected in the progress in previous Rounds of the GF, and hopefully will change the face of GF programming in Kenya.

An equally important aspect on GF grants is related to the capacity of personnel in the CSOs to fully implement malaria programmes. According to the policy and coordination respondents, a large number of the CSOs especially grassroots organizations (CBOs, FBOs, and small NGOs) lack the experience, facilities and especially personnel with the necessary qualifications and experience to effectively run field programmes, especially in monitoring and evaluation. Chief Officers and implementing field staff have in some cases lacked qualification, experience and skills in malaria management and control. Related to this factor is the lack of knowledge on areas that are targeted for malaria control – the malaria focal districts. Few of the organizations presenting proposals for support on malaria know the distribution of such districts in Kenya. Intensification of assessment of all organizations forwarding proposals for implementation before the award of the GF grants would ensure that only credible organizations with the ability and capacity in programmatic and financial capacity finally get the funds to implement their projects

In some programmes, the implementation has moved away from the previous focus of the approved programme to areas unrelated to the approved activities.

### **5.3 REPORTING**

The policy and coordination mechanism was reported to be firm and carrying out its responsibilities effectively. According to these bodies, the responsibility for the delay in disbursement of Global Funds can be traced to two bodies charged with implementing Malaria programmes: the DOMC and the Principal Investigators (PI). These two bodies are not satisfying the GF programming in terms of accountability and performance.

The PBF system has not been adhered to according to the work plans. Based on this mode of expenditure and accounting, organizations are eligible for continuous funding, but only on condition that they account for previous allocation according to the agreed budget and work plan. Between the implementing bodies, there should be a responsive system for fast reporting on project implementation and feedback. This has not been the situation on the ground, and instead of timely and accountable reporting, there have been slow and out-of-time reports from PIs, which has dragged down even those organizations that have implemented their programmes effectively. Organizations have delayed their reports, often merging one year's report with the next. An example was given in which all the monies for Year 1 of Phase 1 have been given, but reports have not been forthcoming. Funds for Year 2 lay with the FMA for long periods of time without the PIs claiming it.

According to the policy and coordinating bodies, the GF is one of the most user-friendly grants that have passed through the treasury. The GF does not lay any pre-conditions, and the funds are meant to go directly to the beneficiary communities, according to the needs and deficiencies identified by the country disease agencies and systems. The requirements are clear and are based on one factor, i.e. performance. Therefore it is the responsibility of the implementing agencies

and organizations to ensure timely implementation of programmes, provide credible reports on inputs and outputs, and show cause for further expenditure on the programmes. The

The policy and coordinating agencies questioned the reason behind the difficulties faced by some PIs to present credible and timely reports when asked to do so, and suggested the need for a more rigorous vetting system for future applications for Global Funds. The FMA indicated that it carries out training of GF recipients on funds management.

#### **5.4 SUMMARY**

This Chapter presented pertinent issues on the programming and performance of malaria projects at the country level. The policy and coordination mechanisms were reported to be intact and fully functional. Responsibility on any improvement was laid squarely on the implementing bodies and their sub partners. Key areas presented as having brought about delays in the past have been monitoring and evaluation of on-going programmes, and timeliness in reporting on activities and achievements. Steps have been taken to rectify these areas at country level through the appointment of an M&E Consultant by the PR, and training of CSOs, FBOs and other SSRs by the FMA. The policy and coordination bodies were confident that with improvement in these areas, CSOs can fully benefit from the GF grants in the future.

## **CHAPTER 6**

# **RESOURCE MOBILIZATION**

### **6.1 INTRODUCTION**

Mobilization of resources for implementation of malaria programmes involves resource availability, and planning and allocating such resources in order to gain the highest level of returns. It involves putting in place the mechanisms through which such scarce resources can be aligned and realigned to achieve the expected impact. Key in mobilization and utilization of resources is the building of capacity of implementing organizations to efficiently run their programmes, and present achievements in a credibly and effectively.

