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# **Annual Review of DFID Kenya's Harmonized HIV and AIDS Programme, May 2011**

Final Report

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## List of Abbreviations

AMREF	African Medical and Research Foundation
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
BCC	Behaviour Change Communication
CSOs	Civil Society Organisation
DFID	Department for International Development
GoK	Government of Kenya
IDUs	Injecting Drug Users
ICC	Inter-agency Coordination Committee
JAPR	Joint HIV and AIDS Programme Review
KNASP	Kenya National AIDS Strategic Plan
M&E	Monitoring and Evaluation
MARPS	Most- at- Risk Populations
NACC	National AIDS Control Council
NASCOP	National AIDS STI Control Programme
PLWHA	People living with HIV /AIDS
PSO	Private Sector Organisation
Sida	Swedish International Development Agency
TA	Technical Assistance
TOWA	Total War against AIDS
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on AIDS
UNJP	United Nations Joint Programme
WB	World Bank

## 1 Executive Summary

The second Output-to-Purpose Annual Review of the Department for International Development's (DFID's) Harmonized HIV and AIDS programme in Kenya was conducted by an independent consultant over ten days in May 2011. The objectives of the review were to revise the programme log frame to reflect the outcome of the 2011 Bilateral AIDS Review decision not to continue with the Total War on AIDS component; to review the progress towards milestones and targets and make recommendations on any changes that should be made as the programme enters its final year.

Overall, solid progress has been made by the remaining components towards the purpose of supporting the effective implementation of Kenya's National AIDS Strategic Plan (KNASP) through harmonised approaches. The UN family is making significant progress towards consolidating its approach into a Joint Programme, aligning its support more closely to the KNASP, planning and implementing its programmes collaboratively and increasing its focus on results rather than processes. The grant management system developed by the Maanisha project is institutionally integrated within the NACC/CACC system and is in the process of being rolled out to other geographical areas and other programmes. This process towards greater harmonisation of approaches, including ongoing collaboration with the WB supported TOWA project, has created definite synergies across the programme in terms of providing more consolidated support to NACC through the UN system and strengthening national CSO grant management systems. The indications are that this progress towards greater harmonization and alignment will be continued and expanded after the programme closes.

Some challenges remain however. The 2010 DFID Output to Purpose Review recommended strengthening formal communication and reporting between the separate components of the programme and this remains an issue. Stakeholders still feel excluded from decision-making processes, and inadequate advance notice of key stakeholder meetings has at times meant that attendance is inconsistent. There has also been little progress towards donors providing pooled funding coordinated by NACC, largely for reasons outside the control of the project. Wider transparency and governance issues in Kenya have undermined the assumptions underpinning output four: 'harmonised and aligned funding arrangements in support of the KNASP' and contributed to donors, including DFID, postponing plans to provide pooled funding. This has been exacerbated by a broader international trend by donors away from funding vertical HIV and AIDS programmes since the programme was designed. Despite this, progress has been made towards greater harmonization and alignment among donors.

Key recommendations for the final year of the programme are as follows:

1. The programme should prioritise support to the GoK and NACC to identify and scale up sustainable, cost effective approaches to HIV and AIDS prevention and care and further develop its plans for developing sustainable funding mechanisms. This was also a key recommendation of the 2011 JAPR.
2. The UN Joint Programme should further consolidate the significant progress that has been made towards results-based programming by conceptualising and communicating the KNASP results logic framework (activities, outputs, outcomes and impact) clearly at each stage from work plan to programme reporting.

3. Though it is probably not necessary or useful at this stage of the programme to create a new separate DFID programme supervision structure, existing mechanisms and processes should be strengthened to improve communication between the separate components. In pursuit of this goal it is recommended that NACC diarise stakeholder meetings sufficiently in advance and manage and minute them effectively to help ensure that key stakeholders are reliably represented at key meetings and are aware of decisions and progress made regarding the programme. It is also recommended that NACC follow up on its plan to hold regular, diarised operational meetings with AMREF. Finally, it is recommended that the Donor Partner for HIV and AIDS meeting give serious consideration to including NACC more routinely in its meetings, and at a minimum share their minutes with them regularly.

## 2 Introduction

This Output-to-Purpose Annual Review of DFID's Harmonized HIV and AIDS programme was conducted over ten days in late May and early June 2011. The details of the TORs for the review can be found in Appendix 1. Appendix 2 provides a list of persons interviewed.

The objectives of the review were to:

1. Review and assess the current revised UNAIDS Joint Programme for 2011 and how it has emerged from the reviews of progress in 2010.
2. Revise the programme log frame to reflect the outcome of the DFID Bilateral AID Review not to continue with the original Total War on AIDS (TOWA) component.
3. Conduct the Annual Review more specifically, including assessing progress to date on outputs against targets, recommend any changes that should be made, assess and make recommendations on actual and potential synergies and harmonisation among the UN Joint Programme and Maanisha components and identify lessons learnt and good practice.

## 3 Background

DFID has been supporting HIV and AIDS in Kenya since 1997, mainly through the HIV and AIDS Prevention and Care (HAPAC) programme which ended in 2008. At its end, there were – and still are – multiple partners engaged in the response to HIV and AIDS in Kenya including NACC (in the office of the President) and NASCOP (in the Kenyan Ministry of Health as well as a large number of civil society organisations. The HIV and AIDS programme was largely funded by donors (98%) and mainly off budget (80%) of which PEPFAR's contribution was the largest by a considerable margin. This multiplicity of partners had led to a variety of different programmes, outcomes, funding channels and processes at all levels. As a relatively small donor compared with the US, the decision was therefore made not to continue a separate vertical project, but to exploit DFID's comparative advantage in terms of responsiveness and flexibility by supporting greater harmonisation of approaches to deliver the results of the Kenya National AIDS Strategic Plan (KNASP).

