Sida Evaluation 07/33

Maanisha Community Focused Initiatives to Control HIV/AIDS in Lake Victoria Region, Kenya

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All the information, translations and opinions expressed in this report, are exclusively those of the authors and are not in any way the client's or the aforementioned persons and or any other third parties. Therefore, the evaluation team bears all the responsibility to the evaluation outcomes and recommendations.

All information, clarifications or further inputs are very much appreciated and should be directed to the undersigned evaluation's Team Leader

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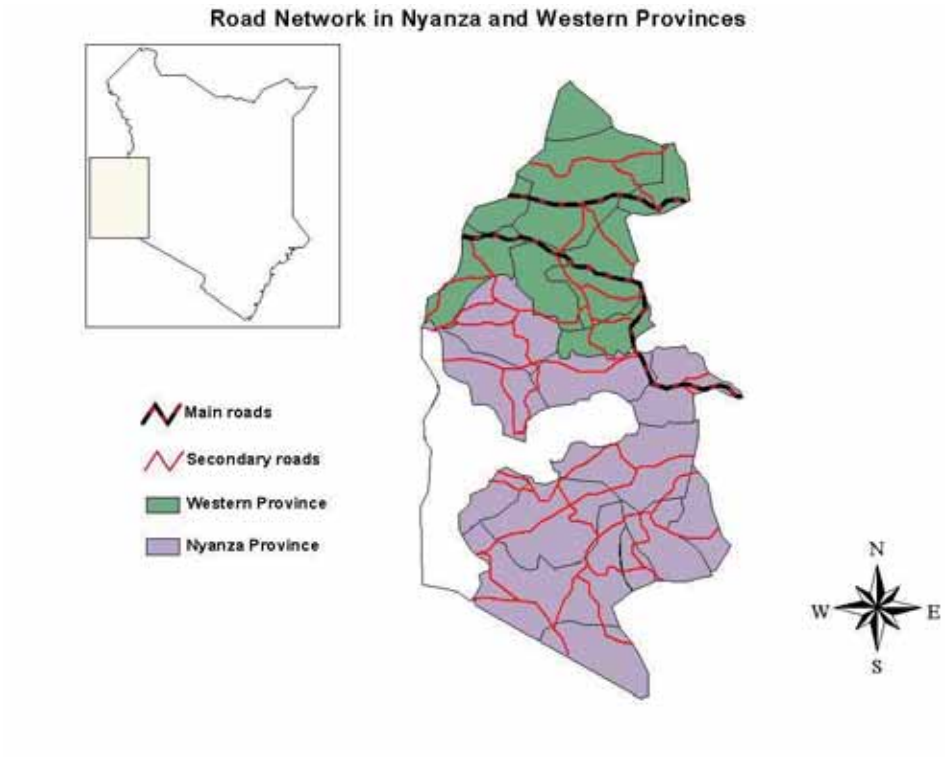
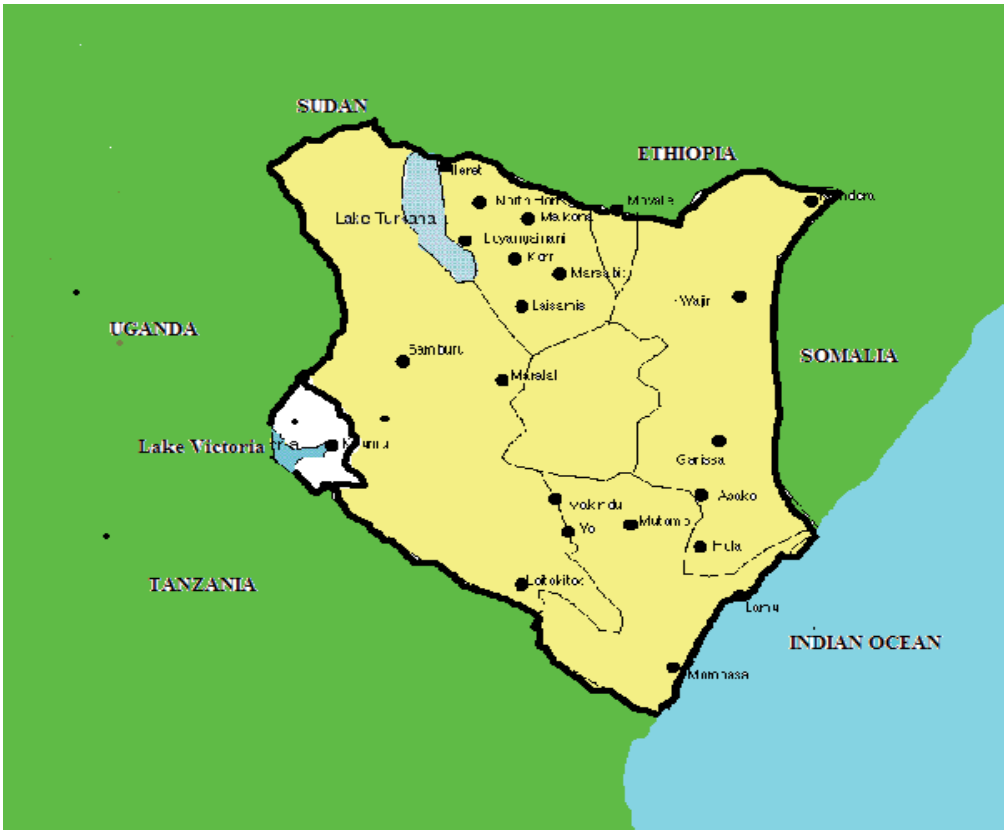
The Geographical Area of the Maanisha Programme Focus





List of Abbreviations

AMREF	African Medical Research Foundation
BCC	Behaviour Change Communication
CACC	Constituency Aids Control Committees
CSOs	Civil Society Organizations
DACC	District Aids Coordinating Committee
DC	District Commissioner
DDCs	District Development Committees
DSDO	District Social Development Officer
DTC's	District Technical Committees
FHI	Family Health International
GOK	Government of Kenya
HBC	Home Based Care
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information, Education and Communication
KPC	Knowledge Practice and Coverage
KPMG	External Consultants
LFA	Logical Framework Analysis
M&E	Monitoring and Evaluation
MTE	Mid Term Evaluation
NACC	National AIDS Control Council
NASCOP	National AIDS and STDs Control Programme
NGO	Non Governmental Organization
PASCO	Provincial AIDS and STIs Coordinator
PIA	Priority Intervention Area
PIT	Programme Implementation Team
PLWHA	People Living with HIV/AIDS
PSC	Programme Steering Committee
Sida	Swedish International Development Agency
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TICH	Tropical Institute of Community Health and Development
TOR	Terms of Reference
TRC	Technical Review Committee
USD	United States Dollars
WAFNET	Women Action Forum for Networking
WWEN	Western Women Empowerment Network

Executive Summary

The *Maanisha Programme* has been designed to ensure sustained reduction in incidence of HIV/AIDS in the Lake Victoria region; covering the target 20 districts in Nyanza and Western provinces. The programme's activities, which have been implemented in the last thirty-months (to December 2006), has two main pillars namely: Capacity building and Grant making to Civil Society Organizations (CSOs) and private sector. However, the five-year programme (July 2004 to June 2009) was delayed in rolling-out its field implementation activities until one year later, due to rigorous field advocacy and other logistical arrangements.

This Final Report of external mid-term evaluation, undertaken by a consultant team from the *Health & Economics Development Consortium Group.* The main evaluation focus is to determine and document the programme's overall progress, outcomes and impacts arising from implementation of community based capacity building and grants making interventions.

In addition, the results of the evaluation, will inform the programme's internal performance and management including operational efficiency towards improvement in realisation of the programme's overall goal, planned targets, objectives and expected outputs/outcomes. Further, the mid-term evaluation will provide the basis for adjustments of strategies and planned activities during the next phase of the programme implementation. The recommendations will be based on identified gaps and lessons learned within the projects' management, resource inputs and best practices as critical deliverables for rolling out the interventions during the remaining period of the Maanisha cycle.

Highlights of Key Observations and Recommendations

As elaborated in various chapters of this report, particularly the situation analysis and key findings sections, the Maanisha Programme, during the last 30 months of implementing the community based HIV/AIDS interventions in target 20 districts of Nyanza and Western provinces, has made significant progress in meeting most of the planned priorities and specific targets of the set objectives in its twin pillars of *grants making* and capacity building strategy. The beneficiaries of the programme have been the Community Based Organisations, Non Governmental Organisations/Faith Based Organisations (CBOs, NGOs/FBOs) and Regional Networks operating in the two regions.

The following highlights provide a summary of the programme's relevance and progress made during the mid-term implementation and the way forward towards improvements during the next phase.

1. Relevance of the Programme

There are many justifications of the Maanisha programme's relevance and breakthrough in developing structures for sustainable community empowerment and participation in design and management of HIV and AIDS interventions through capacity building and grants making approaches to the CSOs in the region.

Firstly, there is evidence that many previous efforts and resources used in addressing the incidence of HIV/AIDS in the region failed to achieve their expected outputs and impacts due to lack of engagement of local community's participation in planning and management of interventions. The Maanisha programme's new approach for building capacity of CSOs, private sector organizations and other relevant local actors, have been the key milestones for ensuring community's grassroots empowerment through involvement in planning and implementation of sustainable HIV/AIDS interventions based on local situation. The CSOs capacity building through grants making process is one of the most effective approaches for ensuring sustainable long-term response to HIV/AIDS, beyond the expiry of the current programme cycle.

Another significant observation that determines the programme relevance was that the capacity building plans and activities have been identified through wide consultation and participation of local stakeholders including a needs assessment approach to ensure that the overall training and capacity building are focused to specific needs of CSOs.

Thirdly, in comparison with previous and other ongoing programmes for HIV/AIDS response programmes in the region, the Maanisha supports community driven initiatives by adapting a "minimum-risk approach (MRA)" of Grant making scheme, administered through community demand driven (reactive approach). Over the three years of the programme implementation, the reactive type of approach has proved efficient and effective in terms of promoting equity and access, transparency and accountability of grants by local CSOs, thus, enhancing local ownership and sustainability of the programme.

Fourthly, to guard against programme's coordination weaknesses and bottlenecks identified from the previous programmes, the Maanisha Programme, instituted measures towards improving participation, consultation and coordination mechanism through facilitation of CSOs, Government of Kenya (GOK) structures and community networks' involvement in the programme's planning and management, in partnership and collaboration of the District Health Management Teams (DHMTs), NACC Field Officers, District Technical committees, CACCS and Networks involved in HIV/AIDS intervention activities in the region.

Fifthly, with regard to the previously un-addressed HIV/AIDS cross-cutting issues such as gender, poverty, human rights and social cultural interventions, the programme adapted a new approach by enhancing strategic working relationship and support to key networks who are involved mainly in the above stated HIV/AIDS cross-cutting interventions. In this way the programme's interventions have mainstreamed the critical issues of community behavioural change, access to quality Home Based Care (HBC) and referral services for People Living with HIV/AIDS (PLWHAs), within the overall implementation framework.

Finally, the programme's relevance and impacts have been demonstrated through enormous community response to grants proposals and capacity building activities addressed within the HIV/AIDS community based interventions. Intensive involvement of local communities in addressing the incidence of HIV/AIDS within their localities through awareness creation approach and capacity support, are seen as surest way of deriving sustainability towards reduction of the HIV prevalence through prevention, effective care and support and mitigation of socio-economic impacts amongst the population in the region. Therefore, the Programme's new approaches, have so far proved to be the most significant in terms of developing sustainable mechanism for promoting equity and access to community based health and HIV/AIDS services, supporting local governance in decision making process as well as transparency in resource allocation and use by CSOs.

2. Grants Reactive versus Proactive Approaches:

The reactive mode of grant making process used by the Maanisha programme, involved a demand-driven approach in which the grants making mechanism responded to the CSOs locally generated proposals addressing the HIV/AIDS interventions within the locality. The converse is a situation where grantors for grantees formulate intended priorities and activities for the grants, which is known as proactive approach.

To a greater extent, the programme's reactive type of grants making has made some remarkable progress in terms of community awareness and involvement in planning and prioritisation of the HIV/AIDS interventions as well as knowledge to compliance to the procedures and conditions of the grants. On the other hand, the approach works better in situations where the CSOs levels of awareness and capacity to independently plan and prioritise for interventions have been enhanced through focused capacity building and training activities.

However, there has been evidence that most grants proposals were rejected as a result of non-compliance by majority to the laid down procedures and guidelines of the grants, other than the inability of the Programme itself to cope with the CSOs demand.

Given that the Maanisha capacity building efforts targeted the funded CSOs groups only and not the applicants, there is need to minimize the staff workloads in processing volumes of applications most of which are rejected on technical grounds. If the programme's capacity building focus is re-focused to include the potential new applicants, cases of massive grants rejections would be minimised with improved access to the grants across various categories of the CSOs in the region.

As indicated elsewhere in this report, experiences have shown that reactive systems of grant management (though good in promoting equity, transparency and accountability at local levels), has been seen as a slow process that requires time and resources in community sensitisation, capacity building and closer supervision/monitoring among other demands. The proactive approach, on the other hand (though weaker in community empowerment), has been preferred due to its faster processing and disbursements by utilising the technical assistance, responds to demand without having to involve sluggish community based procedures. However, both systems have been tested and succeeded under various situations and scenarios.

Based on the lessons learned, especially, concerning the programme's huge gap between the demand and supply for grants and capacity building requirements, analysis have shown that an increased demand for grants due to the emergence of new CSOs and the programmes' roll-outs to cover all 20 districts, will result in a bigger gap (between supply and demand) as well as exertion of heavy workloads to the PIT staff in undertaking the grants' administration, processing, management, supervision, monitoring and evaluation on the part of PIT. This will call for: (i) Additional staffing in the PIT office and Zonal offices and; (ii) Increased levels of networks involvements in focused capacity building regarding grants application guidelines and management to CSOs.