### **6.2 GLOBAL LEVEL PARTNERS**

The Global Level Partners (GLPs) are key to the mobilization of resources for and funding of development projects in Kenya. They have a strong voice in the implementation of the Global Fund to fight AIDS, TB and Malaria. Some of them sit in the CCM, and are aware of the problems that have beleaguered the implementation of malaria GF in Kenya. Many of these International Partners are already involved in the assistance in health programmes at various levels, and provide financial, logistic or technical support to CSO activities. They are also aware of the barriers to CSO's access to the Global Fund and other shortcomings in the malaria programmes. During KII, issues raised included the current and prospects for future support of malaria programs in Kenya.

The GLP felt that the CCM had usurped the functions of the PR to an extent that the PR is now subservient to it. According to one GLP, the CCM has given itself extensive powers thus overshadowing the roles of the PR which is directly answerable to the GF in the utilization of financial resources. This needs to be corrected and build a confident, assertive and responsible PR in place. The PR needs to be firm with the CCM in the running of GF Program in Kenya, as this is its responsibility. The PR can then have a stronger voice in the implementation and financial management issues regarding the GF. The PR can also build a firmer system for controlling the outflow of funds to implementing agents and institutions – both public and private – and a tracking system that links programmatic and financial issues.

The GLP is willing to provide technical support when specifically requested, but these need to be passed by CCM through the MICC. When asked to specifically identify areas that the GLP would like to support, some of the areas identified were CSO technical support (not directly but through the MOH), distribution of commodities, support to PSO/media involved in development and dissemination of advocacy and malaria prevention messages such as at the Malaria Day.

Institutional responsibility as indicated by the GLP is shown in Table 5.

**Table 5. GLPs views on institutional responsibility in implementation of the GF in Kenya**

Activities	Individual CSOs	KeNAAM	DOMC	GLPs (World Bank/RBM/PMI)	GF	Current weaknesses of this process
Prioritizing malaria intervention activities			✓ in collaboration with MICC			None
Proposal development	✓	✓	✓	✓ support to consultants		Low proposal quality from grassroots
Budget development	✓	✓	✓	✓		Lack of activity-based budgets
Work plan development	✓	✓	✓	✓		Not strictly followed
Procurement of project materials	✓ - through PR		✓			Long bureaucracy in government system delays procurement especially at district level
Evaluation of proposal quality		✓	✓	✓	✓	Low at grassroots
Implementation of project activities	✓					Low at grassroots
Selecting indicators for M&E			✓ - through MICC			Low at grassroots
Monitoring project activities	✓ - contact out					Low at grassroots
Evaluation of project activities	✓ - contract out	✓	✓	✓	✓	Absence of clear M&E protocol
Reporting	✓	✓ - could receive reports from CSOs	✓ - could collate reports from CSOs and districts			CSOs do not understand channel of reporting
Verification of data quality			✓			Absence of system for verification
Compliance with GF requirements, e.g. PBF			✓ - PR responsible for financial requirements			Absence of system for compliance

The GLP feel that the key responsibility in ensuring that GF Malaria in Kenya runs efficiently and effectively even among the Sub and Sub-Sub Recipients is the PR, and it needs to ensure that a system is put in place for proper and prompt implementation of field programs as laid down in the GF system. It must also play its leadership role in directing the programmatic and financial timelines for all sectors that receive GF resources in Kenya.

On the way forward with regard to the stalemate in the flow of GF resources for malaria programmes in Kenya, the GLP indicated that guidance and management of funds for use in programme implementation lies squarely in the docket of the PR. Therefore streamlining and strengthening the PR act with regard to the GF funds, and enhancing its role in GF system is the key to the future of GF for Malaria in Kenya.

### **6.3 SUMMARY**

This Chapter presented the part that Global Level Partners can play in mobilizing the resources that are required for the successful implementation of the Global Fund programmes in Kenya. The strengthening of capacities of CSOs to effectively run programmatic and financial aspects of GF implementation was identified as being important for the success of projects run by the CSOs and FBOs. The GLP was agreeable on participation in training programmes and Technical Assistance for CSOs at country level.