The DFID Harmonised HIV and AIDS Programme 2007 - 2013 was specifically designed to support existing Kenyan structures and institutions to engage and

function more effectively. The original programme identified three main channels for support to the Total War on AIDS in Kenya (TOWA):

1. Direct funding via the National AIDS Control Council (NACC) to the HIV and AIDS 'TOWA Project', a discrete, World Bank-funded project that falls under Kenya's broader 'Total War on AIDS'. The plan was to provide joint funding with the World Bank in a pooled funding arrangement.
2. Supporting technical assistance to and implementation of the Kenya National HIV and AIDS Strategic Plan (KNASP) through the UN Joint Programme and
3. Supporting strengthened integration and coordination between civil society and government through Maanisha - a SIDA-funded community mobilisation project managed by the African Medical Research Foundation (AMREF).

Since the programme was designed, civil unrest following the 2008 elections combined with a series of issues around governance and transparency led to withholding of approval for DFID funding of the TOWA project. In 2011, a DFID Bilateral Aid Review formalised the decision not to proceed with this component and discussions are underway to close the main body of the programme a few months early in March 2012. As a relatively small donor for HIV in Kenya, DFID intends in future to channel its support for HIV and AIDS in the country through broader health programmes.

## 4 Methodology

Progress by the UNJP and Maanisha components of the programme throughout 2010 was reviewed as part of routine project reporting. The different components have also been reviewed collectively through the national Joint AIDS Programme Review in early 2011. In light of this – and in line with the principle of harmonisation – this review adopted a 'light touch' approach, relying primarily on a review of key documents including the UNJP and Maanisha's annual reviews of progress in 2010; supported by interviews with key stakeholders at national level to track progress since 2010 and triangulate earlier findings. It was therefore not possible to independently corroborate the detailed findings of previous reviews, particularly at sub-national level. Previous travel commitments during the period of the review meant that not all key stakeholders could be interviewed, though all partners were given an opportunity to comment on a consultation draft. A list of those interviewed is attached as Annex two.

## 5 Revision of the Programme Log frame

One of the deliverables of this assignment was to review the log frame to make the changes necessary to reflect the decision not to proceed with the Total War on AIDS component. The programme was designed with the following four outputs:

Output 1: To maintain the performance of the NACC in the implementation of the KNASP

Output 2: Effective, evidence based, nationally led, multi-sectoral programming for the KNASP with coherent and consolidated UN support

Output 3: Improved institutional and resource capacity and increased capability of civil society organisations engaged in HIV and AIDS contributing to the KNASP.

Output 4: Harmonised and aligned funding arrangements in support of the KNASP.

The first three outputs were originally designed to correspond with the three major funding channels – NACC (TOWA), the UN Joint Programme, and the Maanisha programme. The fourth output was designed to monitor the programme's support for pooled funding through (i) support for joint programming in general, (ii) in-house technical support with the World Bank, and (iii) the direct funding through the TOWA project. Each of the four outputs was weighted equally at 25% of the overall scoring and was supported by a relatively large number of predominantly process-level indicators. Immediately following the DFID 2010 output-to-purpose review, the programme's log frame was substantially revised by a working group of the main stakeholders to simplify the reporting structure, align the indicators more closely to the KNASP and increase the programme's focus on results rather than processes.

Following discussions with each of the main stakeholders during this review, it was agreed that at this stage of the programme it was not necessary to make fundamental changes to the log frame, for example removing or changing purpose or outputs. Firstly, it was clear that though the outputs had been primarily arranged around the three funding channels, there was significant overlap between the different components. TOWA funding would have included support to NACC (output 1), but also support to develop civil society (output 3). Similarly activities under output 2 (UNJP) and output 3 (civil society/Maanisha) have given significant amounts of technical support that have had the effect of strengthening NACC. On a practical level, stakeholders have already invested a considerable amount of time in 2010 to agree on the revised log frame. The benefits of another substantial revision in the final year of the programme would be marginal.

The revised 2011 log frame is attached as Annex 3. The programme's goal, purpose and outputs remain the same. The major differences are therefore in the output weighting and in the DFID inputs, which now reflect the decision not to invest £17m in direct funding to NACC via the TOWA project. Following the debriefing meeting in NACC on May 31<sup>st</sup>, the proposed new weighting is 15% for output 1, 35% output 2, 35% output 3 and 15% for output 4. In addition, a number of small changes have been made to the output-indicators to align them with KNASP III indicators. The NACC composite score on an annual independent performance evaluation has been dropped as a KNASP indicator and the output 4 indicator 'number of partners included in the NACC-led programming of the implementation of KNASP' has been replaced by the KNASP III indicator for funding harmonisation.

## 6 Programme Progress

### Overview

Overall, solid progress has been made towards the purpose of supporting the effective implementation of the KNASP through harmonised approaches. The UN family has made significant progress towards consolidating its approach, aligning its programme more closely to the KNASP, planning and implementing its programmes more collaboratively and increasing its focus on results. Achievements include supporting a more effective, evidence-based approach to dealing with Most at Risk Populations in Kenya (including those in conflict with the law) and evidence-based advocacy and technical support on the virtual elimination of Mother to Child

Transmission (MTCT). The grant management system that has been developed by the Maanisha programme is institutionally integrated within the NACC/CACC system and is in the process of being rolled out to other geographical areas and other programmes – specifically the Global Fund TB programme.