To address the issues of higher demand for grants, this evaluation suggests as follows:

i. The Programme should explore the possibility of adapting both reactive (pull-system) and proactive (push system) of grant making and processing procedures, both of which should emphasis on "minimum-risks" and "access promotion principles" of the programme.

ii. Each of the systems of the grants making management should focus on two categories of CSOs as follows: a). Reactive approach to apply to the new applicants and CSOs with less technical know-how (require intensive capacity building on grants procedures); b). Proactive approach to be applied to CSOs whose records have already been tested through better management of previous grants (those re-applying for grants), this category should also include the better informed and specialised CSOs.

iii. An exploration should be made for more rounds of grants processing within a year, especially for the latter categories of the CSOs (perhaps quarterly basis).

iv. Given the Maanisha focus of widening CBOs coverage in order to scale up HIV/AIDS interventions towards grassroots organizations, there is need to re-focus the bulk of grants towards promoting umbrella CSOs and NGOs which have bases at Divisional and Sub-Locational Levels towards a gradual shift of grants and capacity building resource allocations from Networks downwards (MTE established that 40% of the total grants allocation was disbursed to the two Networks, while the remaining 60% went to CSOs).

v. The next grants and capacity building rounds should be guided by the following considerations: (i) More funds for capacity building activities are justifiably necessary to deepen the programme's sustainability; (ii) Funds for replication of the best practices and lessons learned from better man-

aged CSOs to the new applicants; (iii) Support for capacity building should be focused on the weak areas of grants compliance to increase access. Superficially, persistence reasons for turning down majority of applications should form the basis for address so as to thrush out areas of CSOs weaknesses for training purposes.

3. Efficiency of the programme implementation approaches

The efficiency in the implementation of the Maanisha programme activities has been enhanced by adaptation of the following program framework and mechanism that have been applied at the levels of programme management by PIT, and projects' activities by CSOs:

i. Efficiency and effectiveness in the implementation of capacity building and grant making processes have been strengthened by the programme's Logical Framework (LFA), which was developed during the Programme proposal design and later refined to be more responsive to the prevailing realities of HIV/AIDS interventions in the region. The log frame outlines and links the indicators that have been used to track progress in each program's specific objectives, activities, outputs and inputs.

ii. Secondly, the programme log frame has been applied to guide the grantee CSOs' log frames which have been adapted to align their grants proposals and specific indicators (objectives, activities and outputs) with overall programme LFA, thus the CSOs project-specific activities and outputs have been tailored towards attainment of efficiency and effectiveness of the broader goal and objectives of the Maanisha Programme.

iii. Thirdly, the programme's M&E framework that has been developed and linked to the LFA's indicators and targets has been applied extensively in monitoring and assessing the efficiency and effectiveness of programme management and implementation performance at all levels including CSOs project activities. Information that is gathered (through the M&E system) on specific objectives, outputs and activities target indicators, have facilitated knowledge of extent to which various project activities have achieved during project life, including decision making process towards readjustments and modification of existing efforts for improvement.

iv. A computerised grants management and information system has facilitated efficiency in grant management and tracking processes, including linkage to supported activities. The design of the information system is being applied to capture data for the M&E framework and selected general capacity building activities/outputs. At the time of MTE, data was in the process of being entered into the system from previous implementation records and reports.

However, some weaknesses on the side of the CSOs' compliance in adherence to reporting systems have resulted in reporting unrealistic performance in some indicators than others, thus, making data verification and use for timely decision making rather difficult. The Data credibility challenges, have often posed constraints to efficiency and effectiveness of monitoring and evaluation and need to be addressed adequately to inform sound decision making processes.

4. Building Effectiveness of links to/coordination and collaboration towards SWAPs

Past reviews and assessments, revealed that previous efforts and resources used for easing the burden of HIV and AIDS in the Lake Victoria region and other parts of Kenya, failed owing to lack of involvement of local communities, Government structures such as District Health Management Teams (DHMTS) at the local level, and other players within the region. Lack of consultative and participatory involvement of all relevant partners including local CSOs in planning, prioritisation and coordination of HIV/AIDS activities in the region resulted in duplication, disjointed implementation of activities and weak impacts within the affected and infected by the HIV/AIDS.

As the Maanisha programme looks for more strategic partners, there is need to explore the possibility of promoting umbrella networks amongst the CSOs, especially those which are directly connected with the grassroots, so as to take the programme to another level closer to communities as opposed to regional networks currently working in the programme. For example, a Divisional or Locational umbrella CSOs (if created) could demonstrate deeper understanding of grassroots needs, accountability to communities, and can demonstrate their ability to impact on the most vulnerable people. In this regards, this evaluation recommends that Maanisha programme need to identify and build upon a pull of potential CSOs networks (based on those CSOs with proven previous projects management record) to graduate into sub-regional community based capacity building backstopping networks for the weaker CSOs within the locality.

To ensure that the Programme planning and implementation is linked to national strategy of "Three Ones" approach; KNASP; GoK Sector wide Approach (SWAPS); and other initiatives of the regional HIV/AIDS interventions, the programme, therefore, has provided support to DTCs/DHMTs, CACCs and the two Networks (WAFNET and WWEN) in the two target provinces through facilitation and coordination of the following activities:

- Support to district-wide strategic plan development and elected districts;
- Establishment of district KPC Core Teams for M&E;
- Promotion of the Three-Ones Principle through linkages with NACC, DTC, CACCs and communities;
- Establishment of close links with GOK/MOH and NACC structures at national and district levels;
- Support to DTCs and CACCs to implement ODSS on CSOs;
- Worked closely with District Technical Committees (DTCs) in the 20 districts that comprise the programme catchments areas, in which the DTCs have been facilitated to conduct stakeholders forums;
- Facilitated training of DTC secretaries and CACCs coordinators and some CSOs on ODSS.

5. Gaps and weaknesses

i. CSOs Reporting Constraints:

The evaluation, observed that CSOs are bombarded with at least three different reporting formats from different national institutions. These are: (i) NACC's COPBAR, which requires all CSOs and all organizations to adopt and use the format to report on HIV/AIDS activities;

(ii) The MOH format, which is based on health sector's M&E indicators, requires health facilities (including CSOs) to adopt and apply the format to report on health and /HIV/AIDS related activities; and (iii) the AMREF Maanisha format requires CSOs to report to PIT using the programme's standard format.

While reporting of HIV/ADS performance by CSOs is a viable indicator for enhancing monitoring and regular reporting of performance, it requires harmonization, sustainable capacity building and training of all implementers and programme managers towards enhancing uniform reporting system for CSOs.

ii. Measurement of the Results of the Networks' Intervention:

Current efforts have been made to ensure HIV/AIDS activities are monitored and measured on national scale through inputs/outputs/outcomes indicators, which should be harmonized with the national M&E Systems in the country. The Maanisha programme has supported Networks to generate

indicators that are relevant and aligned to NACC and MOH respectively so as to implement activities that contribute to national HIV/AIDS efforts and by extension project objectives.

However, it was observed that the mechanism for measuring results of the Network's approaches and impact on their efforts regarding their assigned HIV/AIDS interventions (under the Maanisha/ Network agreement package), have not been established so as to gauge their strategic involvements and effectiveness with respect to reduction of HIV/AIDS in their areas of operations. In essence, their active involvements have been in form of participation in the capacity building and training workshops mainly in the HIV/AIDS cross-cutting issues for the CSOs on the basis of prior approved (by AMREF) proposals and workplans. Monitoring of the Networks' activities has been done through regular submission of progress reports to AMREF Maanisha Programme. However, it was not clear whether these reports have been used for decision-making process towards improving performance of these Networks.

There is therefore, an urgent need to develop objectively qualitative measurement indicators for monitoring progress in the Network's interventions. The qualitative indicators should be linked to national HIV/AIDS indicators developed by NACC and MOH respectively.

6. Lessons Learned

Most of the identified key lessons learned during the programme implementation are elaborated in various sections of this report, however, below are summaries of critical lessons which would be applied or replicated in the next phase of implementation:

i. Exposing grassroots CSOs to national strategies and guidelines significantly influences the quality of activities implementation and ensures "value for money" of grant making component.

ii. Effective monitoring of funded CSOs requires adequate full time staff. Reliance on existing structures and networks is good but not sufficient since the structures themselves may have integrity weaknesses, as well as genuine capacity gaps, and risk of staff transfers.

iii. Involvement of government employees (CACCs Coordinators) in training and mentoring CSOs improves the relationship between the two groups.

iv. Grant making to CSOs should include comprehensive capacity building programme to improve quality of interventions.

v. Stringent process for proposal review and approval involving capacity assessment should always be a precedent to funds release. Targeting of weaker CBOs who are doing credible work in the communities for capacity building first (pended groups recommended for capacity building) is needed. These measures are of great assistance in reducing risks.

vi. Involving external oversight committee (Technical Review Committee) in reviewing grants proposals and approval, as well as review of grant making processes allows for objectivity, alignment with key programme priorities, ownership and support from local stakeholders.

vii. Logistics is critical for CACCs to carry out coordination activities.

viii. End of line donor coordination is critical for sharing information on data bases of supported CSOs and ideas at provincial levels with national support. This ensures maximisation of resources and no duplication of resources and wastage.

7. General Programme Sustainability

Impacting Kenya's CSOs participation in HIV/AIDS interventions within their local environment, through grants support for capacity building efforts, is itself, an issue of programme relevance towards enhancing long-term sustainability. The Maanisha programme has successfully pioneered in 20 districts in Nyanza and Western provinces of Kenya.

The programme has also provided a potential framework for further refinement and replication by other programmes in HIV and AIDS response for the rest of the country.

However, the national response lacks a framework to provide guidance as well as building blocks to strengthen overall CSOs' capacity, including replication of successful sectoral practices towards sustainable absorption and management of grant funds by CSOS.

Some of the potential risks that may portray negative impacts to the programme's future sustainability include, competition and duplication of efforts of the CSOs in the areas, as a result of non-coordination of the activities offered by other partners in the region such as TOWA, APHIA II and other downline donors could pose potential risk and should be avoided through building synergy among the key players in HIV/AIDS and health services.

Chapter One Evaluation Methodology

This chapter describes the methodology HEDC used in conducting the Mid-Term Evaluation (MTE) of the Maanisha Programme. It lays out in detail the overall and specific objectives of the MTE, the design and processes used, the sampling methods applied, and data collection and analysis.

1.1 Mid-Term Evaluation Objectives

The main objective of the evaluation was to determine and document the Maanisha programme progress, support learning and inform future programme implementation by evaluating the results of the programme to date, establishing the extent to which the programme was contributing towards the output to purpose, and the goal. Based on the programme's proposal and log-frame, the evaluation sought to address the following specific objectives:

1. Assess the relevance of the programme to the problems identified and the needs of the target groups
2. Assess the operational and management efficiency and effectiveness of implementation to date, including an appraisal of the methods and approaches used, as well as the strategies for grants management, capacity building, coordination & networking mechanisms and support for GoK oversight at appropriate levels.
3. Assess progress towards the planned overall outcomes of the programme, including intended outcomes measured according to the indicators in the log-frame at output to purpose
4. Assess the feasibility of the sustainability mechanisms put in place to ensure the beneficiary communities continue to enjoy benefits generated by the programme.
5. Assess the extent to which the programme has contributed towards HIV/AIDS mainstream in activities for the Swedish Embassy in Kenya, Swedish companies in Kenya, and Swedish Embassy supported interventions.
6. Clearly identify and document the lessons learned, identify gaps and weaknesses, to feed into future work in this area.
7. Assess extent and effectiveness of links to/coordination and collaboration with NGOs, district health and social services planning and management, and make recommendations for the future in light of moves towards SWAPs.

HEDC Group used a participatory evaluation approach and involved the Maanisha PIT Team in Kisumu and AMREF KCO technical support team comprised of programme and finance senior staff in the evaluation process. HEDC Consultants undertook the following activities in consultation with AMREF staff:

– Formed a Mid-Term Evaluation team including research assistants;
– Conducted desk review of recent programme documents, grant making component, financial management issues at CSO level, CSO/Networks quarterly reports and strategy documents, among others;
– Conducted fieldwork studies using quantitative and qualitative data collection methods and tools as explained below;
– Used the analysed data and information to identify and document the major programme achievements, constraints, lessons learned and best practices;

– Identified and defined priority areas for the second phase of the Maanisha Programme, with special emphasis on management and governance;

– Made recommendations for improving performance of the second phase implementation and for the future replication of this type of programme; and

– Submitted a technically sound Maanisha Programme Mid-Term Evaluation report to AMREF.

The following sections describe the evaluation methodology used in more detail.

1.2 Mid-Term Evaluation Design

The mid-term evaluation adopted a cross-sectional study design to determine trends towards the achievement of the programme's objectives and outcomes. It targeted districts and CSOs involved in the Maanisha grants of October 2005 and March 2006 implementing planned HIV/AIDS interventions, mainly in the areas of prevention, care and support and mitigation of socio-economic impacts based on programme indicators. In addition, the assessment of technical, institutional and organizational capacity of AMREF and strategic Partners involved in providing various support and financial resources to implement community level HIV/AIDS interventions was incorporated in the evaluation design. The design specifically focused on the following:

– Assessing the knowledge, practice and coverage in relation to HIV/AIDS and STIs including attitudes towards the affected and infected.

– Assessing the strengthening of the capacity of CSOs to improve the quality of their HIV/AIDS interventions (this included governance, legal structures, programme and financial management, and resource mobilization).

– Assessing the promotion of safer sexual behaviour among vulnerable groups such as the youth through abstinence, condom use, faithfulness to single sexual partners, and testing.

– Assessing the capacity building of organizations to provide HIV/AIDS care and support.

This participatory evaluation employed both qualitative and quantitative approaches to generate required data through:

i. **Quantitative Method:** Three surveys were conducted using the already designed quantitative survey tools in Annexes 1, 2 and 3 in the Maanisha M&E Framework, which were initially used in the baseline survey, in order to determine change in the status of key variables, if any, since the baseline. Two were Knowledge, Practice and Coverage (KPC) surveys, one targeting heads of household or their representatives and the other targeting youth aged 15–24 years. The third survey which covered all Maanisha financed CSOs in the original eight districts was conducted to determine the CSOs' status with regard to selected key variables including in governance, financial management and budgeting, administration and human resources, project design and management, technical capacity, community ownership and accountability, and sustainability. Additional questions and tools (checklists and questionnaire for data mining during document review) were developed to address the objectives of the evaluation. Both cluster and systematic sampling techniques were applied to ensure representation of beneficiaries/households impacted by the sampled CSOs and the two networks.

ii. **Qualitative Method:** Information was gathered using Focus Group Discussions, and semi-structured in-depth interviews through consultative meetings with the following – Key informants, representatives of Maanisha's stakeholders, Programme Steering Committee (PSC), Programme Implementation Team (PIT), Technical Review Team (TRT), and District Stakeholders Forum; as well as Maanisha's beneficiaries including community members and leaders.

Analysis of both quantitative and qualitative data generated through the above methods, was done concurrently to provide key information for the Mid-Term Evaluation objectives.