## **CHAPTER 7**

# **CONCLUSIONS AND RECOMMENDATIONS**

### **7.1 INTRODUCTION**

In this Chapter, the study provides conclusions and recommendations based on the findings and analysis of data from KeNAAM member organizations, key leaders or heads from PR, SR, SSRs, FMA and GLPs, reviews of important GF documents and previous reports, examination of GF Kenya website in the internet, review of proposals submitted previously for GF grants by CSOs, and observations on the GF scene in Kenya.

### **7.2 CONCLUSIONS**

This review has brought out the key position that KeNAAM can play in ensuring that GF programming is improved among the CSOs in Kenya. KeNAAM commands deep respect among the CSOs that were interviewed - and much expectation for the future - not only with regard to the Global Funds, but also in leadership into the future of malaria programme management. The overall feeling all-round among the various respondents was that KeNAAM must be strengthened and provided with the resources it needs to perform its role in the leadership for malaria programming among the CSOs that it represents.

It is appreciated that KeNAAM's principle aim is to supplement the efforts of the Kenya government through the Ministry of Health to reduce and altogether eliminate the burden of Malaria in the country. But is also appreciated that KeNAAM is a national network of NGOs, FBOs and CBO networks with many members and potential members that look up to it for leadership and direction. Throughout this review there was great respect from respondents including policy and coordinating agents and GLPs, for KeNAAM and its current leadership. Using its current position of goodwill in the government international and non-government circles, KeNAAM could use its position to press forward reform for expansion of horizons for malaria and increase opportunities for the CSOs in Kenya.

It was evident during this review that the vast opportunities available in the GF (and other funding agencies) are not being fully utilized by the civil society organizations. Even as gains are

being made in the management of malaria, the disease continues to cause untold suffering and high mortality and morbidity in rural Kenya.

The following recommendations are built on the back of the expectations of the CSO responses during this review.

## **7.3 RECOMMENDATIONS**

### **7.3.1 Specific Gaps in the Global Fund System at CSO Level and Recommendations**

#### **7.3.1.1 Organizational capacity**

It is essential that an organization has the capacity to implement its programs effectively and efficiently. The review has exposed capacity gaps at various levels – from proposal preparation setting indicators, monitoring and evaluation, to reporting. Most of the organizations indicated the need for capacity building in one or more of these areas. These gaps are particularly glaring within the small organizations – as shown among the proposals prepared by community based organizations.

#### ***Recommendation***

*It is recommended that KeNAAM participates strongly in building the capacity of CSOs to implement malaria programmes. Key GLPs have been receptive towards the enhancement of capacity of implementing GF programmes in Kenya through technical assistance. This was also expressed as much during interviews in the course of this assignment. KeNAAM should take up the responsibility of seeking GLP technical support through the MICC, CCM and PR*

#### **7.3.1.2 Systems strengthening**

KeNAAM is seen as the natural leader in a process that will lead to the strengthening of GF system for malaria in Kenya. There is an overwhelming support for an independent CSO-based PR for Malaria. KeNAAM is the natural choice among the CSOs. However this requires that KeNAAM is strengthened at all levels to be able to undertake such a task. It is apparent that the staffing level is thin at the moment - with the key staff engaged in a specific program and working on KeNAAM malaria assignments on a consultancy basis. If it were to be based at KeNAAM, the PR activities would require appropriate staffing and resources to enable it perform its expected functions.

#### **7.3.1.3 Proposal preparation**

KeNAAM took the initiative to select and put together proposals that it believed warranted inclusion in its bundles that would seek funding, and indeed they were funded. Obviously there was a value adding and improvement of proposal quality at by KeNAAM. However they were sent with deficiencies, which would show in the low level of progress during implementation.

KeNAAM has no control on malaria proposals that are taken directly to the CCM during national call for proposals. It is clear that these proposals that go forward for national assessment are of poor quality that would require heavy review and editing to improve their quality. It is also clear that a poor quality proposal is difficult to improve unless re-written afresh.

Therefore KeNAAM should have a strong quality control section to deal with quality of malaria proposals that ultimately go to the GFATM. It should engage qualified QC personnel to review the proposals that finally get to the GF fore funding.