There has been relatively little progress towards donors providing pooled funding coordinated by NACC, largely for reasons outside the control of the project. Wider transparency and governance issues in Kenya have undermined the assumptions underpinning output four: 'harmonised and aligned funding arrangements in support of the KNASP' and contributed to donors, including DFID, indefinitely postponing plans to provide pooled funding. This has coincided with a broader donor trend away from supporting vertical HIV and AIDS programming since the programme was designed. Despite this, progress has been made towards greater harmonization and alignment among donors. The UN Joint Programme is becoming increasingly focused on delivering KNASP results and donors have begun sharing information more routinely through regular monthly Development Partners Meetings. Collaboration and joint planning between the WB and DFID has remained strong over the years. During the first three years of the TOWA project the WB increased its contributions to NACC to cover the proportion of the planned DFID direct funding to NACC. In 2010 the WB, in consultation with DFID, sought and secured additional financing to cover the total 17m gap in financing left by DFID.

## Output 1: To maintain the performance of the NACC in the implementation of the KNASP

**Indicator 1.1:** Stakeholder satisfaction with NACC as shown in the annual satisfaction survey

**2011 target:** 65%. **Achieved:** 78% (2010).

**Indicator 1.2:** Financial management rating.

**2011 target:** Very good. **Achieved:** Good.

NACC achieved a high rating in its 2010 stakeholder satisfaction survey, comfortably exceeding its target of 65%. Its financial management rating is slightly under target at 'good' rather than 'very good'. NACC's recent achievements include developing and launching the national monitoring and evaluation framework and greater standardisation of monitoring and evaluation tools across sectors. The first national Biennial Research Conference was held in May 2011. NACC also led the 2011 Joint AIDS Programme Review and is currently working on the next mid-term review of KNASP III. Despite the loss of the direct funding to NACC via the TOWA project (which is now fully covered by the WB), support has been provided to NACC in the form of technical support via both the UN Joint Programme and the Maanisha programme. In the last year the UN joint programme has provided support to NACC through a number of agencies and included generation of strategic information, support to the national M&E coordination component and strengthening HIV leadership and governance. Support to ensure an evidence-based national response included information generation through a sentinel surveillance survey and generation of strategic information on MARPS. The UN joint team also initiated discussions and lobbied national partners for the need to explore locally sustainable HIV financing systems and supported institutional reforms and the implementation of the KNASP III structure.

The Maanisha community programme was designed to work through the NACC/CACC system and technical support has been given to develop user-friendly

management systems and strengthen CACC management and oversight of CSO grants. The programme has been supported by effective supervision systems, including six regional technical review committees (TRCs), a national Grants Approval Committee (GAC), and a rolling programme of targeted hands-on support and supervision for implementing agencies. There is significant involvement of NACC staff in these structures both at national level and at their decentralised structures (CACCs). This collaboration between Maanisha and NACC/CACCs has developed an effective grant management system, which is in the process of being rolled out geographically and to other diseases. In 2010 it was also decided that the Maanisha approach to capacity building be used to provide support to CBOs receiving grants under the NACC (WB Funded) TOWA project. Under this new arrangement with AMREF it was agreed they provide quality assurance to the nine regional facilitation agents who were being contracted to provide support to CBOs managing HIV grants all around the country.

## **Output 2: Effective, evidence based, nationally led, multi-sectoral programming for the KNASP with coherent and consolidated UN support**

**Indicator 2.1:** UN Resources on HIV fund-raised and allocated in common throughout the UN Joint Programme on HIV and AIDS  
**2011 Target:** n/a. **Achieved:** \$21million.

**Indicator 2.2:** % key results achieved of the Rolling Annual Work plan of the Joint UN Team on AIDS  
**2011 Target:** n/a. **Achieved:** around 85% implementation rate against planned outputs.

**Indicator 2.3:** % HIV positive people who received antiretroviral drugs to reduce risk of MTCT  
**2011 Target:** 70%. **Achieved:** 78%.

**Indicator 2.4:** Number of individuals who received testing and counselling and received their results.  
**Target:** 2.8m. **Achieved:** 6.3m.

The UN Joint Programme for HIV and AIDS has made significant progress towards providing a coherent joint programme that is more directly focused on delivering the results of the KNASP. The first UN-Kenya Joint Programme was designed in 2007, and aimed to increase the effectiveness and harmonisation of UN support for the national response. Since then, the UN-Kenya Joint Team has developed a coherent joint programme with clearly defined division of labour between agencies. It has recently approved a new Results Matrix for the UN-Kenya Joint Programme of Support on AIDS 2011-2013, which is directly linked to the KNASP III and has clearly set out outputs and outcomes. Work was underway to develop a 2011-13 work plan while the review was taking place. The reviewer participated in one of the sessions and saw firsthand how the different agencies were actively collaborating to streamline UN interventions towards a clear set of programmatic outputs. The joint programme is considered by many within the UN system to be one of the front runners in terms of the broader UN reform 'delivering as one'.