1.3 The Evaluation Process

The assignment was divided into seven parts, namely:

i) **Evaluation Planning and Inception:** Evaluation Team held discussions with AMREF KCO staff and agreed on logistical support, key milestones and target groups, and timeframe. The inception phase culminated in the submission of the Mid-Term Evaluation Inception Report to AMREF, which spelt out the evaluation's Road Map.

ii) **Design and Development of Tools:** The phase involved design and development of data and information collection tools. The tools developed were agreed upon with AMREF and pre-tested in the field.

iii) **Field Visit:** A member of the evaluation team travelled to Kisumu for recruitment and training of research assistants/enumerators.

iv) **Data and Information Collection:** Both primary and secondary data and information were collected using quantitative and qualitative methods. Target groups included CSOs, AMREF's partners, Programme Steering Committees and randomly selected beneficiaries.

v) **Data entry and cleaning:** Data was cross-checked, validated during data entry and also for double data entry.

vi) **Data Analysis and Reports:** Quantitative data analysis was done using SPSS while qualitative data were analysed separately. Both data analysis and report writing activities were undertaken concurrently.

vii) **Dissemination:** Submission, presentation and dissemination of the Mid-Term Evaluation Report were done as indicated in the evaluation Work Plan.

The MTE was aimed at informing future programme implementation by identifying and defining priority areas for the next phase with specific emphasis on management and governance. Recommendations were made for improving implementation performance of the second phase and for the future replication of this type of programme.

1.4 Sampling Methodology

1.4.1 Sampling Size determination and procedure

The evaluation used various sampling techniques for quantitative and qualitative data acquisition.

Selection of Districts for Mid-Term Evaluation (MTE)

The selection of districts for Mid-Term Evaluation was informed by the phased implementation of the project, weighting of districts per province, and the duration of the CSOs funding.

It is of paramount importance to note that the identification and selection of districts at the project's inception was carried out in unbiased, needs based and purely objective manner. Criteria for selecting priority districts were developed based on districts' social economic indicators, ethnic representation and HIV/AIDS prevalence. The allocation of districts by province was based on the proportionality of HIV prevalence. The HIV prevalence in Nyanza and Western Provinces of 20% and 8% respectively was used to come up with an average ratio of 20:8 used to determine the number of districts in each of

the two provinces (Nyanza and western) where the programme was to start[1]. The phase one implementation had eight (8) districts, with 5 in Nyanza and the remaining 3 in Western Kenya; and phase two also had eight (8) districts, with 5 in Nyanza and 3 in Western Kenya.

Sampling procedures employed ensured representation of the 16 districts in phase one and phase two of implementation. This means exclusion of the four districts, which were year-marked for implementation in early 2007.

Selection of CSOs for MTE

Selection of CSOs for inclusion in the MTE took into consideration the following factors:

i) Phase one implementation had a total of 43 CSOs who received funding in November 2005.

ii) Phase two implementation was done in two stages:

   a. In March 2006, 110 new CSOs from all the 16 districts received grants and 11 out of the 43 in phase one were refinanced;

   b. In July 2006, 69 new CSOs received grants, and 35 were refinanced.

iii) Type of grants received by CSOs:

   a. For care and support; and mitigation of social economic impact;

   b. For prevention; care and support; and mitigation of social economic impact;

   c. Size of grants.

Also, of critical importance is that the CSOs selected for funding has been based on rural and urban representation. The above formed the strata for sampling procedures to ensure representation. In addition, the two networks working with Maanisha were included.

Sample Size: Districts, CSOs, and Households for the KPC.

Sampling procedures employed ensured representation of CSOs financed during phases one and two of Maanisha funding in the original eight districts (5 in Nyanza and 3 in Western provinces). Justification of sampling only phase one districts is premised on the fact that these districts had (a) good coverage of CSOs which constituted 75% of all the CSOs for Phases one and two combined, (b) had 62% of the total grants advanced to CSOs for both Phase one and two, (c) CSOs with at least 9 months of Maanisha grants implementation, and (d) more than a year's experience in implementing the Maanisha programme. This meant that all the 43 CSOs for Phase 1 and 74 of the 110 for phase 2 of implementation were included. In addition, the two networks (WAFNET and WWEN) were included.

The evaluation team further decided that the household heads and youth to be selected for the KPC interviews would come from the communities around the grantee CSOs. A minimum of 30 household heads and 30 youth aged 15–24 were covered per district in order to facilitate inter-district comparisons. Each district was treated as a cluster. Therefore, 240 household heads and 240 youth were covered by the KPC surveys.

1.5 Enumerator Selection and Training

The MTE team selected Eighteen (18) research assistants/ enumerators from identified applicants sourced within target districts; and Three (3) supervisors. The selection was based on their knowledge of local language, academic performance (criteria set by AMREF), relevant past experience in collect-

[1] The Maanisha Programme Mid Year Report 2005.

ing data, and ease of their access by phone. Other criteria for selection included, ability to follow instructions precisely and accurately, courtesy and capability to establish good rapport with respondents. The assistants/enumerators were trained in areas of application of data collection tools and entry, interview techniques and were familiarized with the application of tools.

1.6 Data Collection

Data collection for the two KPC surveys and the CSOs survey was done by the enumerators under the supervision of three supervisors who checked daily for correctness, completeness, and consistency; while the in-depth, semi-structured, and key informant interviews, and focus group discussions and consultative meetings were done by the consultants. Review of Maanisha programme and national documents provided both qualitative and quantitative data.

1.7 Data Processing

The completed survey questionnaires were reviewed in each district to correct any data collection errors. They were then sent to the Maanisha Kisumu Office for processing. Data entry started after completion of data collection in Nyanza province. The SPSS data entry frame used for the MTE was the same one developed for the baseline survey, since the same tools were applied during the baseline and the MTE. Data analysis was also done using SPSS.

1.8 Data Quality Control

All quality control measures were adhered to during the KPC surveys, in-depth interviews, semi-structured interviews, and Focus Group Discussions. This included review of data collection tools developed for MTE, use of translated tools to local languages, standardized training for enumerators who were also given a copy of a handout to guide them during the exercise, daily supervision of the enumerators which included cross-checking the completed tools and data cleaning. The entered data was cross-checked to ensure accuracy of the information obtained and validated.

1.9 Data Analysis

The KPC data was analysed using SPSS, while the in-depth, semi-structured, and key informant interviews, and focus group discussions and consultative meetings were done by the consultants. Review of Maanisha programme and national documents provided both qualitative and quantitative data. The collected data were analysed for achievements, lessons learned, challenges/constraints, gaps/emerging issues and suggestions/recommendations in relation to the MTE objectives.

Chapter Two Introduction and Background

The HIV/AIDS pandemic in Kenya has continued to ravage virtually all sectors of the economy, leaving thousands of orphans and creating widespread poverty and helplessness among the population to the detriment of many communities. To adequately address the needs faced by millions of Kenyans infected and affected by HIV/AIDS, and the reduction of new infections, there are efforts in building of an effective enhanced national response, with all stakeholders working together within a common action framework, the Kenya National HIV/AIDS Strategic Plan (KNASP) 2005/6–2009/10. The KNASP articulates a set of common targets and results agreed upon by all stakeholders. Kenya is committed to the "Three Ones" principle: i) One agreed action framework (KNASP 2005/6–2009/10); ii) one national coordinating authority the National HIV/AIDS Control Council (NACC); and iii) one agreed national monitoring and evaluation system.

It is against this background that AMREF Kenya, with support from Swedish International Development Agency (Sida), is implementing the "Maanisha" Community Focused Initiative to Control HIV/AIDS in the Lake Victoria region covering Nyanza and Western Provinces. The Maanisha Programme is focusing on control of HIV/AIDS in the Lake Victoria Basin, which is one of the poorest regions in the country. According to the National Welfare Monitoring Survey of 2004 and successive poverty statistics, about 52.2% and 47.6%[2] of the people living in Western and Nyanza provinces of Kenya respectively, fall under the category of absolute poverty conditions, surviving on less than one United States dollar (US$ 1) per day. In addition, according to the national census of 1999, the combined population of the two provinces is about 9.1 million representing 27% of the Kenyan population. The adult HIV prevalence rate in the region is the highest in the country peaking at about 41% in some districts[3].

Consequently, the two provinces have the highest number of orphans, widows and OVCs in the country.

In addition, enormous challenges still prevail: the rate of new infections remains high, and there are major differences in the risk of infection faced by different population groups. This is being exacerbated by the little change of sexual behavioural patterns a result of deep rooted cultural practices and beliefs, as well as the high level of poverty. Particularly vulnerable to infection are young girls; individuals in HIV discordant relationships; Commercial Sex Workers and their clients; migrant workers; and injection drug users. With rising cumulative deaths from AIDS, vulnerability to the impact of HIV/AIDS, particularly among orphans, vulnerable children, widows and the elderly is becoming increasingly apparent. The great deal of effort and resources that has gone to the Lake Victoria region focused on easing the burden of disease and reduction of the HIV/AIDS incidence has achieved minimal results. A SWOT analysis and needs assessment conducted by AMREF suggested a number of reasons for the poor results. Principally programmes have failed to involve the communities and organized community groups, as well as GOK structures such as District Health Management Teams (DHMTs) at the local level. In addition, programmes have not been focused on community participation and empowerment. Furthermore, there has been much duplication of effort and a failure to co-ordinate the efforts of the CSOs in this area.

The Maanisha programme has designed to ensure sustained reduction in incidence of HIV/AIDS in Lake Victoria Basin in the target districts of Homa Bay, Suba, Rachuonyo, Migori, Nyando, Kisumu, Bondo, Kuria, Siaya, Gucha, Kisii Central and Nyamira in Nyanza Province; and Kakamega, Bungoma, Butere-Mumias, Teso, Mt Elgon, Lugari, Vihiga and Busia Districts in Western Province.

[2] Basic Report on well-being in Kenya (Household Budget Survey 2005/6)
[3] Maanisha Annual Report January 1st–December 31st 2006 (February 2007).

The Maanisha's programme goal is sustained reduction in the incidence of HIV/AIDS in Lake Victoria Basin. The programme's purpose is to improve institutional and resources capacity, and to increase capability of the civil society organizations engaged in HIV/AIDS prevention. The following are the programme's specific objectives:

i. Build the capacity and capabilities of CSOs and private sector organizations to design and implement quality HIV/AIDS interventions. This is being done through: supporting development of efficient management systems within selected CSOs; Strengthening planning and co-ordination of efforts and resources amongst CSOs; building capacity of CSOs in HIV/AIDS and project management; supporting CSOs working in HIV/AIDS, through a Grants Scheme administered by AMREF.

ii. Promote safer behaviour and practices among "at risk" and vulnerable groups by: Working with CSOs and communities to develop a local Behaviour Change Communication strategy; Working with HIV/AIDS networks to respond to gender, legal and cultural factors that impact upon HIV/AIDS; supporting the development of or adopt BCC education curriculum and supporting materials; supporting CSOs to implement youth-targeted programmes, with specific emphasis on girls and young women; working with CSOs to develop culturally appropriate Information, Education and Communication (IEC) materials; supporting the training of peer group educators; and supporting the CSOs to promote Abstinence, Being faithful to one partner and Condom use in communities and target groups.

iii. Establish facilitation and coordination mechanism in partnership with CSOs, networks and GOK structures by: working with HIV/AIDS CSOs, networks, GOK structures, (DHMTs and DTCs), and communities to strengthen/develop their technical capacity in HIV/AIDS; supporting the identification of priority intervention areas jointly with CSOs, communities and GOK structures; and supporting the development of a joint M&E programme for CSOs, GOK structures and community use.

iv. Support CSOs to improve access to quality home-based care (HBC) and referral services for PLWHAs through: cconducting a base-line study of contemporary home-based care in the target area; supporting the development of training and train home-based care providers; providing financial resources to CSOs involved in HBC; and supporting the co-ordination between communities, CSO and GOK structures (DHMTs) for appropriate referral for Treatment of opportunistic infections and Antiretroviral therapy (ART).

The AMREF *Maanisha Programme's* core strategy is to enhance community based and needs driven interventions to control HIV/AIDS in the Lake Victoria Region. Specifically, the programme applies the following strategies to achieve its goal:

- Capacity building for CSOs, private sector organisations and other relevant actors.
- Support for community driven initiatives through a grants scheme.
- Advocacy for safe sexual behaviour and behaviour change.
- Development of strategic partnership with networks involved in gender, human rights and social cultural interventions.
- Enhancement of coordination and facilitation among CSOs and relevant GOK structures.
- Operations research for improvement of intervention approaches.

Maanisha is a five-year programme, running from July 2004 to June 2009 and is funded by Sida with a total programme budget of US$ 13.1 million[4]. Maanisha covers all the 20 districts of Nyanza and Western Provinces of Kenya.

The program implementation plan is in three phases: During the first phase, partnership and systems development including initiating discussions on capacity building and financial support towards CSOs; In Phase 2, incremental capacity building of CSOs and expansion of financial support; and phase 3 final impact evaluation and phasing out. The programme management is expected to allocate the final budget in equal proportions for capacity building and grant scheme. [5]

The principal partners for Maanisha include provincial networks WAFNET and WWEN respectively and CSOs who in Maanisha include CBOs, local NGOs, FBOs and associations registered under the Societies Act.

Secondary partnerships have been established with GOK structures to ensure the success of the programme and its continued input to the Kenyan national response to HIV and AIDS. Additional partnerships are being established with other NGOs for the development of referral systems for treatment of opportunistic infections, including tuberculosis, and development of BCC programmes. The implementation of activities at grassroot levels is being carried out by CSOs and private sector organizations based on contractual agreements with AMREF.