KeNAAM needs to build a strong system in leadership and partnership aimed at strengthening the process of proposal development for the Global Fund. Announcements of the Global Fund come in March, with a deadline and closing date coming four months later. This presents sufficient time and opportunity for KeNAAM to select the themes around which it will develop proposals. Further, such proposals can be developed in partnership, under relevant themes. In close liaison with MICC and the CCM, appropriate national topics can be generated from the GF announcement for the year. In order for this process to be successful, KeNAAM needs to strengthen its role and take up more challenges in bringing the CSO implementing malaria programmes closer together, and to a point that they will see the need for building partnership for implementing GF projects. Partnership is a relationship grounded in common values and mutual trust. It is a relationship where “goals, conditions, obligations, roles and responsibilities” are clearly defined and mutually acknowledged and where the parties show each other respect and deal with each other as equals. Malaria is a countrywide problem and with partnership and directed roles and refined responsibilities, GF activities would be implemented in a clear and time bound manner.

### ***Recommendation***

*KeNAAM should build the capacity to develop an integrated proposal that has a planned and well-structured implementation plan. The individual proposals will then fit into this plan. The proposal should be edited and formatted in a single style with the same font type, bullet style and paragraphing style, alignment and line spacing.*

#### **7.3.1.4 Personnel deployment by CSOs**

By awarding a grant to a CSO, the GF and its organs in Kenya presumes that the organization has the capacity to implement the programme. Judging by the interview of the CSOs during this assignment and by the views expressed by the key policy and coordinating agencies, there is a critical gap in the capacity of some CSOs in programmatic and financial management of the proposals once the grant is awarded. This, according to the policy and coordinating agencies, stems from the initial process of selection of partners for implementation by the sub-recipient. Key among the areas of consideration for re-evaluation during award is the human capacity of the implementing organization, particularly in programming.

### ***Recommendation***

*Although KeNAAM is not directly connected with grant awards, it would be prudent for KeNAAM to lobby for PR to put in place and adhere to firm controls at awarding of contracts for implementing malaria grants, including a critical mass of personnel with relevant qualification for running and managing the GF for Malaria. Where necessary, capacity can then be built for organizations that lack them. Particularly critical are malaria epidemiology and management; anopheline mosquito biology and control, project management including M&E, data management and reporting; and financial management including procurement and supply chain management, narrative and financial reporting, and performance based funding.*

#### **7.3.1.5 Coordination and Oversight of GF programmers**

There is a slack in the coordination and oversight (C&O) in malaria programmes. According to the policy and coordinating agencies in the GF programmes, there was a consistent delay by grantees on feedbacks and reports on financial status and programme implementation. Such delay can often be traced to low level of oversight during the life of the project.

### ***Recommendation***

*Organizational oversight and coordination mechanisms need to be developed and agreed upon by all CSO and groups implementing malaria programmes. The process should be led by KeNAAM in liaison with the participating groups and the DOMC. The C&O should be built on a strong and elaborate M&E system, with a clear and well defined annual review process to appraise, monitor and evaluate and design malaria programmes.*

#### **7.3.1.6 Grants oversight**

There is very limited grants oversight at the moment. The timelines are not observed by the implementers due to a breakdown on the disbursement schedule of project funds from the GF. This has caused a delay in implementation and output schedules.

### ***Recommendation***

*KeNAAM should take up the responsibility of Grants Oversight to ensure that the malaria projects are not only implemented in time but that the individual CSOs are conversant with the requirements of the GF with regard to grant oversight*

#### **7.3.1.7 Strengthening of communication channels**

Not a single one of the implementing organizations that were interviewed gave an affirmative response regarding an efficient and responsive system of communication between the CSOs and the various arms of GF implementation - the PR, SR (MOH), DOMC, FMA and the CCM. Contact and communication, and channeling of grievances/ program queries were therefore a major issue, both upwards from the CSOs to the top, and top to bottom.

The remedy for this is to create a clear and well defined route for channeling issues right from the start of the project implementation. Issues concerning the project implementation (data collection, records and record keeping, monitoring and evaluation, programmatic reporting) need to be directed to a program person, while those connected with financial issues (disbursement of funds, financial reports, financial oversight) can be addressed by a financial lead person.