As the new 2011-13 Joint Programming was still at the work planning stage during the time of the review, this review focuses on progress made during 2010 and early

2011 under the earlier 2010-13 framework. A total of \$15.9m was spent during 2010, of which DFID contributed just over 13% in flexible funding to support joint programming and fill programmatic gaps. Though a relatively small part of the overall UN Joint Programme, the timing of DFID support from 2008 specifically to support joint programming is considered to have been a significant factor in facilitating the process of UN integration. During 2010, DFID funding supported 10 agencies, whose reliance on DFID resources for HIV activities varied from 1.7% (UNODC) to 100% (FAO). The programme is primarily focused on prevention, with 80% of funding in 2010 programmed towards KNASP outcome one: prevention of new infections. Key achievements in 2010 include:

- a) Evidence-based advocacy and technical support on the virtual elimination of Mother to Child Transmission (MTCT) in Kenya through signing a comprehensive commitment for action with the GoC and launching two MTCT-free zones.
- b) Support to the national condom programming system through the procurement of 900,000 female condoms for distribution to catalyse the national demand for female condoms. Capacity strengthening for the Ministry of Health to coordinate scaled up voluntary male circumcision and to support VCT campaigns.
- c) Evidenced-based advocacy including operational research and high-level awareness-raising on Most at Risk Populations, which contributed to the decision by Members of Parliament to support legislation to prevent HIV among injecting drug users and in prisons.
- d) Support towards community interventions focused on the scaling up of Cash Transfer for Orphans and Vulnerable children from 65,000 to 91,047 and strengthening the institutional capacity of PLHIV networks.
- e) Generating strategic information for evidence-based response including strengthening the national M&E coordination, supporting reform of the CCM mechanism and support towards Kenya Global Fund Round 10 proposal.

The most recent annual review of the UN Joint Programme, dated February 2011, found that overall the programme was viewed positively by stakeholders, and seen to be doing 'the right things right'. This was supported in interviews held during the review, with NACC particularly appreciating the greater clarity and accountability provided by the Joint Team at national level in defining its Division of Labour. It is expected that the new Results Framework will reinforce this trend and help to operationalise greater harmonization at sub-national level. The new 2011-2013 UNJP results framework is fully aligned to KNASP III, and annual reviews against progress should ensure that the programme stays aligned. Its position as an honest broker continues to be valuable in handling sensitive issues, for example its advocacy work to promote evidence-based interventions in prisons and with MSM.

Some challenges were identified in the UNJP Annual Review of 2010, including the need for improved delivery of agreed outputs in a timely manner and improving its communication with counterparts on how the UNJP operates and its comparative advantage in the national response. The latter finding was corroborated by this review process, which indicated that the logic of how activities linked to outputs and outcomes was not always well described in programme documents, making it difficult to assess other than through face-to-face meetings with those directly involved. The recently finalised 2011-2013 Results Matrix is a major step towards demonstrating how the UN programme will support the national framework and it is also understood that plans are underway to document best practice more comprehensively. However,

greater specificity about how activities link to outputs, outcomes and impact (the KNASP results logic framework) at all stages of project documentation will help to communicate the UN's comparative advantage and ensure that its achievements and lessons learned are properly captured and disseminated. This can be achieved by relatively small, manageable improvements in the way interventions are described. For example, unpacking expressions such as 'evidence-based advocacy' into its constituent activities (operational research in X, documenting lessons learned and organizing dissemination events among Y leading to the adoption of Z policy) and linking them to outcomes.

### **Output 3: Improved institutional and resource capacity and increased capability of civil society organisations engaged in HIV and AIDS contributing to the KNASP**

**Indicator 3.1:** Percentage of Civil Society organisations scoring >2 on AMREF organization scan tool.

**2011 Target:** 60%. **Achieved:** 87% (2010)

**Indicator 3.2:** Percentage of CSOs reporting to CACCs according to COBPAP system

**2011 Target:** 2010: 80%. **Achieved** 91% (2010)

**2011 Indicator 3.3:** % of CSOs/PSOs using finances as per approved work plans and budgets

**2011 Target:** 70%. **Achieved** 93% (2010)

Maanisha is a community focused initiative co-funded by the Swedish International Development Cooperation Agency (Sida) and DFID. The five-year project will end in September 2012. The programme is aligned with the KNASP III and aims at sustained reduction in the incidence of HIV, reduced HIV related morbidity and mortality, and social protection of HIV infected and affected persons. It targets most at risk populations (MARPs) and vulnerable categories of people, and covers Nyanza, Western, Eastern provinces and the Lake Victoria basin districts of the Rift Valley. Key achievements over the programme's five results areas in 2010 include:

#### **6.1.1 Capacity building of CSOs and PSOs**

Maanisha has been supporting around 730 CSOs to implement the full range of HIV and AIDS interventions. This included 2,403 mentoring visits to all funded CSOs/PSOs and 11 inter- and intra- regional exchange visits involving 142 CSOs to enhance learning and networking among CSOs. This in turn led to the development of organizational centres of learning for other CSOs. For example the Kodera Greenland group in Rachuonyo, Nyanza province has formed a network of groups growing water melons commercially. The group was initially supported to grow melons in 2009 and has since rallied other groups to support PLHIV and currently supplies melons to one of the chain supermarkets in the region.

#### **6.1.2 Strengthening Facilitation, Harmonization and Coordination**

The programme orientated and supported 730 CSOs/PSOs in M&E including use of the COBPAP tool and as a result 91% of grantees are reporting to CACCs using the tool. The program also provided support to NACC in the revision of the COBPAP tool in line with KNASP III and is currently supporting the roll out of the tool among

the currently funded 730 CSOs. It advocated for and supported CSOs' involvement in GoK led planning, implementation and review processes. A total of 248 CSOs/PSOs participated in the implementation of community strategy. Amref Maanisha also facilitated 7 consultative meetings with DHMTs on supervision of CSOs/PSOs.

### **6.1.3 Promotion of safer sexual behaviour and practices among at risk and vulnerable groups**

The programme funded 121 groups targeting MARPs and 310 groups focusing on special vulnerable populations including PLHIV, sex workers, IDUs and men who have sex with men, leading to 110,481 MARPs and 1,072,637 special vulnerable populations being reached with HIV prevention interventions. A total of 1,527 cases of human rights violations were successfully resolved as a result of supporting 106 CSOs to address human rights issues via courts and other dispute resolution procedures. The lessons learned in working with MARPS under Maanisha program continue to be systematically implemented such as a discussion paper on behaviour change among sex workers which can be downloaded on the AMREF website: <http://www.amref.org/silo/files/amref-discussion-paper--0092010.pdf>.