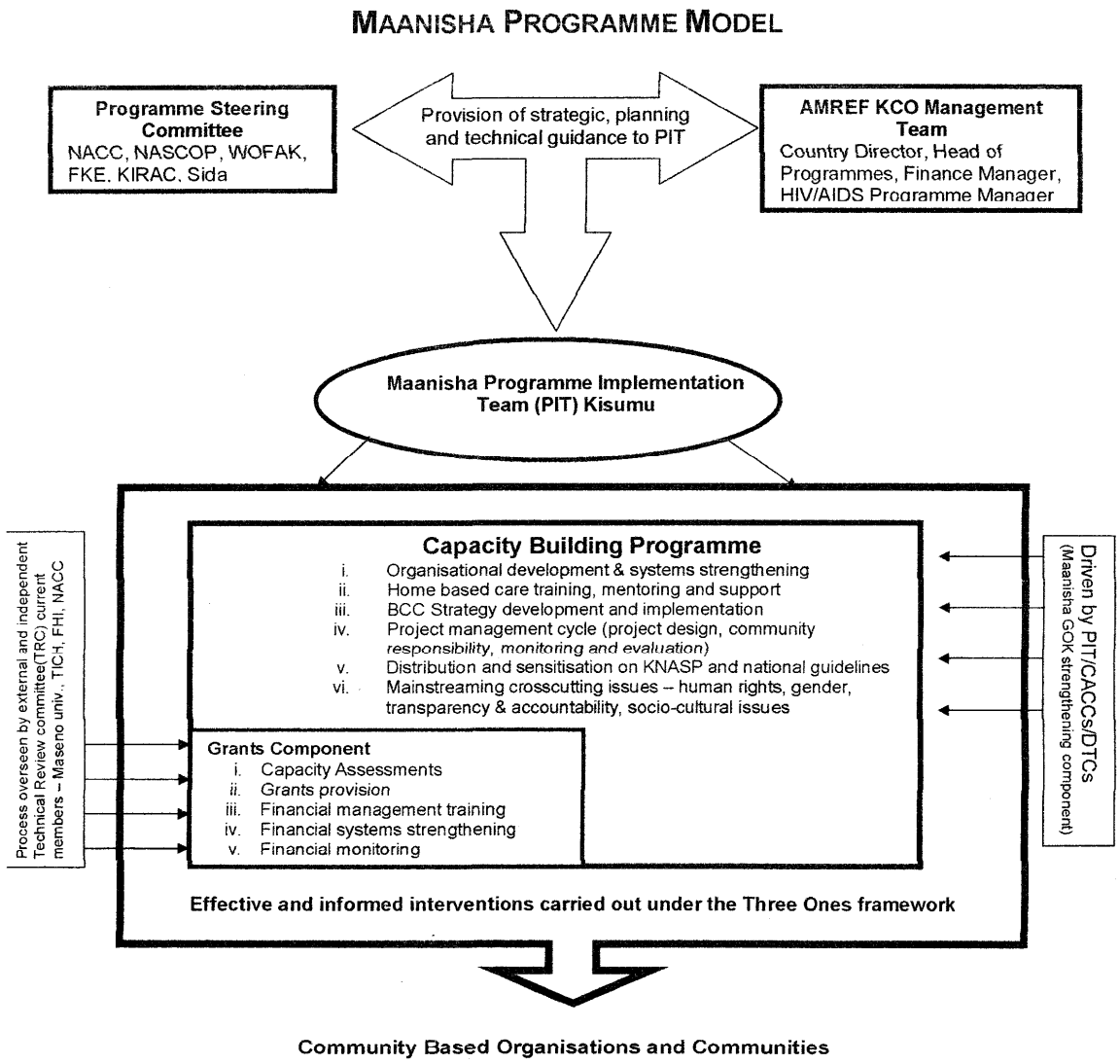
It is through engagement with CSOs, the *Maanisha Programme*, is reaching out to the high-risk and vulnerable clusters of population, who include school going and out of school youth as well as teachers and parents, PLWHAs, caregivers, widows, orphans, general community members and leaders.

The initial focus of the programme was to build working relationships with other NGOs strategic partners, for the development of referral systems for treatment of opportunistic infections, including tuberculosis, provision of antiretroviral therapy, and development of BCC programmes and distribution of condoms. Apart from the involvement of Mid-term evaluation, did not establish evidence indicating firm linkage between the Maanisha core activities with other existing NGOs.

The programme is monitored through quarterly, semi-annual and annual progress reports submitted to AMREF Kenya, and an annual stakeholder's joint review. A team of internal and external consultants evaluates the programme.

[4] Maanisha Programme Proposal submitted by AMREF Kenya to Sida in June 2004.
[5] Maanisha Programme Proposal submitted by AMREF Kenya to Sida in June 2004.

Maanisha Programme Model is presented below:



Sida

Maanisha
Community Focused Initiatives to Control HIV/AIDS

AMREF

Chapter Three Situation Analysis and Key Findings

The Situation Analysis and Key Findings Section has focused on the following eight key areas of the Maanisha Programme:

3.1 Introduction

3.2 Analysis of Maanisha Capacity Building

3.3 Analysis of Maanisha Grant Making for CSOs;

3.4 AMREF's Maanisha Programme Partners;

3.5 Programme Management and Capacity;

3.6 Resource Analysis and Management;

3.7 Cross-Cutting Issues;

1.8 Programme's Sustainability

3.1 Introduction

3.1.1 This section comprises the situation analysis of the Maanisha's programme implementation since inception in July 2004 up to December 2006, the period, which is the focus of this evaluation. The section also touches on some key highlights of the planned activities, which have been lined up for implementation during the next phase of the programme cycle (ending in June 2009), since the evaluation's recommendations provides way forward towards their revision, implementation process as well as expected outputs and outcomes.

3.1.2 Significance of the Maanisha Programme:

Given its goal of sustained reduction in the incidence of HIV/AIDS in the Lake Victoria Basin Kenya, through grant making and capacity building of the CSOs, comprising the grassroots CBOs, local NGOs/FBOs, Private Sector Organisations and Associations registered under societies Act, the Maanisha programme is currently one of the most visible and significant Programmes in the region, thus, its support and sustainability is critical towards HIV prevention and improvement of the lives of those infected by HIV within the area. The Programme's focus areas being implemented include: prevention of HIV/AIDS among the high risk groups (youth, women, widows) through behaviour change communication, condom promotion and distribution, etc; provision of care and support for PLWHAs and HIV/AIDS orphans through concrete interventions such as home-based care (HBC); provision of nutrition supplements, payment of fees and learning materials for school-going orphans; and to a limited extent, mitigation of socio-economic impact of HIV/AIDS by supporting selected HIV/AIDS-focused IGAs.

To ensure effectiveness of grant funds to CSOs, the programme allows only 5% of the total disbursed amount for CBOs and 10% in case of NGOs/FBOs for administrative costs; and the bulk of the funds are for direct HIV/AIDS interventions to target groups/beneficiaries.

The HIV prevalence is still high in Lake Victoria region especially in some pockets that record as high as 41% (Suba District – seven times the national prevalence rate)[6]. The problems and needs Maanisha is addressing are still a priority: New CSOs encountered are still presenting major institutional gaps; there are major challenges in financial management and reporting; there is limited adherence to national implementation guidelines; and there is inadequate coordination of CSO activities.

[6] Maanisha Annual Report January 1st–December 31st 2006 (February 2007).

As indicated in the succeeding sections of the situation analysis, the overall evaluation, found that during the first phase of implementation, the Maanisha Programme, made some positive steps towards achieving significant targets of its stated objectives, all of which focused on sustained reduction in the incidence of HIV in the Lake Victoria Basin.

The process used in undertaking the Programme's situation analysis and key findings, involved both qualitative and quantitative analysis of the key activities, against the stated target outputs, and/or outcomes expected to be achieved by the following four key Maanisha programme's objectives, plus an assortments of cross-cutting issues, some of which are illustrated below:

1. Build the capacity and capabilities of CSOs and private sector organizations to design and implement quality HIV and AIDS interventions
2. Promote safer sexual behaviour and practices among "at risk" and vulnerable groups
3. Establish facilitation and coordination mechanism in partnership with CSO networks and GOK structures
4. Support CSOs to improve access to and quality of home-based care (HBC) and referral services for PLWHA

Some similar programmes by two development partners, namely, APHIA II and the World Bank's TOWA funds are about to join the Maanisha Programme in the region. While the APHIA II focuses on provision of health-based HIV/AIDS services working with civil society organizations at the community based levels, the TOWA funds, will focus on almost similar activities as Maanisha and will be implemented through NACC structures.

Both APHIA II and TOWA resources presents opportunities for local collaboration and optimisation of resources for diversification of HIV/AIDS interventions as well as better community coverage and results to beneficiaries.

However, whereas additional resources from both new entrants will complement and build on the already existing Maanisha programme initiatives by providing community based HIV/AIDS interventions to the region, there is need to harmonize all the regional activities to avoid possible competition and duplication of services.

On the other hand, the entrance of new players might face challenges in terms of linkages and building synergies between ongoing Maanisha programmes' activities at the grassroots levels, including, coordination and harmonization of approaches and indicators. Parallel activities by different players should be avoided at all cost; otherwise the beneficiaries would result in competing for easily available grants (with less conditionality) to the detriment of the programme's expected outputs and outcomes. Hence, this evaluation suggests that, at the onset, all parties need to develop an integrated mechanism for collaboration, harmonization of interventions and information exchange at all levels of the programmes' management. Some sort of guidelines and consensus towards enhancing joint programming, management and information sharing will be of essence in terms of building synergies for community focused HIV/AIDS interventions through grant making and capacity building process.

3.1.3 Programme Design

The Maanisha five year Programme, which started in July 2004, was designed through all-inclusive consultative and participatory process of HIV/AIDS multisectoral stakeholders. The implementation and management has followed the same process at all levels, including grassroots community representations.

The design phases of the programme execution, focused on attaining full implementation cycle through the following stages: i). Use of reactive approach as a start and then adopting a proactive one for engaging CSOs; ii) increase of funding period from 1 year to at least 2 years; iii) reduce funding cycles to once every year; iv) promoting integrated activities considering the difficulty in drawing a line between care, support and mitigation activities proposed by groups.

The Programme's application of "Twin Strategy" that combines both capacity building with grant making mechanism, have been identified by the evaluation process, to have achieved some degrees of success, which are key to the programme's sustainability in the present and next phases of the project.

This mid-term evaluation identified the following achievements in the Maanisha's programme design and implementation of the twin strategies of capacity building and grants execution:

3.1.3.1 Grants Making Focus

Listed below is the Maanisha Programme's Grant making focus:

i) Although the stringent vetting processes of the grants applications by CSOs and keen follow up by those handling and approving the grants have been seen as slowing down the frequency of disbursements (twice a year), on the positive side, the procedures have enhanced some degrees of promotion of equity and transparency in accessing the grants and accountability at all stages of the processes.

ii) The reinforcement of capacity building for CSOs and service delivery partners has derived efficiency within the CSOs projects and grants management; and awareness to HIV/AIDS prevention, care and impacts mitigations at community level.

iii) At the same time, the grants have provided an opportunity for the efficient utilization of the knowledge and skills gained through capacity building.

iv) Promotion of CSOs' governance through emphasis of gender, youth and PLWHA'S involvement and adherence to disciplined grants management system.

v) The AMREFs' provision of community-focused technical support through the Organizational Development and Systems Strengthening (ODSS) strategy, have provided management knowledge and support services for addressing issues of programme and financial management, governance, reporting systems, technical advice and mentoring based on identified gaps and constraints during implementation process.

vi) Mainstreaming of cross-cutting issues associated with the spread and impact of HIV/AIDS such as gender inequality, poverty and food insecurity, human rights, stigma and discrimination, transparency and accountability, and harmful socio-cultural practices and beliefs; and development of tailor made BCC strategies.

vii) Building on synergistic linkages with GOK structures in tandem with the Three-Ones principles for effective coordination.

3.1.3.2 Programme Management Focus

The programme design and projects management have continued to promote the following key components of strengthening capacity of CSOs, partners and programme management institutions to enhance alignment and *harmonization* of support services to CSOs to avoid duplication of activities and other inputs. The programme has facilitated coordination and harmonization of the community based HIV/AIDS initiatives through emphasizing on the following approaches:

a) Focusing on demand driven ' reactive approach" rather than ' proactive focus";

b) Promoting joint planning and participation in GoK led forums;

c) Promoting reporting to GoK as well as the establishment of a shared data base with information on engaged CSOs;

d) Advocating for one reporting format and guidelines;

e) Promoting transparency and accountability by sharing information on funded groups through district notice boards;

f) Emphasis on reinforcement of the existing systems and monitoring adherence for quality control and assurance.

g) Enlisting strengths and opportunities derived from lead grassroots CSO partner organizations which address cross-cutting services that are pertinent to HIV/AIDS response,

h) Documentation of lessons learned and best practices for replication both nationally and regionally.

3.1.3.3 Implementation Focus:

In pursuance of its original design and focus in implementing the "Maanisha Model" of Community Focused Initiative to control HIV/AIDS Programme in the Lake Victoria Region (comprising Nyanza and Western provinces), over the last thirty months, the evaluation found that the programme has made progress towards achieving the following deliverables in its main twin pillars of Capacity building and Grants Making strategies to CSOs (Details for each deliverable are provided in various sections of this Report):

– The systems strengthening strategy being implemented in partnership with the CACCs and the DTCs in improving the capacities of CSOs is a sector wide approach accommodating the involvement of local NACC structures in ensuring sustainability of capacities in the community.

– Technical trainings are strategic and demand driven focusing on specific regions and relevant thematic areas implemented by CSOs; trainings tap on the skills of local GOK resource persons.

– Development and adaptation of relevant guidelines and materials.

– Promotion of the use of local and appropriate channels of communication.

– Participation and facilitation of GOK-led stakeholder meetings and events.

– Support for the establishment of donors' coordination forum; support for DTC forums; and support for JAPR.

– The Maanisha Programme, has put firm procedures in place within its Project Implementation Unit in Kisumu that supports field activities, monitoring performance and reporting systems by CSOs, partners and in liaison with AMREF KCO programme office.

3.2 Capacity Building

Over the last three years, the Maanisha capacity building components for CSOs focused on the following key areas:

(i) Demand creation through community advocacy and sensitisation meetings; (ii) Grants application procedures and operations; (iii) Program management through Organization and Systems Strengthening (ODSS); (iv) Behavioural Change Communication (BCC); (v) Gender Mainstreaming; (vi) Legal and Human Rights; (vii) Home Based Care (HBC); and (viii) Support to Networks provided HIV/AIDS prevention and impacts mitigation to communities, with an emphasis on cross-cutting issues such as gender, rights, socioeconomics and socio-cultural interventions.

The Maanisha Programme started off by building capacity for all CSOs, as recommended by Sida. This was later scaled downwards to focus on those CSOs receiving grants after adequate consultations with Sida through review meetings. Maanisha is currently focusing on building capacity of CSOs implementing HIV/AIDS activities specifically. Technical capacity building and systems strengthening is therefore provided to the CSOs who are funded and also those recommended by the Programme Technical Review Committee. Capacity building needs are identified through the following means:

i. The Proposals Review;

ii. Capacity assessment;

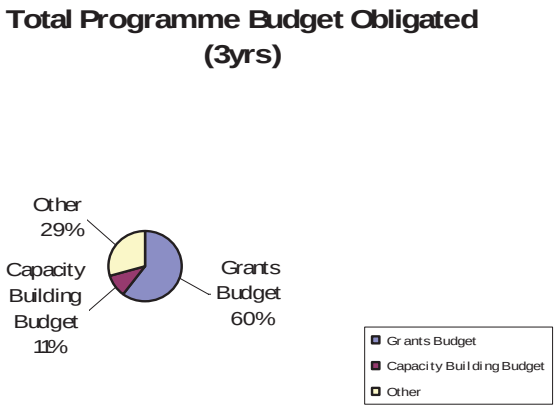
iii. Requests coming from CSOs, and/or request by other partners such as MOH/CACCs;

iv. Review of CSOs reports.

