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Unity in Civil Society - Lessons from Kenya

Even among sub-Saharan nations, Kenya has been hard hit by disease – AIDS has left up to 1.5 million dead; TB cases have quintupled in the past decade; and malaria kills some 26,000 children annually. So for Kenya, the Global Fund could have been a magic bullet. Instead, this country's approach to the Fund has produced a string of disappointments.

Since 2001, the Joint Interagency Coordinating Committee, a long-standing health policy coordinating body, has assumed the role of Kenya's CCM and submitted proposals to each of the first four Global Fund Rounds. It did not get off to a good start. The Round 1 application was roundly rejected. The Fund criticized the TB component for offering "no mention of activities," the HIV component for lacking a work plan and a legitimate basis for its budget calculation, and the malaria component for being "unclear on the role of NGOs." The faults in the proposal directly reflected the faults in the process: though a few NGOs signed the final document, there was no widespread engagement by civil society in crafting the proposal. In fact, while the CCM's proposal was rejected, the Global Fund took the unusual step of funding two independent NGO proposals.

In the wake of this disaster, NGOs began to meet to discuss problems with the Round 1 application and to lobby for a stronger collaborative role in proposal writing. These efforts, convened by the Kenya AIDS Watch Institute, met with some success: 45 organizations collaborated on a Round 2 proposal to the CCM, and NGOs won two seats on the 34-member body. Still, in the end, the CCM never incorporated the NGO proposal into its country proposal, and though Kenya's Round 2 proposal was ultimately successful, it gave only vague details on what role civil society would play in implementing the grant. The situation worsened when the director of the National AIDS Control Council (NACC), which served as a subrecipient for the Global Fund grant, was indicted for fraud related to her salary package, undermining the Fund's confidence in NACC and delaying fund disbursal. Two years after Kenya's Round 2 application was

approved, NGOs are still awaiting the grant money. Clearly, problems remained: When Kenya submitted a Round 3 application without having remedied the meager civil society engagement, the Fund rejected the AIDS and integrated components, another blow to confronting Kenya's health crisis.

At that point, the NGOs that had been meeting informally consolidated as a civil society coordinating body, KECOFATUMA, or the Kenya Consortium to Fight AIDS, Tuberculosis and Malaria. KECOFATUMA now serves as the advocacy arm of some 500 NGOs, community and faith-based organizations, and private sector groups dealing with AIDS, TB and malaria in Kenya. The consortium works to better the information flow from donors and government to grass roots organizations and back again, and to increase the ability of Kenyan civil society to mobilize resources both locally and internationally. KECOFATUMA has also pushed for reforms in CCM representation, asking that members be elected by constituencies to sit on the CCM, rather than selected by government. In the past several months, KECOFATUMA has begun to build a national profile, receiving national media coverage for its visit, during the Idd festival, to a Muslim-run orphanage in a Nairobi slum, and for its silent march past the president during World AIDS Day. In mid-February, KECOFATUMA hosted its first national conference, an effort to demystify the Global Fund for community groups and NGOs.

Despite a breakdown of the public transport system that left Nairobi at a virtual standstill, more than 700 people from some 600 organizations turned out, along with major players on the CCM. Charity Ngilu, the health minister and CCM chair, came to address the crowd, as did representatives of NACC, Unicef, and other CCM members. Each speaker assured participants of the CCM's seriousness about carrying out Round 4 in a participatory manner. They also offered concrete guidance on how to write a successful proposal for the Fund and provided paper copies of Global Fund documents to groups without effective Internet access. Ngilu also made a major announcement: For Round 4, Kenya would accept NGO microproposals from which a broad country proposal would be constructed – the first time the government had openly invited civil society in on the Global Fund process.

Following the conference, several well-resourced groups prepared full proposals for submission to the CCM. But KECOFATUMA developed a simple, five-page document called a "project concept tool," to encourage smaller NGOs and community groups to enter into the process as well. It was an enormous success. More than 400 groups filled out the project concept tool, laying out their location, constituency, areas of interest, and proposed activities, and sent the form on to KECOFATUMA. From these concepts, KECOFATUMA wrote three proposals (one on each targeted disease) that summarized the intended civil society response and passed them on to the CCM for inclusion in Kenya's country proposal. The KECOFATUMA proposals covered 83 percent of the districts in Kenya, cut across all the priority areas of the Global Fund, and included evaluation at every step. Each group that filled out the project concept tool agreed to be assessed by KECOFATUMA for readiness to implement, and KECOFATUMA plans to provide the participating organizations with ongoing capacity building support. KECOFATUMa's structure has built in more support and accountability than the CCM ever did.

Kenya's Global Fund process has not been perfected, by any means. For Round 4, the CCM hired consultants to draw up the country proposal, and once KECOFATUMA submitted its consortium proposals, we were never contacted by these consultants again. As they integrated small projects from the KECOFATUMA proposals into the country proposal, many of these microproposals were scaled down, which will require complicated adjustments by NGOs when it comes to implementation. Our vision at KECOFATUMA is that in the future, the process should be reversed: the CCM should begin by engaging in a consultative process to identify clear needs, and then invite NGOs to tender for the proposal components. This would better match the country proposal to national health needs, and it would also remove the need to scale down proposals later on. Lastly, the CCM should engage civil society in the actual writing of the final national proposal.

But for all these challenges ahead, KECOFATUMA has set a precedent in Kenya for involving wider

stakeholders and having government and civil society engage each other in open forums. During the process KECOFATUMA has come to believe that a cooperative approach between NGOs, CBOs, FBOs, government, and the private sector is not just the best way to approach the Global Fund; it is the best way to fight AIDS, TB and malaria.

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