### **6.1.4 Improving Quality of Life for PLHIV and OVC**

The programme trained 2,808 community health workers in home and community based care cascading into 11,597 caregivers being trained and 64,694 PLHIV provided with quality HCBC services. It also conducted two trainings on OVC care and support and facilitated 309 CSOs/PSOs to offer OVC care and support resulting in 70,870 OVC receiving primary support and 34,296 OVC accessing HIV Counseling and Testing. A total of 2,587 of the OVCs started on ARVs and 5,310 OVC were supported to adhere to ART. Testimonies from beneficiaries living with HIV attest to an improved quality of life as a result of the AMREF Maanisha intervention. The story of Alfred and Judith, a discordant couple based in Mumias District of Western Kenya gives a first-hand account of this new lease of hope. (<http://64.176.64.243/Gumzo/2010/Jul/action3.htm>).

### **6.1.5 Influencing policy and practice in HIV and AIDS programming**

The knowledge management strategy has been rolled down to local level by enhancing skills of all the 730 funded CSOs/PSOs in knowledge management concepts. Maanisha trained 175 CSOs on knowledge management resulting in 1,269 human interest stories and 13 best practices identified and documented by the CSOs. Maanisha has submitted her developed manuals on processes of grant making and administration, behavior change and communication and capacity building strategies for publication with a view to share and disseminate to other stakeholders for replication. A formal partnership has been developed between AMREF and NACC to adopt Maanisha's organizational development and systems strengthening (ODSS) strategy in the national TOWA programme.

## Output 4: Harmonised and aligned funding arrangements in support of the KNASP.

**Indicator 4.1:** Number of partners included in the NACC-led programming for the implementation of the KNASP.

**2011 Target:** 3. **Achieved:** 6

Number of donors providing on-budget funding through NACC coordination.

**2011 Target:** 3. **Achieved:** 1.

The DFID programme is providing good quality, in-house technical support on HIV and AIDS to the World Bank's TOWA programme. The advisor is actively engaged in helping to secure additional funding for the programme, as well as supporting the effective implementation and oversight of the programme.

Progress has been made towards greater donor coordination and harmonisation, including the establishment of regular monthly Development Partners Meetings for HIV and AIDS. Up to nine agencies attend the meeting, representing a core group of five donors. At present, NACC are not routinely represented in these meetings, and claim that they do not routinely see the minutes. It is therefore recommended that NACC is more routinely engaged with these meetings. Equally, NACC should make greater efforts to encourage more regular and comprehensive attendance by partners at the meetings they organise by ensuring that meetings are diarised and agendas shared well in advance. At present, several stakeholders complained that they often miss key NACC meetings because they are organized at short notice, or not all stakeholders are routinely included. This contributes to poor or late attendance at meetings, a problem which was also noted in the 2010 annual review.

Despite this, relatively little progress has been made on providing on-budget funding through NACC coordination, largely for reasons outside the programme's control. Though the World Bank filled the gap in DFID support by securing additional finance for the TOWA project, which was approved in Dec 2010, political instability following the 2008 elections, combined with a series of high-level governance and transparency issues in Kenya have undermined the primary assumptions upon this component was designed and contributed to the indefinite postponement of donor plans to fund vertical HIV and AIDS programmes through government systems. Senior management in NACC is also aware that there is likely to be a longer term trend towards a reduction in vertical HIV and AIDS funding to the country if the country continues at its current rate of economic development. The 2011 JAPR recommended that greater efforts are made to identify and support approaches that are cost effective and sustainable in the longer term.

## 7 Potential Gender Impact of the Programme

The UN Joint Programme undertook a number of activities with a gender impact in the last year. These included high level advocacy on the virtual elimination of Mother to Child Transmission of HIV in Kenya, establishing two pilot MTCT-free zones, supporting interventions to increase use of female condoms through the procurement of 900,000 commodities, and strengthening MoH capacity to coordinate a scaled up voluntary male circumcision campaign. It also provided technical support to develop general HIV and mainstreaming guidelines and disseminated a national code of practice on legal aspects of HIV and AIDS, human rights, gender and GIPA

principles. The joint programme supported the domestication and development of the Agenda for Accelerated Action for Women and Girls into a national action plan. Gender training has been provided to all UN senior managers.

The Maanisha programme collected gender disaggregated data from all components of its programme to identify gender disparities and inform programming. In 2010 it undertook the following activities specifically to address gender issues.

- **Capacity building**

All 730 Maanisha-funded CSOs were trained on gender vulnerability issues in regard to prevention, care and support. Ninety BCC trainers were trained on gender vulnerability, facilitating local community analysis of gender issues and reaching out to women and girls with HIV information, promotion of couple counselling and testing, condom self efficacy and women's rights. Through cascaded trainings, 9,770 people were trained in gender vulnerability to HIV and AIDS in all the 6 Maanisha regions.

- **Reducing risk of HIV infection**

Funded CSOs conducted 31,292 out-reach interventions that included education and advocacy messages on gender vulnerability, which reached 307,173 community members including opinion leaders, community leaders, school children and young people, MARPs and special vulnerable groups. To promote voluntary medical male circumcision (VMMC), the CSOs conducted 3,251 VMMC outreaches reaching 97,465 males with education and advocacy messages for VMMC as a risk reduction intervention. Other interventions included male and female condoms promotion and distribution for infection prevention, couple HIV C&T service promotion and provision to enhance preventive behaviour change targeting both men and women, enhancement of women's access to income and productive resources, and promotion of women's legal protection interventions were continued.