Some reasons given for the change in the capacity building scope was that funds earmarked for capacity building were inadequate as indicated below:

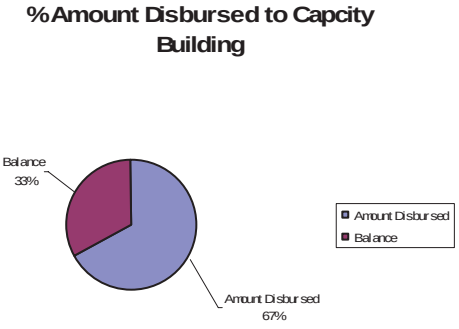
Out of the total allocated Programme's funds amounting to US$ 6,502,692 for grant making, capacity building and other operations for the first three years, US$ 692,955 representing 10.7%, was allocated for capacity building, while the grants budget was USD 3,910,132 (60%) and the remaining 29% for other supporting expenses respectively.

Fig. 1: Comparative programme Budget allocation for last three years



The figure 2 below shows that out of the capacity building budget of USD 692,955, the percentage spent by December 31st 2006 was 67% (USD 464,023).

Fig. 2: Amount of Capacity Building Budget spent



Within the context of the Maanisha's overall strategy of attaining "sustained reduction in incidence of HIV/AIDS in Lake Victoria Basin", the Capacity building component that constitute the main pillar of the Programme, aims at achieving the following specific objectives:

3.2.1 Build capacity and capabilities of CSOs

The indicators for achieving this specific objective focused on developing capacity through advocacy and training of community based organizations to: institute leadership by elected leaders; have constitutions/articles of association; have clear organisational structures; use finances efficiently; mobilise local resources; and improve grants utilisation rates.

The key approach to the programme's capacity building and training focused on empowerment and strengthening of CSOs' management capacity, which is expected to improve services given to the beneficiaries.

3.2.1.1 Management of Capacity Building

The programme supports capacity building and Organizational Development and Systems Support (ODSS). The purpose of ODSS is to support CSOs to develop management capacity, governance, project management systems and procedures.

3.2.1.2 Capacity building to support cross-cutting issues (CCIs)

Capacity building and training focused on the cross-cutting Issues (CCIs) as well, which are factors associated with the spread and impact of HIV/AIDS these includes: poverty and food insecurity, gender inequality, harmful cultural beliefs and practices, disregard for human rights especially women and child rights, stigma and discrimination, low levels of transparency and accountability, lack of transparency and low levels of participation and involvement of the vulnerable in HIV/AIDS interventions. These have been addressed by Maanisha through the CSOs partners and the two networks through a variety of HIV/AIDS intervention strategies that includes: Rights Based Approaches (RBAs) and the Greater Meaningful Involvement of PLWHAs (GMIPA) in HIV/AIDS interventions.

Maanisha's design is a HIV/AIDS programming with CCIs mainstreaming. The CSOs and the two networks indicated to MTE they were implementing the following specific interventions on gender and advocacy, human rights, legal rights and stigma:

a) Gender and advocacy:
   - Address of issues related to gender-based violence, couple counselling, and gender equality.
   - Promotion of involvement of men in advocacy work.
   - Equitable services to both males and females in target groups of orphans and PLWHAs.
   - Focused services on females and the girl child.
   - Linking women to Kenya Women Finance Trust for micro financing.
   - Sponsorship for both female and male orphans (education – full scholarship).
   - Address of gender, human rights and stigma in advocacy, information, education and communication activities and incorporation of messages in plays.
   - Promotion of both female and male condoms without discrimination.

(b) Human rights:
   - Training of guardians and youth in human rights.
   - Provision of BCC messages on human rights to PLWHA and OVCs.
   - Ensuring PLWHA and OVCs access services regardless of their status.
   - Address of stigma through BCC and counselling services given by CSO.
   - Promotion of protection of property rights for widows and orphans.

- Support for training of paralegals and in future plans to establish a desk to deal with community advocates.
- Training of youth (both male and female) on sexual rights and human rights.
- Activities aimed at reducing denial and discrimination.
- Use of skits to address stigma and to encourage people to go for VCT.
- Teaching of widows, orphans and PLWHA on their legal rights (e.g. on wife inheritance, property inheritance).

3.2.2 Capacity Building Achievements

During the period under mid-term review, a total 211 civil society organizations were engaged in capacity building process in one way or the other. Over this period, the Maanisha capacity building activities registered progress as indicated below:

In 2005, 369 participants from 180 CSOs were trained on project design and developments to enable them prepare quality proposals for funding. In addition, 26 groups were trained in gender mainstreaming and advocacy approaches.

Documents distributed were: 357 copies of KNASP and M&E framework distributed in 2006, and about 2500 IEC copies distributed to CSOs in 2005.

About 220 CSOs have been assessed through ODSS tool by CACCs. Training needs identified by this will guide development of training plans using the already developed ODSS training manual.

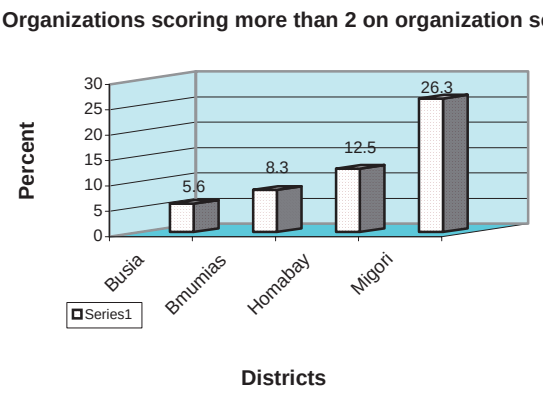
The CSOs feel that the capacity building supported by Maanisha has actually improved their performance in the following areas (in order of importance):

- Training in financial management assisted CSO to maintain standardized records and prepare superior financial statements.
- Training of trainers and care givers in HBC improved care to PLWHAs and OVCs and helped CSOs reach more of these target groups.
- Training in BCC enabled CSOs to handle BCC more competently and reach more youth; leading to improved sexual behaviour among the youth. It also helped CSOs to craft new and more powerful BCC messages.
- Training in human rights and legal rights enabled them to incorporate these messages in their IEC activities.
- Training in proposal writing enabled CSOs to write better proposals.
- PLWHAs and volunteers trained in memory book-writing are practicing effectively.

At MTE, only 8.1% of CSOs scored greater than two (>2) on the organisation scan (in all the Thirty Five *35* conditions of the scan)[7], compared to 40% at baseline. This percentage is very low and far from target achievement for the 2007, which is set at 55%. The team was informed that the programme's change of strategy from mass capacity building towards focusing on the funded groups was the main reason behind the above lower resource allocation for the capacity pillar of the programme. Figure 3 below, shows the distribution of CSOs with average score greater than two by district in all the 35 conditions, where only four districts qualified for this indicator, with the Migori district leading with 26.3%.

[7] These are CSOs scoring >2 on all the 35 conditions of the organisation scan.

Fig. 3: Civil Society with average score > 2 by District.



Details on performance in each section of the Organisation Scan are indicated in the table 3.1 below:

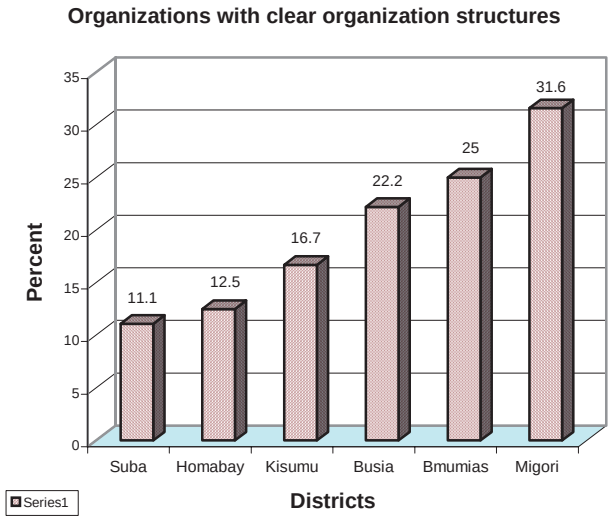
Table 3.1: Organisation Score >2 for each section of the Organisation Scan

Section	Score > 2 – Baseline	Score > 2 – Midterm
Leadership, Governance and Strategy		87%
Financial Management and budgeting		68%
Administration and human resources		27%
Project design and Management		51%
Technical Capacity		29%
Networking and advocacy		37%
Community ownership and accountability		50.5%
Sustainability		55%

As indicated in diagrams below (Figs.4–8 respectively), to date at MTE 100% of CSOs were found to be led by elected leaders, compared with 20% at baseline; 93% of the interviewed CSOs are legally registered with constitutions/articles of association in place, compared to 68% at baseline; 19.2% of CSOs had clear organizational structures, compared to 56% at baseline; 91% of CSOS were applying grant finances efficiently compared to 22% at baseline; 72.2% of CSOs are mobilizing local resources compared to 63% at baseline; and there is 100% grants utilization rate by the CSOs.

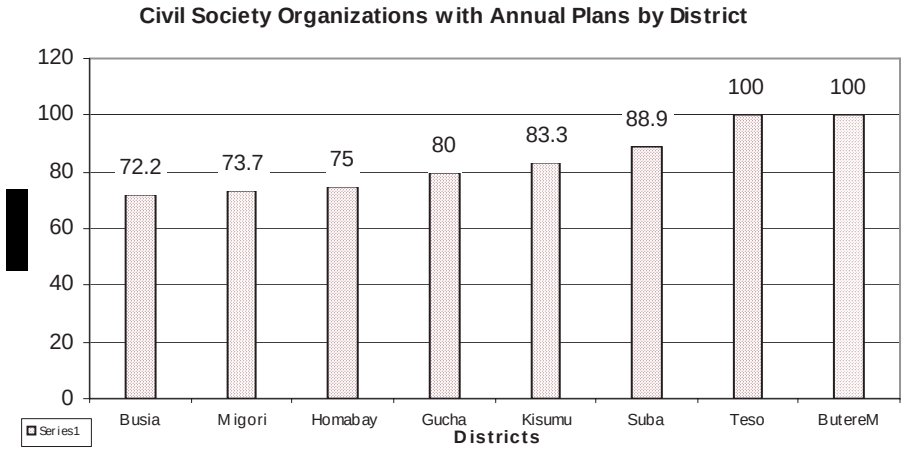
The distribution of CSOs with clear organisation structure per district is indicated in the figure below, with Migori leading (31.6%). The six districts that qualified for this indicator are shown in fig.4 below.

Fig. 4: CSOs with Clear organizational structures



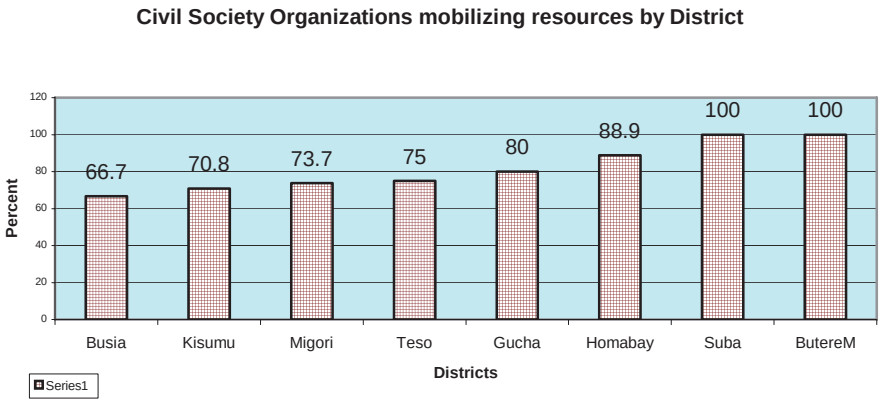
As indicated in Fig.5 below, majority of CSOs were utilising grant resources as per the plans. This has also been reflected in timely submission of quarterly reports, which were also accompanied with work-plans for the subsequent implementation period. In both Teso and Butere/Mumias 100% CSOs were applying grants according to plans, with Busia and Migori having the lowest at 72.2% and 73.7% respectively.

Fig. 5: CSOs applying grants according to plans



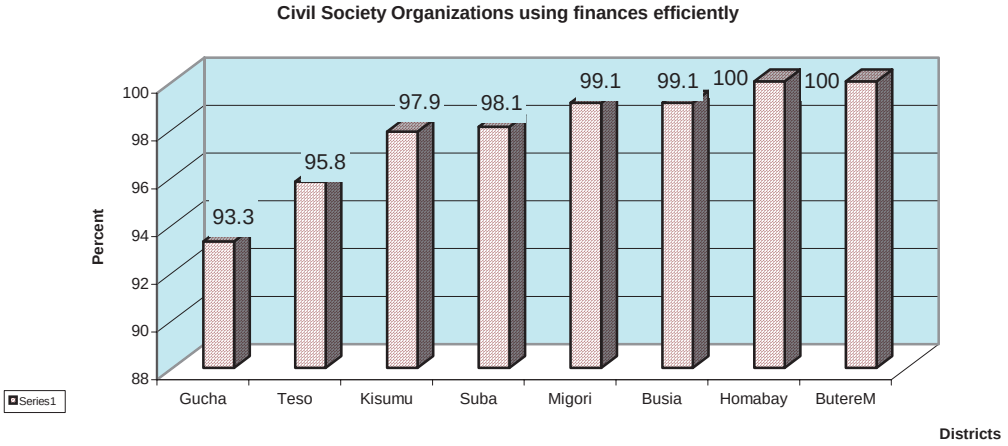
Indicated in figure 6 below are the CSOs mobilizing local resources for support of HIV/AIDS response by district with Suba and Butere/Mumias having 100% and Busia the lowest 66.7%.

Fig. 6: CSOs mobilising local resources for HIV/AIDS response



The figure 7 below shows the distribution of the CSOs who were using their finances efficiently by district. All the districts had over 90% CSOs using finances efficiently.