It is appreciated that the major organizations already have systems in place to address these issues. However it needs to be understood that with regards to the Global Fund, country projects are linked through a single support system and all funded organizations need to move together in synchronized manner to be sure of succeeding in subsequent applications. Hence the success of one or group of CSOs can not be felt until all other CSOs are implementing their programmes successfully.

### ***Recommendation***

*It is recommended that KeNAAM takes the responsibility of creating/strengthening coordinating and facilitating the channels of communication - both bottom-up as well as top-bottom – that will focus on speedy and timely resolution of any conflicts, or solving relevant issues. Further in this era of the digital village and fast information flow through the internet, KeNAAM should insist on compliance of all its members, and particularly those that apply for GF grants to be internet compliant, and that the institutional heads should be computer literate. Once this mode of communication is in place then all GF systems in Kenya should dedicate its efforts in using it for communication and maintenance of linkages and contacts.*

#### **7.3.1.8 Managing the GF System**

There are some glaring inadequacies in the implementation of GF processes in Kenya, and many CSOs are unclear on the fate of their programs and funds. There is general misinformation and lack of information. The survey found a general lack of coordinated direction and purpose among the CSOs implementing the GF malaria projects regarding the future of their programmes. Depending on the respondent, the Round 4 for Malaria is “on course and being adequately run”, or “the funds for Phase 2 of Round 4 are frozen and will not come for to Kenya any time soon” and even “the Round 4 Malaria funds are in an off-shore account and will be returned to the Global Fund”. This scenario can be traced to lack of clear guidelines and a framework for channeling programmatic information in a timely manner.

In common with other donor funding programs, the GF system requires efficiency, transparency, accountability, and effective systems that would drive programming. These must be reflected in efficient use of resources, timeliness and directed implementation, distinct and discernible output/outcomes, and clear channels for reporting and feedback.

## **Recommendation**

*We recommend that KENAAM takes up the responsibility of directing the CSO system towards efficiency and effectiveness in implementing GF programs. This would start from timeliness in downloading the announcement of various GF Rounds (usually in March), preparing and evaluating proposals and presentation of validated proposals to DOMC and CCM. The programmatic and financial issues need to be taken up by KeNAAM and clear implementation and operational guidelines presented to its members well in advance of application for GF resources. Taking the lead role also means that KeNAAM manages the GF system on behalf of its members and ensures that organizations keep their side of programmatic issues.*

*KeNAAM should arrange for training of GF Programs. This can be carried out in conjunction with the GF consultant, the PR and the FMA. Specific areas mentioned by implementers of GF projects were: Proposal development, budget development, work plan development, development and selecting indicators for monitoring and evaluation, monitoring project activities, evaluation of project activities, impact assessment, reporting, verification of data quality, compliance with GF requirements, e.g. Performance Based Funding (PBF) and GF Procurement and supply chain management (PSM)*

## **7.4 FEEDBACK AT DISSEMINATION MEETING**

The dissemination meeting held at the Pan Afric Hotel, Nairobi gave an opportunity to KeNAAM, its members, implementing organizations, MOH officials, the PR, SR, FMA, CCM, and all stakeholders and interested parties to react to the findings of the study on CSO access to GF grants, and to make suggestions on the way forward for GF programmes in Kenya.

### **7.4.1 Consolidation of Funds for Round 2**

It was recognized that, by the end of September 2008 when Global Fund Round 2 is expected to expire, Kenya may lose its Phase 1 Year 2, and all Year 3, 4, 5, funding. This will inevitably result in a loss of a large sum of funds that would have gone to the alleviation of suffering among communities where malaria is prevalent in Kenya. The funds can be rescued for programme implementation through consolidation of all unused funds and requesting for a no-cost programme extension.

It was noted that the process of consolidation need to start from the MICC and then through the CCM to the PR to forward the request to GFATM, Geneva. It was suggested that the KeNAAM takes up the issue with the MICC at its next meeting, and to make appropriate follow-ups as necessary.