- **Enhancing women's access to productive resources**

To reduce vulnerability to HIV caused by lack of economic autonomy, the project supported 16,244 widows and widowers through training and income generating projects. Income generating activities were selected by women themselves based on their viability and included rearing livestock, horticultural farming and cereal farming among others.

- **Promotion of women's and OVC legal protection**

During 2010, funded CSOs handled 2,049 widow and OVC inheritance cases – including gender based violence – of which 1,527 were successfully concluded. Cases were handled in partnership with local councils of elders, the Children's Department, religious leaders and provincial administrations, the majority of whom had been reached with human and legal rights advocacy messages in the community.

## 8 Lessons learned and best practice

### 8.1.1 Joint UN programming

By providing flexible funding to support joint programming for HIV and AIDS in Kenya, the harmonised DFID programme helped to catalyse greater UN collaboration to achieve its goal of 'delivering as one'. In particular, it acted as an incentive to accelerate the process of collaborative planning, implementation and reporting, and enabled programmatic gaps to be filled. Though DFID is not continuing its support for vertical HIV and AIDS programming in Kenya, the funding approach represents a constructive example of how to support the process of institutional reform.

### 8.1.2 Robust, transparent grant management and capacity building for CSOs, harmonised within existing government systems.

The Maanisha programme has an enviable grant absorption rate of 93% - despite the fact that many of the CSOs it supports are relatively small, community-level self-help groups. While these results could not be independently verified in this review, they appear to reflect a well thought through grant management system that has appropriate, user-friendly reporting tools and templates, and a localised structure of supervision and support via the technical review committees and the rolling programme of targeted, on-site technical and management support. In addition, the system has been integrated within the NACC/CACC system. Maanisha's capacity building approach is now being used to support CBOs receiving grants under the NACC (WB Funded) TOWA project. Under this arrangement with AMREF is providing quality assurance to the nine regional facilitation agents that have been contracted to provide support to CBOs managing HIV grants all around the country.

An important outcome of the DFID harmonised programme is that this model is now being expanded throughout the country and is being used as a basis for other community mobilisation initiatives, including TB. Lessons learned from the project could also be usefully applied elsewhere – particularly in those countries that are having difficulty meeting Global Fund requirements for CSO grant utilisation.

## 9 Progress on the 2010 Recommendations

The 2010 review made recommendations in five areas:

- a) *Strengthening formal communication and reporting to NACC and management team.* This area has continued to be an issue, which has at times contributed to different stakeholders feeling sidelined. This is in part because of the desire not to create separate formal reporting structures for the harmonised programme. The separate elements of the programme therefore primarily report through different lines – the UN Joint programme and the Maanisha project. Communication between partners was also disrupted while the DFID Bilateral Aid Review was conducted. It is recommended that NACC continues to improve its meeting management to ensure that stakeholders routinely and regularly participate in scheduled meetings.

- b) *NACC continues to receive targeted support to build its capacity to address human rights.* NACC has received technical support on human rights issues through the UN joint programme, particularly regarding developing a rights- and evidenced-based approach to most at risk populations. The Maanisha programme has also had significant achievements in reaching out to most at risk populations including MSM, PLWHA, prisoners and drug users. It has adopted a deliberate policy of supporting both the demand for rights-based approaches – for example supporting self-help groups, as well as conducting advocacy and capacity building for government organisations including NACC/CACCs.

- c) *NACC is provided with the necessary capacity and support to recruit and manage technical support and to better inform its work at district and constituency level.*

The Maanisha project is providing a good example of how to supply technical support to CACCs and CSOs at lower levels through training, developing user-friendly systems and guidelines and providing a rolling programme of targeted on-site support and supervision. In 2010 it was further agreed that Maanisha should provide quality assurance to the nine regional facilitation agents that are contracted to provide support to CBOs managing WB TOWA Project HIV grants around the country.

It is recommended that NACC continue to develop sustainable mechanisms for providing technical support at lower levels, for example providing flexible technical support budgets, expanding networks of local technical support providers, on-line resources and providing networking opportunities.

- d) *To scale-up CSO capacity building, CSOs be provided with the technical assistance to fully engage as equal partners with government.* The Maanisha programme has provided capacity building and support to CSOs to engage meaningfully with government. The UNJT has supported networks of People Living with HIV and AIDS, including an institutional capacity assessment for the Network to Empower People Living with HIV and AIDS (NEPHAK), and support to strengthen its organisational policies and procedures. Its 2010 review highlighted CSO capacity strengthening and improved engagement with CSOs as a priority area for further development in 2011.

- e) *UN senior management pay particular and greater attention to the tone and form of communication and engagement with NACC and other stakeholders.*

It is important to stress that this recommendation has not been accepted by several key stakeholders, and that the 2010 review itself noted that there was no clear consensus about whether or not this was an issue. Those interviewed for the 2011 review thought that the claim was either unfair, or that any tension that existed between the UN and other stakeholders was no more than can be expected in a complex, multi-stakeholder programme. In retrospect it may have been better not to have raised the issue to the level of a formal recommendation.

As a result, though no formal steps have been taken to address this issue, it is expected that future relationships will only continue to strengthen as the UN further consolidates its Joint Programme.

## 10 Conclusion and Recommendations

Overall, solid progress has been made towards achieving the purpose of supporting the effective implementation of the KNASP through harmonised approaches. In most cases, targets have been achieved or exceeded. The timing of DFID support for greater harmonisation helped to act as a catalyst towards improved integration of donor and agency approaches, and there have been synergies across the programme in terms of strengthening national CSO grant management systems and providing more consolidated support to GoK through UN system.