Fig. 7: Civil Society Organisations using finances efficiently by district according to plans



3.2.3 Quality Assurance of Capacity Building – Training

Enhancement of Quality assurance mechanisms within the programme management and operations is a deliverable of an effective capacity building process, which itself, requires to be focused in all the aspects of the Maanisha priority areas of HIV/AIDS interventions.

The effectiveness of capacity building on the target groups depends on several factors such as: (i) responsiveness of training tools to specific service delivery; (ii) understanding of the participants; (iii) appropriate medium of dissemination; and finally (iv) selection of participants on the basis of their similarity in levels of understanding and literacy.

The evaluation team was informed by various beneficiaries of capacity building that some of the trainings offered do not reflect specific activities, which are undertaken by various levels of participants. For instance, some networks (interviewed) expressed their sentiments that some of the training offered was too elementary for their level of management skills and operations; on the other hand, majority of CSOs felt that the group mentoring and assistance offered during meetings were less beneficial to grassroots CSOs due to their lower level of understanding. The latter group suggested a "one to one" type of approach in mentoring of CSO level, which calls for greater capacity for Maanisha PIT.

Secondly, there was concern from training beneficiaries that implementation of training programs was done on a "crush programme" basis in which two workshops would be running concurrently, sometimes with no gap in-between and back-to-back.

Suggestions:

To enhance quality assurance in the programme's capacity building the following suggestions are made:

- The design and development of training programs, guidelines and tools by experts should be participatory with strong inputs from those for whom they are made (beneficiaries). The participatory approach through which the ODSS model was developed and piloted on CACCs and various CSOs, is one of the Maanisha's successful capacity building strategy that should be emulated across other training priority areas.
- It is important to ensure quality of CSO's training both by making sure guidelines are available and they are used, and also by sourcing qualified professionals as trainers;
- There is need to hold training more frequently and at divisional levels;
- There is need to direct more resources towards capacity and training of more TOTs within CSO groups, in order to achieve the objective sufficiently.

– Training participants should be grouped according to their educational/understanding levels but not to mix NGOs, Networks with CSOs within the same workshop.

3.2.4 Effectiveness of Capacity building

Maanisha PIT feels that there have been some effects of the capacity building provided by the programme in financial management and proposal development training. This is specifically on the performance of the CSOs' implementation of intervention strategies as follows:

– There are positive proxy indicators on improvement of key functions and systems for delivery of HIV activities and interventions;

– There is increased adherence to national implementation strategies and guidelines;

– There is enhanced mainstreaming of cross-cutting issues;

– There is improvement in governance, for instance decision-making and changes in leadership which are more participatory than before, with increased adherence to institutional constitutions; and

– There is timelines of financial inputs, which has been attributed to CSO's adherence to reporting guidelines.

The CSOs expressed that capacity building has had the following effects:

– CSOs are now doing better reporting and accounting of funds.

– There is increased uptake of VCT.

– There are improved referrals of PLWHAs.

– There is improved proposal writing skills.

3.2.5 CSOs reporting system

The evaluation team found that CSOs are faced with problems of reporting their activities and the progress being undertaken in the HIV/AIDS interventions. The problem is exacerbated by the fact that CSOs are required to submit reports to at least three of the following different institutions and organizations, each of which has different format of reporting system:

i) **The NACC Format:** In 2006, the National AIDS Control Council (NACC) introduced reporting tools, known as "Community Organization Project Based Report (COPBAR) format", the Constituency AIDS Coordinating Committees (CACCs) were trained on the format with a view of rolling it out to all organizations implementing HIV and AIDS activities. All community-based organizations (CBOs) are expected to submit their reports to NACC using the new formats. Previously, community groups were expected to submit reports in their own formats, a situation that made analysis and synthesis difficult.

ii) **MOH Format:** The Health Management Information System (HMIS), has an elaborate performance reporting format for rural health facilities, including Civil Society Organizations (CSOs) implementing health and HIV/AIDS indicators. A recent baseline survey carried out on rural health facilities (HEDC Group – Kireria et al 2005)[8] found that the grassroots organizations have not received training on standard mode of reporting system. The Decentralisation of health services through DARE, Sida and EU supported projects have also developed district health information systems, which are also intended to capture NGOs and CSO activities towards the realization of national health care delivery objectives.

[8] Baseline Survey for DARE Pilots 1 and 2

iii) **Maanisha Format:** The *Maanisha* funded CSOs are also expected to submit reports to AMREF on a regular basis using Maanisha designed formats based on the programme's M&E framework.

While reporting of HIV/ADS performance by CSOs is a viable indicator for enhancing monitoring and regular reporting of performance, it requires sustainable capacity building and training of all implementers and programmes managers towards informed decision making process. Harmonization of reporting formats is also critical to avoid confusing the CSOs through different signals from different organizations.

To address the above situation, the evaluation found that Maanisha, has been liaising with NACC. And funded CSOs are being trained and encouraged to complete both COPBAR and usual Maanisha reporting forms and submit to CACCs and AMREF respectively as required.

However, the area of reporting still requires alignment so as to reduce the burden of reporting on CSOs. Harmonizing the same would require discussions at various levels, including the level of donors and NACC headquarters.

Towards this course, *Maanisha* has immensely contributed by capacity building the 43 CACCs in the two provinces of Nyanza and Western and facilitating them to more effectively support CSOs implementing HIV/AIDS activities. Anecdotal information indicate that the *Maanisha* funded CSOs are increasingly developing a positive attitude towards the CACCs, a situation which was not the case earlier. A lot more work needs to be done to build CSO confidence on the CACCs.

3.2.6 Observations – Capacity Building

3.2.6.1 Effectiveness of Implementation:

The mid-term evaluation observed that the Maanisha capacity building activities have been stepped up within a short period of the last five months towards the end of last year (2006) and part of this year (2007). The CSOs' training offered was almost back to back and in some cases training sessions were run simultaneously, indicating a "crush-programme sort of capacity development". On this, the evaluation team was informed by Maanisha PIT that capacity building activities are based on a workplan developed by HIV Manager which is approved by PIT and shared with AMREF KCO and Sida respectively.

The Maanisha PIT expressed to the evaluation team the delayed timeliness of some of capacity building initiatives, which they attributed to procedural requirement, for example the BCC strategy needed to be informed by a formative assessment; and the HBC framework needed to be informed by a cross-sectional study.

3.2.6.2 Efficiency – Operational and Management:

Capacity building was allocated US$ 692,955 out of the total allocated Programme's funds amounting to US$ 6,502,692 which represents approximately 10% of the first three years budget. The MTE observed the performance of output and outcome indicators related to technical capacity building was below the set targets. For example the reason given for not attaining the set target of number of organisations trained on proposal development was lack of resources.

The Maanisha programme has had no allocations to CSOs for management and institutional capacity building, apart for the administrative funds given to CSOs (5%) and NGO/FBO (10%) of the grants given. It is not enough to provide training in programme management and institutional capacity building, without funding CSOs to strengthen their management and institutional capacity which will guarantee sustainability of interventions supported by Maanisha in future after funding comes to an end.

3.2.6.3 Gaps and weaknesses

Capacity assessment done on CSOs had identified gaps in proposal writing, project Management, governance issues, and limited mainstreaming of CCIs. Additionally, the following had been observed: i) Many CSOs are not adhering to national guidelines; and ii) Most CSOs do not have capacity to design quality HIV programmes.

To address these gaps, the Maanisha programme has made remarkable stride in terms of development of capacity building documents. During the period under evaluation some twelve (12) documents including manuals, guidelines, and strategies had been developed, as well as production of supportive reference materials. However, the dissemination of these documents and training to operationize their use need to be done across all implementation levels of the Maanisha programme, and also speeded during the next phase of programme.

The MTE established the following gaps and emerging issues in capacity building:

The number of CSOs trained on proposal development was only 18.5% of the 2006 year's target of 200. There were no figures available for FY 2005. Reasons given for not providing training as planned were lack of resources. Maanisha had narrowed the training to only those: (i) receiving grants to improve quality of interventions, (ii) pended groups were trained in proposal development, and (iii) groups recommended by TRC. The MTE team's feeling based on the above observations is that Maanisha PIT could do more with enhanced technical and resource support and also guidance to bridge the identified gaps.

Some output indicators related to capacity building have underperformed:

– *Number of organisations trained on proposal development* – the number achieved in FY 2006 was less than the target by 163 (set target for FY 2006 was 200). This could negatively impact on quality of proposals submitted, with less CSOs qualifying.

– *Number of IEC materials outsourced* – was below the target by 199,550 in FY 2006. Reason given was NASCOP had ran out of the materials. This would again negatively impact on the programme's outcome indicators.

– *Number of IEC distributed* – was below the target for FY 2006 by 76,794 (Target 225,000). IEC materials support the Behaviour Change and Communication intervention strategies. In the case of Maanisha programme the underperformance of IEC indicators means CSOs are experiencing unavailability of national IEC materials which could negatively impact on outcome indicator for the programme – indicators 10, 11 and 14.

3.2.6.4 Lessons Learned

Capacity building intervention incorporating comprehensive training in support of programme objectives, changes the attitude of CSOs with time for example towards regulations, procedures and policies to be adhered to. For the Maanisha programme, CSOs have become comfortable with the financial management processes. To which, initially they had discomfort due to the misconception that ODSS was an audit; and also financial management training and requirements were seen as a bother given that some CSOs had been used to other donors who did not take them through such processes.

Where grant making is involved a good programme design should not only allow for comprehensive capacity building but also avail adequate human resource for its realisation.

3.2.6.5 Sustainability

The essence of capacity building is to ensure sustainability of interventions supported by Maanisha programme when funding comes to an end. However, Capacity building per se was not given adequate

emphasis in the first phase of the programme. Training needs to accompany the distribution of the manuals and guidelines developed by the programme to operationise their use among CSOs.

3.2.6.6 Effectiveness of the links, collaboration and oversight support by GOK structures at district levels

Maanisha funded CSOs are developing a positive attitude towards the CACCs; this is attributed to understanding the role of CACC's; and also the involvement of CACCs in application of the ODSS assessment tool.

3.2.7 Suggestions and Recommendations – Capacity Building

3.2.7.1 The budgetary allocation to capacity building will need to go up from the current level, and should be accompanied by investment in human resources to be able to bridge the existing gaps. This will enable accomplishment of the following recommendations given to the MTE team by the CSOs, Networks and members of Maanisha PIT:

- Rolling out of the ODSS training and the accompanied capacity building.
- Scaling up of prevention through appropriate application of advocacy and awareness through national IEC awareness approaches. This will require far more financial support for development and adaptation of IEC materials as well as their application;
- Address the need to scale up capacity building on HIV/AIDS technical areas using the updated guidelines;
- Roll out training e.g. in proposal writing to include CSOs (who lack the capacity and currently have limited access to this training); other than those recommended for training as the case is at the moment.
- Hold training more frequently at divisional levels;
- Direct more resources towards capacity and training of more TOTs within CSOs groups, in order to achieve the capacity building objective sufficiently.
- Scale up capacity building to address needs specifically targeting strategic planning and memory book writing.
- Provide training that will address the need expressed by CSOs to have permanent staff that have experience and appropriate skills that enable them to adequately address the needs of the vulnerable groups. However, this will call for the CSOs to have capacity to generate funds to support these staff.
- Address the following suggestions provided by the CSOs interviewed by MTE for future capacity building:
    - The capacity gaps identified for specific levels and types of groups should inform the design and type of training given.
    - Provision of targeted training required for specific CSOs i.e. on one-to-one mentoring.
    - Need to have more than one TOT per CSO.
    - Provision of training on a continuous basis and also more frequently.

3.2.7.2 Maanisha should continue advocating for aligned reporting through CACCs, use of COPBAR forms, increased involvement of CACCs in trainings and mentoring exercise, and demand creation for CACC services. Maanisha should also continuously build the capacity of CSOs for systems strengthening in reporting and also advocate for the participation of other end of line donors.

3.2.7.3 Client satisfaction with CSO services has also gone down. This calls for an in depth study to determine factors leading to dissatisfaction with CSO services. This will inform the design of intervention strategies for the next phase of the programme.

3.2.7.4 Maanisha will need to clarify the processes followed for developing capacity building guidelines and their validation. Maanisha PIT expressed to the MTE team that these should then be shared widely as this could be AMREF's contribution to NACC.

3.2.7.5 In addition to the Maanisha programme making sure national guidelines, manuals and strategies are distributed to the CSOs, It is also important to provide training that will enable the CSOs to apply and use them in their HIV/AIDS intervention strategies. This will call for engagement of qualified professionals as trainers.

3.2.7.6 Taking into consideration that Maanisha has had no allocations to CSOs for management and institutional capacity building, apart for the administrative funds given to CSOs (5%) and NGO/FBO (10%) of the grants given. In future, there is need for CSOs to be funded to strengthen their management and institutional capacity which will guarantee sustainability of interventions supported by Maanisha after funding comes to an end.

3.2.7.7 There will be need for Maanisha Programme to provide more focused capacity building plans in preparation to gear up to support NACC and DFID funding.

3.3 Analysis of Grant Making Component

3.3.1 Background

The Maanisha grant making strategy focuses on strengthening and improvement of the CSOs' and the two networks' capacity to implement HIV/AIDS interventions. This includes: grant provision; financial management and reporting systems strengthening; and financial monitoring for CSOs.

The distribution of the Maanisha grant to CSOs has ensured equity on the basis of the districts levels of HIV prevalence among other factors that contributes to the HIV/AIDS impacts in the region.

Apart from the capacity building objective which transcends all the components of the programme, three of the four programme objectives (listed below) are related to grant making component, each of the object is critical in enhancing the CSOs empowerment and support through project for the HIV/AIDS interventions within their local areas:

i. Promotion of safe sexual behaviour and practices among at risk and vulnerable groups;

ii. Establish facilitation and coordination mechanism partnership with CSOs networks and government of Kenya (GoK) structures and;

iii. Support CSOs to increase access to and improve quality of home – based care and referral services for PLWHA support.

The progress made by Maanisha Programme towards achievement of each of the above stated grant making – related specific objectives, are elaborated in a latter section of this Chapter.

3.3.2 Grant Management Process

The grant management processes which were initially put in place to guide the grant making procedures and management, continued to be improved as lessons were learned during three years of implementing the Maanisha programme.

These included: (i) The AMREF Country Office grant policy and procedures manuals; (ii) Selection criteria for targeted CSOs; (iii)) Assessment tools and checklists for key prerequisite conditions prior to

grant approvals; (iv) Appropriate grant reporting formats; and (v) Basic training materials for CSOs and other target partners.