### **7.4.2 Dual Track Financing**

Dual track financing is a practice that is common for most programmes. It allows the government and the CSO/PSO to present their proposals jointly for financing. It draws on the strength of some organizations that have resources - particularly capital and human - to take a lead

role in managing the financial resources for project implementation. This partnership allows the recognition of roles of individual members of the coalition and their participation in achieving the final project objectives.

It was agreed that this avenue should be exploited and utilized in the future.

#### **7.4.3 Participation of FMA and PR in Proposal Development**

FMA and the PR are an integral part of the GF malaria programme in Kenya. It was therefore suggested that they should participate fully in the early stages of proposal development and into its programming so that the final outcome is agreed upon in an integral manner from KeNAAM to the SR, PR, and CCM/MICC. Such a step would support a strong foundation for subsequent project implementation and assured success.

#### **7.4.4 KeNAAM Proposal to GF**

KeNAAM is in a unique position to develop a proposal that unifies all malaria organizations that may wish to come under its umbrella during application for Global Funds. It was suggested that KeNAAM should therefore take up this challenge and examine the modality needed for it to implement such a responsibility.

#### **7.4.5 CCM website**

An organization's website serves as the most important source of information on the organization and its activities. The CCM website can serve as a link between the CSOs and the Global Fund. Therefore it was agreed that the CCM would be alerted on the need for frequent update of its site for the benefit of the CSOs and other GF stakeholders.

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**APPENDIX 1. QUESTIONNAIRE**

*Code* : \_\_\_\_\_

*Date* \_\_\_\_\_

**THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS  
AND MALARIA**

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**Review on Barriers Affecting Kenya CSO Access to Global  
Fund for Malaria**

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**Kenya Non-Governmental Organizations Alliance Against  
Malaria**

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**Data Collection Tool**

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## **100: Introduction**

The aim of this survey is to identify the key barriers to CSO's access to the Global Fund in Kenya, determine the cause for the poor performance of the Malaria proposals, propose possible and probable solutions to the identified problems, and determine what needs to be done to rectify this situation. It is therefore necessary to build a rapport with the key players in the process of preparation and submission of proposals. These are to be drawn mainly from the membership of the KeNAAM, partners in the malaria implementation programmes, donor groups and policy makers and malaria programme administrators.

The respondents will be reassured that this process is aimed at improving the output of the partner organizations particularly CSOs, in accessing malaria funding from the Global Fund to fight AIDS Tuberculosis and Malaria.

## **Personal expectations and experience**

101. What have been your expectations from the Global Fund on funding of Malaria programmes?
102. Have your expectations been met? What has been your actual experience from Round 1 to today (Round 7)?
103. What have been some of the strengths of the Global Fund for Malaria compared to Global Fund for HIV/AIDS and TB?
104. What have been some of the weaknesses?
105. *(For current implementers)* How have the following requirements for GF grants affected *your ability and efficiency to implement your GF project?*

<b>Area</b>	<b>Assisted</b>	<b>Hindered</b>	<b>No effect</b>	<b>Comment</b>
Proposal development				

Monitoring and evaluation procedures				
Financial management				
Grant work-plan				
Budget development				
Technical malaria programming				
Procurement procedures and supply chain management (PSCM)				
Grant oversight				
Selecting indicators for monitoring and evaluation				
Data collection for monitoring and evaluation				
Reporting for monitoring and evaluation				
Data quality verification				
Other (specify):				

### Organizational experience

106. In which program areas does your organization carry out Malaria activities (*Indicate whether vector control, IRS, ITBNs, clinical and disease management, research, logistic management, M&E, etc.*).

If more than one, indicate proportion of resources attributable to each area.