Despite this, challenges remain. There is little prospect of a move towards greater pooled funding until broader transparency issues have been resolved. The Joint AIDS Programme Review also found that relatively little progress had been made towards the KNASP pillars 2 and 3, HIV mainstreaming and the multi-sectoral response, or community mobilisation.

- a) The programme should provide support to NACC to identify and prioritise sustainable, cost effective approaches and further develop its plans for establishing sustainable funding mechanisms. This was also one of the main recommendations of the 2011 JAPR.
- b) The UNJP should consolidate the significant progress that has been made towards results-based programming by conceptualising and communicating the KNASP results logic framework (activities, outputs, outcomes and impact) clearly at each stage from work plan to project reporting and the dissemination of lessons learned/best practice. Conceptualising and communicating this logic clearly will be important to identify the most cost effective interventions and attract appropriate levels of funding for its programme.
- c) Though it is probably not necessary or useful at this stage of the programme to create a new separate DFID programme supervision structure, existing mechanisms and processes should be strengthened to improve communication between the separate components. In pursuit of this goal it is recommended that NACC diarise stakeholder meetings sufficiently in advance and manage and minute them effectively to help ensure that key stakeholders are reliably represented at key meetings and are aware of decisions and progress made regarding the programme. It is also recommended that NACC follow up on its plan to hold regular, diarised operational meetings with AMREF. Finally, it is recommended that the Donor Partner for HIV and AIDS meeting give serious consideration to including NACC more routinely in its meetings, and at a minimum share their minutes with them regularly.

## **Annex 1: Terms of Reference for Annual Review of Harmonized HIV and AIDS Programme 2011**

### **1. Objective**

The overall objective of this assignment is to review the UNAIDS Joint Programme, revise the DFID Harmonised HIV/AIDS Programme Log frame and conduct an annual review of the DFID HIV AIDS programme.

### **2. Recipients**

DFID Kenya and Somalia, UNAIDS, AMREF and other stakeholders

### **3. Scope of work**

The consultant(s) will

- 1) Review and assess the current revised UNAIDS Joint Programme for 2011, (including the results framework and work plan) and how it has emerged from the 2010 reviews.
- 2) Revise the Log frame to reflect the outcome of the DFID Bilateral AID Review (BAR) e.g. decision not to continue with Total War against AIDS (TOWA) programme
- 3) Conduct the Annual Review More specifically:
  - Assess the progress to date on outputs against their targets and milestones and their contribution to the potential achievement of the overall purpose of the programme
  - 1 Recommend any changes that should be made in the implementation of the programme to enable it to achieve its purpose and priority HIV/AIDS objectives at national, provincial, district and community levels.
  - 1 Assess and make recommendations on actual and potential synergies, complementarities and harmonisation among the two components AMREF 'Maanisha Community Focused Initiatives' and the 'UN Joint Programme on AIDS', as well as with other significant sources of support to the Kenya National Aids Strategic Plan III (KNASP III).
  - 1 Identify lessons learned so far from the programme that will improve its execution and inform implementation till the programme ends in March 2012, relating to effectiveness, alignment, harmonisation, accountability, etc
  - 1 Review the programme's potential gender impact and recommend on gender disaggregated data which can be used to monitor this
  - 1 Identify and record quotes or stories which can be used by DFID to communicate the impact and results of the programme.

### **4. Methodology**

Through a combination of desk review, written communication, phone interviews and face-to-face primary stakeholder interviews, the consultant(s) will:

- Review key programme documents, Programme Memoranda, progress reports etc;

- Review other key documents such KNASP III, Joint HIV and Aids Programme Review (JAPR), Kenya Aids Indicator Survey (KAIS), Modes of Transmission study (MoT) etc
- Meet and interview key stakeholders and partners: Sida and DFID advisors, UN and AMREF, NACC, National Aids & STI Control programme (NASCO), development partners (WB, President's Emergency Plan for AIDS Relief (PEPFAR)) etc

#### *AMREF Maanisha Community focused initiatives*

A joint Mid Term Review of the AMREF Maanisha Programme was conducted in November/December 2010. The resultant report and other annual reports are available for review. The consultant will use these report as the main data source for the Maanisha component of the DFID Harmonised HIV and AIDS programme.

#### *UN Joint programme on AIDS*

An annual review of the programme was conducted with partners at the end of 2010. The consultant will use this report as the main data source for the UN Joint Programme component of the DFID Harmonised HIV and AIDS programme.

### **5. Reporting and coordination**

The consultant(s) will report to the DFID Senior Health and Education Adviser, Jean-Marion Aitken. The consultant(s) will liaise with AMREF and Joint United Nations Programme on AIDS (through UNAIDS).

### **6. Outputs**

The consultant(s) will deliver:

- a) a revised Log frame in DFID format
- b) a written report and oral briefing. The oral de-brief will be delivered to DFID, UN, AMREF and other partners by 1 June 2011.

The written report will include the DFID Annual Review (AR) format as an annex to a narrative report (not more than 20 pages).

The Health Adviser should receive the draft AR reports in electronic form by 8 June 2011. Final reports will be produced within a week of receiving comments.

### **7. Timeframe**

The work is expected to commence on Monday 23<sup>rd</sup> May 2011 and the completed draft report is expected by 8 June 2011. The stakeholders will have up to 2 weeks to make comments on the report. The final report incorporating comments should be submitted by 1 July 2011.