Based on best practices and lessons learned the programme has developed the following guidelines and manuals which are currently in use: (i) Maanisha Grants Policy and Procedures Manual; (ii) Grants Proposal Development Guidelines and Formats; (iii) Maanisha recommended Standard Rates; and (iv) Grants Accounting Manual.

The Maanisha programme PIT expressed its readiness to share theses manuals and guidelines with stakeholders and partners working in the same field of grant making and HIV/AIDS programming for adoption and use accordingly.

The above mentioned guidelines and requirements for use by CSOs in developing proposals to the Maanisha programme for grants were developed and disseminated to the district's CSOs selected for the funding cycle. The programme, also initiated the design of an electronic database system to facilitate tracking of grants. In addition, the programme has also put in place a clear grants process to inform systematic procedures from the point of receiving applications, through stages of internal and external technical reviews to the actual disbursements, the results of each stage was documented to ensure adherence to transparency and accountability measures. In addition, the documentation of various stages of the grants processes has continued to facilitate identification of common areas of weaknesses on the part of CSOs and procedures for future addressing.

3.3.2.1 Demand Creation for Grant through Reactive Approach

During the programme's initiation and implementation phases, the grant making design and implementation pursued the reactive approach, in which the grants are directly requested solely by CSOs without proposition by AMREF. There are many reasons attributed to the reactive approach mode of grant making, as opposed to proactive approach. While the former mode is demand-driven and emphasizes on responding to community's own developed priorities, plans and activities requiring external grant support for local HIV/AIDS interventions, the proactive approach applies " top-bottom" approach in which grants for supporting the community based projects, are allocated to the already formulated programmes and plans from the top. Another advantage of the reactive approach is that it assures equity, access and transparency from the grant application level to processing, management, monitoring and reporting systems. In addition, the reactive mode of grant making process, enhances local ownership of the grant-supporting activities, promotes local governance, capacity building of CSOs and has higher chances of sustainability compared with proactive systems, which entail heavy reliance on technical assistance.

However, given that each mode of approach has its advantages and disadvantages, it is suggested that the Maanisha programme should explore adoption of both approaches (based on specific nature of grants areas and target group), as the way forward to ensuring the following: all areas and even small groups continue having equal opportunity to access Maanisha funds while at the same time contributing reasonably to the realisation of project targets. However, for the small groups who may not understand what the "concepts" entail, the programme will continue using the reactive approach.

3.3.2.2 Demand Creation for Grants Scheme through Advocacy

Demand creation, through sensitisation of stakeholders about the programme, was initially instituted through involvements of different fora. The programme's initial entry-point involved the key Divisional staff of MOH, including PMOs (Nyanza and Western), NACC officials both at provincial headquarters (Field Officers) and district representatives (CACCs and DTCs in the target districts), who were engaged in districts and CSOs community forums, to solicit support for Maanisha Programme. During these forums, Maanisha Grant Application Forms and eligibility criteria were distributed to interested CSOs.

In the programme area, the key levels of focus for dissemination is at the district level from where Maanisha has established a firm partnership with the DDCs, DSDOs, CACCs, DTCs and the DDOs who are engaged as secretaries to the DTC.

Applications, which must show proof of operation for at least 12 months (in any of the three thematic areas of HIV/AIDS interventions – prevention, care and support), prior to grants application, are submitted by applicants to Maanisha Project Implementation office in "Kisumu Office", where rigorous review process is undertaken on the basis of the vetting guidelines and checklist. The detailed vetting process is well documented in the *Maanisha Grants Operational Manual,* which details technical viability and legal compliance of the allocations.

The grant review processes and approvals were expected to be completed within three months period after receipt of application, but due to overwhelming number of applications and thorough vetting procedures, the process takes approximately four months to disbursements level.

Given past failures in similar programmes in various parts of the country, the Maanisha's grants vetting, management system and capacity building for CSOs in areas of governance, financial management systems and accountability, though time consuming, have been seen as necessary steps towards ensuring that issues associated with grants making risks, are addressed adequately prior to grants commitments. This aspect has resulted in the Maanisha's programme, being seen as one of the unique and so far, most successful grant making and capacity building community focused initiatives in the country.

3.3.2.3 Selection of Districts for Interventions

The Maanisha grant making process applied a phased district rollout plan during the programme inception. Criteria for district selection for grant making process were developed on the basis of HIV/AID prevalence, health and socio-economic indicators, ethnicity/geographical balance and existence of institutions involved in HIV/AIDS activities in the region.

In October 2005, the first round of grants was allocated to 43 CSOs in 8 districts (5 in Nyanza and 3 in Western provinces respectively). In Round 2 more grants were allocated to 110 CSOs in additional 8 districts (3 in Western and 5 in Nyanza provinces respectively), while the third round of grants was allocated to 87 CSOs (including 29 re-financed CSOs) selected from the first 16 districts. The fourth round of grants, expected to be effected early 2007, includes the remaining 4 Districts namely: Kuria and Nyamira in Nyanza; and Mt Elgon and Bungoma in Western provinces respectively. The total CSOs grant coverage, including round four disbursements) are expected to reach 328 CSOs from all the 20 districts in Nyanza and Western provinces.

During the last three years, a total of 2297 applications were received, out of which 545 were recommended by PIT and 515 were approved by TRC for grants. A total of 480 applications were funded during the period under review.

Table 3.2 below indicates the stages of the Maanisha grant making process.

Table 3.2. Stages of grant making process:

- Creation of demand. Calls a forum (of about 120 representatives) from the districts especially from the divisional levels e.g. leaders, gatekeepers;
- Proposals are invited;
- Received applications undergo review;
- Administration – administrative assistant scrutinizes to ensure that the application is complete;
- Grants office uses a score sheet/checklist – to score the proposals;
- HIV/AIDS Programme office independently scores the proposals;
- Grants office categorizes the proposals after compiling the scores;

- Those which are i) in agreement above the pass score; ii) Below the pass score; iii) Those which in the event that one grants assessor gives a score below the cut-off point, and the other grants assessor scores above the cut-off point, a peer review mechanism is used to reach a final decision;
- Those with scores in disagreement are given to the Programme Manager who does the assessment using the Grants Assessment Checklist independently. The Grants Manager receives the score given by the Programme Manager. Then the decision is done based on the majority of the assessors score and the proposal is hence grouped where two assessors' scores are either above or below the cut-off point. Recommendation forwarded to the TRC is based on the bracket where the two assessors group the application;
- PIT assessors conduct a sample field visit to some of the applicants being recommended for consideration, to verify information provided;
- Final summaries are sent to TRC, which include both those that have been accepted and rejected;
- Grant Manager gets the minutes from TRC, does a summary and forwards to KCO/Sida. Note that nowadays it is not being sent to Sida;
- Discussions are held with successful CSOs on the budget and workplan revisions done;
- Second field visit is done: After the TRC decision, the PIT conducts comprehensive field visits for all the remaining CSOs recommended for funding, before the final decision is concluded;
- Disbursement of cheques from AMREF KCO is done. Note: Disbursements are held for those CSOs that had a query after field visit;
- Contracts are prepared and signed; and cheques received by the successful CSOs;
- Orientation training is held for three (3) days, highlighting expectations of AMREF/Maanisha etc.

3.3.2.4 External Grants Review by Technical Review Committee (TRC)

The External independent Technical Review Committee (TRC) oversees the grant making processes. The TRC membership has representation from Institutions of higher learning and research, and key players in HIV/AIDS in the region, including end of line donors. Current membership is composed of Maseno University, TICH, FHI, NACC, World Vision and AMREF KCO staff. The MTE team was informed during interviews that the five-member committee needs expansion of representation to include other GOK structures and CSOs. A suggestion that needs to be debated and the way forward agreed upon.

The review committee is required to ensure coverage of the priority areas by:

- Providing information on and linkages to national and regional capacity building fora for HIV/AIDS.
- Reviewing the tracking of impact indicators on the effectiveness of grant making as a tool for addressing HIV/AIDS and reviewing of the grant making and M&E processes.
- Giving recommendations for changes in the implementation strategy for grant making or the monitoring and evaluation process.

The Technical Review Committee (TRC) holds two meetings for grant and two for programme review that enable the disbursement plan indicated in the table below:

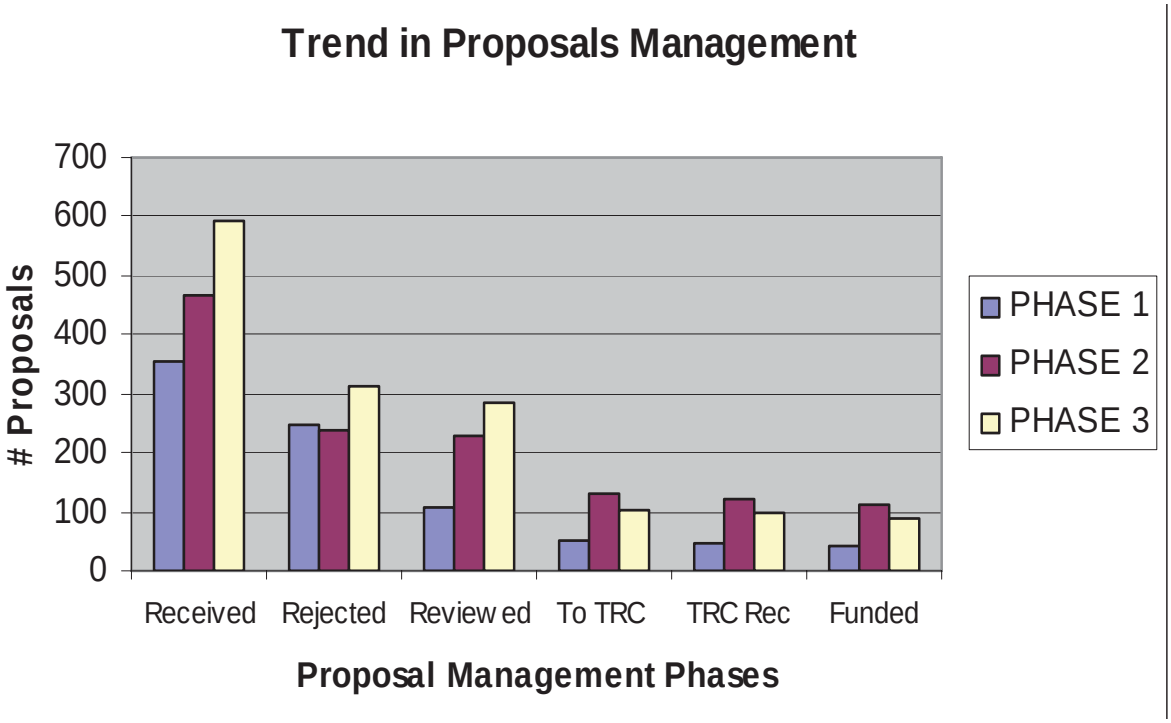
Table 3.3 Grant Disbursement Plan:

Deadline for Applications	TRC meeting	Notification of Disbursement to Applicants	Implementation Quarter
October	December	January	January–December
April	June	July	July–June

3.3.2.5 Trends in Grant's Demand against Supply

As indicated in Figure 8 below, the demand for the Maanisha programme grants' application is enormous compared with capacity for the programme to respond to such high demand. The huge gap between demand for grant and programme response, is an indication that there is positive satisfaction from beneficiary CSOs point of view of the outcomes derived from the grant making. On the other hand, an increased grant from AMREF and other sources is critical towards meeting such huge demand for HIV/AIDS intervention in the region.

Fig.8. Trend in proposals Management



The evaluation found that, most proposals (over 60%) are rejected at the *Preliminary Review stage* as a result of non-compliance to both the set inclusion and exclusion criteria which is documented in the proposal guidelines and formats that are disseminated at grants demand creation stage to guide CSO on proposal development. In addition, majority of rejected proposals, were as a result of the following shortcomings:

- Non-accountability for previous activities where financial statements or reports were not presented;
- Unclear organization's legal status such as an organization being less than one year since registration, non-renewal of registration and absence of constitution or by laws;
- Absence of group account;
- For local NGOs, lack of capacity manifested in unclear activities and lack of work plans and log-frames;
- Lack of clear problem statement, unclear implementation strategy and unclear activities;
- Lack of focus, logical flow, clarity in the proposal, target beneficiaries not defined;
- Lack of linkage between objectives, proposed activities and budget;
- Unrealistic requests – budgets mixed up and sometimes not for mentioned activities;

– Any proposed micro credit, IGAs, revolving loans or welfare activities not related to HIV/AIDS interventions;

– Lack of local presence and activities planned not being at grassroots; and

– Lack of future plans; project based on direct support and therefore not being sustainable.

3.3.3 Progress Made in Grant Making

3.3.3.1 Governance and Transparency

The MTE established that the processes and measures for controlling risks have been successful. Also, mechanisms have been established that guarantee resources are spent as economically as possible, where standard rates for common expenditure items have been put in place to guide budgeting and actual implementation. Budget reviews for grants applied are participatory and are informed by the developed standard rates. Further, there is monitoring and review of reports to ensure that activities are implemented as planned, and where there are variances adequate explanations are advanced.

Funds are utilized as per the approved planned activities, and where variations are anticipated, written approval is sought beforehand; such variations have been in very few cases.

The following programme's governance measures have been put in place to guard against duplication of grants applications and parallel implementation activities by CSOs:

i. Exposing them to other donors – the CSOs who have received grants are known to all.

ii. Making joint visits with other donors e.g. Action Aid.

iii. The stakeholder's forum exposes them.

CSOs are required to provide financial reports for grants received before they are awarded the next funding using a format developed by Maanisha. In *the case of CSOs with illiterate leaders the "Pot Systems"* are being used for accounting for funds:

- "Big pot – small pot picture". This has improved documentation and reporting.
- "Picture cot" – for bank reconciliation.

The Maanisha programme has learnt that simple financial reporting at CSO level is important and has been beneficial.

The MTE was informed by majority of CSOs of their appreciation of involvements and participation in grants processing conditionalities, which are in place for accessing grants, including budget reviews, reporting formats and validation exercises. In addition, there was general satisfaction from CSOs on the grant application processes, which they are aware is competitively awarded with equal chances and devoid of discrimination. On the other hand, there was evidence of high degree of transparency and accountability in the whole process, as a result of which there was notable CSOs confidence in the Programme (also translated in high demand for the Maanisha grants in comparison with other existing similar programmes).

3.3.3.2 Grant Scheme

During the last three years of the Maanisha Programme operations, the programme processed three Rounds of proposals (1, 2 3), and the Round 4 grants allocation slated for January/February 2007. The first grants applications (Rounds 1 grants) were released in October 2005, Rounds 2 and 3 funds were released in March and July 2006 respectively.