107. How much of your Malaria programmes funding and support do you obtain from the Global Fund?

108. Where do you conduct your programs (*Indicate district(s)*)?
109. What is your target population (*Indicate by district and size*)?
110. To what level have you managed to meet your targets (*Indicate by percentage of success and regional success if active in more than one district*)?
111. To what level of your success in meeting targets would you attribute to the Global Fund funding (*Indicate by percentage*)?
112. To what level of your failure to meet target in malaria programmes would you attribute to the Global Fund protocol and policy (*Indicate by percentage*)?
113. Do you have a channel of communication with the following?
- a. CCM
    - i. Who in CCM?
    - ii. Covering what topic?
  - b. PR
    - i. Who in PR?
    - ii. Covering what topic?
  - c. SR
    - i. Who in SR?
    - ii. Covering what topic?
  - d. KeNAAM
    - i. Who in KeNAAM?
    - ii. Covering what topic?

114. If Yes, how often do you communicate with each?

115. Have your concerns been adequately addressed and to your satisfaction?

116. If No, why have you not communicated with any of the above agencies?

117. In your opinion, are your views and concerns addressed by the CCM? If so, how and if not, why not?

118. If not, which views are not addressed?

119. How would you like to see these views addressed?

120. Indicate in your opinion, the capacity of your organization to carry out the following activities, with regard to the GF:

<b>Activities</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>Comments e.g., need for capacity building or TA</b>
a. Prioritizing malaria intervention activities				
b. Proposal development				

c. Budget development				
d. Work plan development				
e. Procurement of project materials				
f. Evaluation of proposal quality				
g. Implementation of project activities				
h. Selecting indicators for monitoring and evaluation				
i. Monitoring project activities				
j. Evaluation of project activities				
k. Reporting				
l. Verification of data quality				
m. Compliance with GF requirements, e.g. Performance Based Funding (PBF)				
n. GF Procurement and supply chain management (PSM)				
o. GF reporting formats and formatting				

121. The CSO/NGO groups will in the future submit their proposals through their own PR. What is your opinion about this?
122. What impact is this likely to have in your performance in the GF?
- a. Did the previous arrangement harm your course? Would it have helped to have this arrangement before?
  - b. If so, please give an example relating to your previous experience and proposal submission for the GF.

## **200. Resource Mobilization Agencies**

The Resource Mobilization Agencies (Global Level Partners, GLPs) are key to the funding by the Global Fund to fight AIDS, TB and Malaria. Many of the International Partners are also members of the CCM, and therefore are aware of the barriers to CSO's access to the Global Fund and other shortcomings in the malaria programmes. The following questions will focus on the GLPs

201. Are you a member of the CCM?
202. Do you contribute to Global Fund activities at the regional level?
203. Do you support any Malaria programmes in Kenya?
204. How do you support Malaria activities in Kenya (financial/material/human/capacity building, etc.)?
205. If no support is currently being provided, would you consider making such contributions in the future?

206. If yes, which programme areas would you like to contribute towards?
207. If no, why not?
208. What support if any are focusing on KeNAAM and its members?
209. The level of funding of KeNAAM and its members as well as that of other CSOs by the Global Fund has been restricted to only Round 2 and Round 4. In your opinion, where does the problem lie?
210. How can these problems be addressed?
211. How can you contribute to resolving these problems?
212. In your view, how can the CCM contribute to finding solutions to these problems?
213. *(If a CCM Member)* How can your contribution within the CCM to change this scenario and improve the funding level for Malaria?
214. Can you consider funding malaria programmes in Kenya, particularly those managed by KeNAAM directly?
215. If No. Why not?
216. If Yes, What would you like to see in place for the funding channel to start?  
What would be the funding level?

217. Specifically, what would you like to fund?

Financial,	Yes	No
Goods donations,		
Services,		
Office space,		
Equipment,		
Management support,		
Logistical support,		
Staff time,		
Area-specific expertise e.g M&E/financial management;		
Capacity building support,		
Governance		
Co-investment and partnerships in programming		
Any other (Specify)		

218. Would your organization consider co-financing of Malaria programmes with the Global Fund?  
Y/N

219. Are there any specific programmes you would wish to co-finance?

### **300. Resource Mobilization through the CCM and MOH**

The coordinating body – the CCM is central to putting together the final proposals that are presented by Kenya to the Global Fund. The CCM secretariat is housed at the Ministry of Health and the Permanent Secretary Ministry of Health Chairs the CCM. The input by CCM is crucial to determining any obstacles faced by CSOs in their quest for GF grants.