### **8. Background**

DFID programming for HIV/AIDS in Kenya has been designed to be as harmonised as is currently feasible. Sida supports the AMREF Maanisha project, and DFID disburses funds to an AMREF basket with Sida. DFID funds the joint AIDS programme with the UN. All aim to support the Kenya National AIDS Strategic Plan (KNASP III), providing priority inputs across many sectors through established

partners. KNASP III provides a comprehensive and sound framework for the HIV/AIDS response in Kenya. Support is provided under the leadership of National AIDS Control Council (NACC). NACC is mandated to coordinate all HIV and AIDS interventions in Kenya.

The expected outcome of the **UN Joint Programme** component is effective, evidence-based, nationally led, multi-sectoral support for the KNASP with coherent and consolidated UN support, based upon Joint UN Planning to utilise the comparative advantages and value-added of the family of agencies. The outputs are:

- Improved coordination and acceleration of HIV prevention
- National structures and capacity to manage and coordinate effective Behaviour Change Communication (BCC) programmes in place
- National comprehensive programme on prevention of mother-to-child transmission (PMTCT) in place and supported by all stakeholders, and with links to paediatric AIDS treatment
- Prevention among most-at-risk groups (Injecting drug users, sex workers, truckers, prisoners, Men who have Sex with Men) advocated and scaled up as part of the national response
- National plans with effective forecasting, procurement and delivery for condoms and Anti-Retroviral Therapy
- Sector impact studies and operational research supported to enhance understanding of the impact of HIV and AIDS and the development and effective implementation of mitigation programmes
- Sustained, high quality technical assistance to NACC, NASCOP and other key partners facilitated
- KNASP and NACC-led joint reviews (JAPRs) accepted by the majority of multilateral and bilateral partners as the primary basis for resource allocation and alignment of country-level M&E work
- One UN programme on AIDS in place at country level, under the leadership of the UN Resident Coordinator System and supported by one UN Team on AIDS and a common core budget

**The Maanisha Programme** is a community focused initiative to control HIV and AIDS in Kenya whose goal is a sustained reduction in the incidence of HIV, reduced HIV related morbidity and mortality, and social protection. The specific objectives are:

- To build the capacity and capabilities of Civil Society Organisations (CSOs) and Private Sector Organisations (PSOs) to design and implement quality HIV and AIDS interventions.
- To promote safer sexual behaviour and practices among at risk and vulnerable groups
- To strengthen facilitation, harmonisation, and coordination mechanisms between CSOs/PSOs and GOK structures.
- To support CSOs/PSOs to increase access to and improve quality of health care and referral services for People Living with HIV (PLHIV) through increased linkages within the two ministries of health.
- To positively influence policy and practice in HIV and AIDS programming through strengthened knowledge base and advocacy

#### **Total War against AIDS (TOWA)**

The original programme design had included a £17m contribution to the World Bank TOWA programme via WB, Kenya Treasury, NACC and a management agent. This modality was not approved by the Secretary of State who did not want funds to pass through Government of Kenya.

Initially TOWA was left in the log frame in the hopes that an alternative financing mechanism could be identified and approved, but the DFID Bilateral Aid Review concluded in early 2011 that this component should not go forward and so the log frame is in process of being redesigned to reflect the two components only. The AR should be completed against the revised LF.

## **9. Qualifications**

The consultant(s) should have the following skills and experience:

### *Essential*

1. At least 10-15 years experience of HIV/AIDS service planning and management in a resource-poor public sector setting (preferably in Kenya) at a senior level.
2. Working knowledge of global best practice and its application in the response to HIV/AIDS epidemic including: awareness raising, prevention, including reaching high-risk groups, promoting the continuum of care, surveillance, research and monitoring and evaluation.
3. Understanding of the context and dynamics of the Kenyan HIV epidemic and response
4. Experience of Institutional/organizational capacity assessments and development.
5. Ability to write and present (communicate) reports concisely

### *Desirable*

6. Experience of DFID Annual Reviews, reporting procedures and formats.

## **10. Key documentation**

- DFID Harmonized HIV/AIDS Support PM and Annexes (1606574)
- BAR review report
- Harmonized HIV/AIDS 2010 Annual Review (2839001)
- AMREF Annual Reports; AMREF Mid-Term Review; AMREF detailed Implementation Plan
- UN progress report
- Kenya AIDS Indicator Survey 2007
- Modes of transmission studies
- KNASP III
- Harmonized HIV/AIDS Log frame (1606559-old, 2781684-revised)

## **11. Contacts**

### *DFID Contacts*

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**DFID Kenya and Somalia  
May 2011**

## Annex 2: Persons Interviewed

1. Jean-Marion Aitken, Health Adviser – DFID Kenya and Somalia
2. Anita Kaushal – DFID Kenya and Somalia
3. Maya Harper – UNAIDS
4. Lydia Tabuke – Programme Officer – UNAIDS
5. Haile Girmay - UNAIDS
6. Dr Rey Chad Abdool, Regional HIV and AIDS Adviser, Africa and the Middle East – UNODC.
7. David Ojaka, Programme Manager – AMREF, Kenya
8. Sam Wafula, Project Manager (Knowledge management) – AMREF, Kenya
9. Tabitha Abongo, M&E AMREF, Kenya
10. Vincent Ojiambo, BCC– AMREF, Kenya
11. Felix Mutiso, Grants Management – AMREF, Kenya
12. Rachel Ndirangu, Health System Strengthening – AMREF, Kenya
13. Susan Achieng Olan'g, Capacity Building – AMREF, Kenya
14. Regina Ombam, Head of Strategy - NACC
15. Professor Alloys Orago, Director – NACC
16. Stephen Oyugi, Office of the Director – NACC
17. Katie Bigmore, Senior Health Specialist – World Bank

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