301. Do the 3 areas supported by the Global Fund (AIDS, TB and Malaria) have equal chances for funding?
302. If Yes, how are the areas weighted?
303. If No, what can be attributed to the low performance by malaria proposals?
304. Is the current channel of communication between the CCM and the individual CSOs through their CCM representatives working?
305. If Yes, what are some examples where this has benefitted the CSOs?
306. If No, why is it not working?
307. Some CSOs are still to complete their Round 2 programmes. This has affected subsequent applications for malaria GF funds by other applicants. In your opinion, how can this situation be remedied by the following bodies?

<b>Group</b>	<b>Responsibility</b>
GFATM	
Principal Recipient	

Local Funding Agent	
CCM	
DOMC/SR	
KeNAAM	
Individual CSO	
Other (specify)	

308. Specifically, how can the CCM intervene to improve the situation in the long-term?
309. There may be two calls for proposals in 2008, a Second 8<sup>th</sup> Call coming in October 2008 in addition to the current call. How do you see CCM support for CSOs strengthened in order to ensure that they benefit from this second call?
310. Does the CCM offer any guidance, support or technical assistance to the CSO organizations that may need technical assistance in preparation of its malaria proposals?
311. If Yes, What type of support is given?
312. What are some examples where this support has been provided? How was it initiated?
313. If No, how can this situation be improved?

314. What role has the CCM played in mobilizing funds from the private sector for malaria programmes?
315. Is relevant information related to the Global Fund and its specific proposal requirements made available to malaria CSOs? Who submits the information?
316. Are decisions taken by the CCM made available to malaria CSO groups? What is the channel of communicating such information? Who submits the information?
317. Is information on approved/unapproved malaria proposals made available to CSOs that have submitted their proposals? Who submits the information?
318. Is information on arrival of funds for implementation made available to those that have submitted proposals that are approved for funding? Who submits the information?
319. How successful/unsuccessful have these efforts (information dissemination) been? What challenges have you faced in this effort?
320. In your view which areas of malaria topics have been strongest for the Global Fund?
321. Which areas have been weakest and need strengthening?

What have been some specific weak links in the malaria programming for the Global Fund?

322. Please comment on action that has been taken to address the weak links in malaria proposals from CSOs for the Global Fund.

#### **400. Division of Malaria Control**

The following questions will be addressed to DOMC in addition to the relevant areas above.

401. What role does DOMC play in coordinating malaria proposals for the Global Fund?

402. Does the DOMC offer any technical assistance in the following areas to CSOs

<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Proposal writing,			
Project implementation,			
Reporting			
Capacity building			
Other (Specify)			

403. If Yes, what are your experiences in this area?

404. If No, why has it been found to be unnecessary?

405. Does the DOMC offer any joint programming and partnership with the CSOs in implementation of malaria projects?

## **500. KENAAM**

These questions will be addressed to KeNAAM in addition to the relevant areas above.

501. What are the roles and responsibilities of the KeNAAM and its members with respect to seeking GF funds?

502. How has this role been played in the past?

503. In your view, how can this role be strengthened?

504. In your view, who should be responsible for the following activities with regard to the Global Funds?

<b>Activities</b>	<b>Individual CSOs</b>	<b>KeNAAM</b>	<b>DOMC</b>	<b>Global Level Partner (World Bank/RBM/PIM)</b>	<b>GF</b>	<b>Current weaknesses of this process</b>
a. Prioritizing malaria intervention activities						
b. Proposal development						
c. Budget development						
d. Work plan development						
e. Procurement of project materials						
f. Evaluation of proposal quality						

g. Implementation of project activities						
h. Selecting indicators for monitoring and evaluation						
i. Monitoring project activities						
j. Evaluation of project activities						
k. Reporting						
l. Verification of data quality						
m. Compliance with GF requirements, e.g. PBF						

505. In your opinion in addition to issues discussed in other area above, what have been the challenges faced by KeNAAM in implementing the mandate as required by its membership with regard to the GF programming

505. Are there any final comments that you may wish to make?

**END**