As indicated in Table 3.4A below, during the three years of the Maanisha Programme, a total of 2297 proposals were received out of which 545 (23.7%) were recommended by the Programme Implementation Team (PIT) and 515 (22.4%) approved by the Technical Review Committee (TRC) for grants.

Table 3.4A: Proposals Received and Funded for 3 Years to 31st December 2006

	Round 1	Round 2	Round 3	Round 4	Total
# Proposals received	354	467	594	878	2297
# Rejected	246	239	314	443	1242
# Forwarded for review	108	228	284	435	1055
# Recommended to TRC for grants	52	131	104	260	545
# Recommended for grants by TRC	48	123	99	245	515
# Funded	45	115	92	228	480

Source: Maanisha PIT Manager

As shown in Table 3.4B below, over the cumulative grant for all the three Rounds (1, 2 and 3) of grant proposals totalling to Kshs 106, 198, 635 or 52.9% performance (as at June 2006) was granted out of the total Kshs 200, 837, 013, grant available to all the 16 districts. The remaining 4 districts were earmarked for grant disbursements during the 4th Round early 2007. The criteria used for districts grants distribution has been based on HIV prevalence within each district[9].

As shown in the table, below, Homabay was the least performing district (21%) in terms of successful applications, followed by Teso (25.7%) and Suba (26.7%) respectively. The evaluation team established that most proposals in the district were duplicated and hence rejected. Majority of the districts' performance scored over 57%, an indication of improvement in CSOs capacity in grants application, management and fair performance in absorption capacity of grants.

The above findings, denote that there is need for the programme to encourage exchange of information and lessons learned between the better performing and least performing CSOs to learn from each other, for example Homabay CSOs to learn from Kisumu, Gucha, Kisii Central and vice versa, as part of capacity building strategy.

Table 3.4B Distribution by District of Grants Approved vs. Funds Available
(1 US$=Ksh73.5)

No.	District	Total amount available for grant as at June 2006 (Ksh)	Total amount of grants approved as at June 2006	Balance as at June 2006	Budget performance for the year as at June 06
1	Busia	22,593,831	11,800,295	10,793,536	52.2
2	Butere-Mumias	7,818,183	6,930,432	887,751	88.6
3	Homabay	27,771,870	5,936,544	21,835,326	21.4
4	Gucha	6,096,265	5,857,425	238,840	96.1
5	Kisumu	16,663,122	16,257,456	405,666	97.6
6	Migori	16,663,122	12,314,627	4,348,495	73.9
7	Suba	27,771,870	7,406,287	20,365,583	26.7
8	Teso	11,763,138	3,022,555	8,740,583	25.7
9	Nyando	10,044,364	8,691,615	1,352,749	86.5
10	Kisii Central	3,947,567	3,524,220	423,347	89.3
11	Rachuonyo	10,307,535	5,694,975	4,612,560	55.3

[9] Annual Report 1st January–31st December 2006

12	Kakamega	6,595,585	3,214,236	3,381,349	48.7
13	Siaya	10,351,397	4,982,601	5,368,796	48.1
14	Bondo	10,088,225	4,803,502	5,284,723	47.6
15	Vihiga	7,333,553	4,108,797	3,224,756	56.0
16	Lugari	5,027,404	1,653,068	3,374,336	32.9
	TOTAL	200,837,031	106,198,635	94,638,396	52.9

Source: Maanisha Annual Reviews (2005/06/07)

In addition, as indicated above, the Maanisha programme has almost succeeded in participatory involvement of CSOs and in identification of HIV/AIDS priorities for grants support. However, it has proved challenging to provide standard distribution of grants in the focus areas of prevention, care and support. This is because districts with high prevalence rates may have greater burden of care and support, thus requiring additional grants and capacity support vis a vis those with less HIV/AIDS challenges. This calls for flexibility in distribution of resources across the HIV/AIDS three thematic areas. Also for the groups that do not have capacity of proposal writing, yet have greater reach in terms of population and HIV/AIDS burden, there is need for a deliberate effort by Maanisha to set aside flexible grants for supporting CSOs with special needs, and on the basis of locational HIV/AIDS situations.

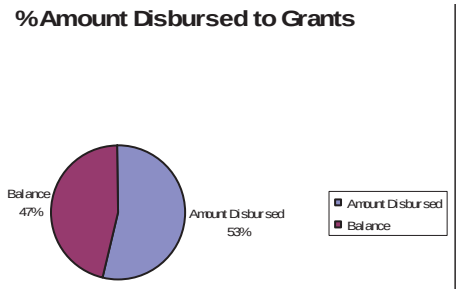
3.3.3.3 Grant Management Systems Development

One of the major breakthroughs observed by the evaluation was that the programme has developed a computer mediated grants management information system to enhance efficient grant management and tracking of performance. The system has also facilitated linking of grants to supported activities, hence, data on information for selected capacity building activities and outputs, including those of entire M&E system are able to be captured, analysed and reported without delay.

Approximately sixty percent (60%) of Maanisha funding has gone to grants making. And of the grant funds (about forty percent – 40%) have reached the target groups (Grassroots CBOs).

The figure 9 below shows the amount of grant component of budget disbursed in relation to the obligated as of December 31st 2006.

Fig. 9: Percentage of amount of grants disbursed out of obligated grant funds.



3.3.3.4 Absorption Capacity of grants given

As shown in various grants management tables in this section, the MTE established that CSOs have no problem in absorbing grant funds given to them within the reporting period.

The CSOs quarterly reporting system and other measures for tracking the disbursed funds including absorption capacity on the basis of workplans, have been used as monitoring, coordination mechanism and effectiveness in the grants application for the intended projects. Some of the measures put in place are indicated below:

– Funds are given strictly based on work plan, and are released according to demand.

– Analysis of quarterly reports to check on the ability to use the funds given.

– Quarterly meetings to discuss funds utilisation rates.

– Adhoc visits to CSOs to ensure activities are on schedule.

– Key informants provide information on use of finances by CSOs.

– Field coordinators have been recruited to do the monitoring of CSOs.

However, the following issues were raised by CSOs concerning timeliness in disbursements of grants funds: (i) Delays in disbursement of funds with strict time limitation (sometimes only one month) towards accomplishment of the activities of workplans, thus putting the quality assurance of the interventions into focus; (ii) Some grants for specific interventions such as school fees require to be done in one disbursement to avoid disruptions in education support for orphans and other vulnerable children in the community, current quarterly disbursements have in some cases proved unfocused on this direction.

3.3.3.5 Comparative Distribution of Grants Funds amongst Grantee Categories

Of the 240 grants approved by the TRC in Rounds 1–3, 189 grants went to CBOs and 51 to NGOs/FBOs, the grants allocation trend indicated that for every 100 CSOs receiving funds from AMREF/Maanisha, 79 were CBOs and 21 were NGOs/FBOs.

Table 3.5A: Distribution of Granted Funds CSOs' Legal Status (Phases 1–3)

Legal Status of CSOs	Granted funds in Kenyan Shillings during the various phases				
	Phase 1	Phase 2	Phase 3	Total	%
189 CBOs	9772,366	33,131,023	27,855,776	70,759,165	66.64
51 NGOs/FBOs	6,925,371	14,147,435	14,366,664	35,439,470	33.36
Total	**16,697,737**	**47,278,458**	**42,222,440**	**106,198,635**	**100.00**

Source: Maanisha grant records, Kisumu

The grants proportional package, during the programme's three-year period, reflected that two thirds of the grant was disbursed to CBOs, while the remaining third went to the NGOs/FBOs. In terms of grants ceilings by category of recipient, maximum grant for CBOs is KSh. 500,000 per group, while that of NGOs/FBOs is KSh 1,500,000 respectively. The justification of grants allocation criteria through the above categories was based on risk-minimization and impact maximization on the programme's grant making process. The argument is that the CBO's area of operation is limited to a small geographical area and their registration is on annual basis; while for NGOs/FBOs they have a larger scope of operations and their legal registration is long term.

3.3.3.6 Comparative Grants Distribution to CBOS, NGOS/FBOs versus Networks

As indicated in Table 3.5B below, as at December 2006, the main two Networks (WAFNET in Nyanza and WWEN in Western Province) working with Maanisha, received grant totalling Kshs. 72 million (Shs 36 million each), which was 40% of total grant disbursed, while the other partners (CBOs and NGOs/FBOs) received 60% of total grants disbursements. As stated in other sections of the report, the two networks, having been engaged by Maanisha since its inception, have been undertaking the programme's social cultural components and mainstreaming of cross cutting issues such as gender, human rights and legal rights, and community cultural traits among other requirements.

However, given the Maanisha focus of widening CBOs coverage in order to scale up HIV/AIDS interventions towards grassroots organizations, it is high time that more resources are directed to CBOs, local NGOs and FBOs and minimize the network allocations.

Table 3.5B Distribution of Grants by Major Grantee Categories as at December 2006

Grantee Category	#	Amount in KSh.	Percentage (%)
CBOs	189	70,759,165	39.7
NGOs/FBOs	51	35,439,470	19.9
WAFNET	1	36,000,000	20.2
WENN	1	36,000,000	20.2
Total		**178,198,635**	**100.0**

3.3.4 Achievements

3.3.4.1 CSO Progress in Grants Making Support

At the time of mid-term evaluation, a total of 211 CSOs had active contracts with Maanisha grant making component. This number includes continuing groups that had been funded in Rounds 1, 2 and 3 (October 2005, March 2006, and July 2006) respectively. All the newly funded groups were orientated on financial management, cross-cutting issues, general capacity building issues, monitoring and reporting. The activities supported were across the areas of prevention, care and support. However, it may be difficult to determine the outcomes in communities' behaviour change, in absence of a survey.
he evaluation, through focused interviews and assessment, observed greater reach to both CSOs and targeted populations for behaviour change. The observation was collaborated by the ODSS reviews, which indicated progress in CSOs areas of leadership, governance, financial management, monitoring and evaluation.

A summary of achievements of key indicators realized by the 211 funded CSOs during the period under evaluation is indicated in Annex 1 of this MTE report.

3.3.5 Observations and suggestions

The Maanisha programme has laid firm foundation for a unique mode of grant making and capacity building for community based HIV/AIDS initiatives. However, there is still need to share and learn from its partnerships, especially the TOWA and APHIA II, who are newly coming to the scene in the region.

Given the trends of widening gap between the demand for grants making and capacity building, against supply from Maanisha programme, as shown in table 3.6 below, more grant and capacity building are needed from both Maanisha and other sources to scale up capacity building activities and grant making towards moving the programme to the next phase level of implementation.[10]

As indicated by Table 3.6 below, in all the three rounds of the grants allocated, the Maanisha programme managed to disburse or avail to the CSOs grants averaging 17% of applicants, meaning that 83% of the total applications were not approved mainly because of non-compliant to technical and other conditionalities laid down by the Programme. Under this scenario, majority of CSOs have little knowledge or understanding of grants procedures and or conditionalities set by the programme or blatant disregard to the disseminated criteria regarding grants application. Whatever the reasons, the issue is that more awareness creation and focused capacity building is required towards bridging the gap between the huge demand for grants and the programme capacity to adequately supply by at least 50% of applications.

[10] Rejection of over 70% of grants application translates to inadequate capacity buiding for Maanisha programme.

Table3.6. Proposals Received and Funded as at 31st December, 2006

Action Taken	Round 2	Round 3	Total
# Proposals received	467	594	1415
# Proposals rejected	239	314	799
#Forwarded for review	228	280	616
# Recommended to TRC for decision	131	104	287
# Recommended for grants by TRC	123	99	270
# Actual funded proposal	110	87	240**
% of funded proposals against received	23.5	14.6	17

Source: Maanisha January to December 2006 Annual Report, Table 1.

It is suggested therefore, that future CSOs sensitisation and capacity building sessions should be targeted to the weak areas of grants management, such as grants technicalities and management, financial management systems and reporting mechanism based on M&E systems among other areas. This will avoid time and resources wastage in processing 100% applications, only to end up approving 17%.

3.3.6 Progress Made by Maanisha Grants in Achieving Programme Objectives

3.3.6.1 Key Grant Making Objectives and Indicators

The Maanisha programme's progress in implementing both pillars of capacity building and grant making activities towards meeting the Programmes' Specific objectives stated below is demonstrated in various graphs and Table 3.7 at the end of this section.

3.3.6.2 Objective #2: Promote safer sexual behaviour and practices among "at risk" and vulnerable group

3.3.6.2.1 Achievement/progress made during period under review

Outcome Indicators:

The outcome indicators for achievement of this specific objective include: number of CSOs providing services according to national guidelines; percentage of youth 15–24 with less than two partners in the previous 12 months; percentage of youth aged 12–24 years using condoms with non-regular partners; percentage of couples tested before marriage; and percentage of clients satisfied with CSO services. And decrease in the percentage of widows undergoing sex – cleansing rites.

All the 211 CSOs who have received grants have been issued with national guidelines; 58.8% of the youth 15–24 had less than two partners in the previous 12 months down from 60% at baseline; 46.5% youth 15–24 years were using condom with non regular partner compared to 50% at baseline; 40% of the widows underwent cleansing compared to 50% at baseline; 13.8% couples tested before marriage compared to 9.0% at baseline; and 50% clients were satisfied (very satisfied) with CSO services compared to 53% at baseline.

Output Indicators:

The MTE team only accessed available information for the year 2006, where Maanisha had the following achievements: One BCC strategy has been developed as per the target; 305,126 male condoms were distributed in 2006 which is above the set target of 200,000; 10,964 female condoms were distributed which was above the set target of 300; 100 condom dispensers were distributed which is above the set target of 19; 106,321 IEC materials produced inform of T-shirts and brochures which is above the set target of 25,000; out sourced 450 IEC materials which is below the set target of 200,000; 148,206 IEC materials were distributed which is less than the set target of 225,000; 111 organisations were provided with IEC which is above the set target of 100; supported/strengthened 3 VCT centres which was on target; conducted one socio-cultural study which was on target; 211 organisations were

supported to mainstream legal rights which was above the set target of 50; 5,028 individuals received VCT services which is less than the set target of 10,000, this is being attributed to difficulties in tracking those referred and go for VCT among other factors; 247 VCT service providers were trained which is above the set target of 6; 101 organisations were supported to implement prevention activities which is above the set target of 60; 353,393 people were reached for behaviour change which is above the set target of 300,000; 41 organisations were supported to implement widows support programme which was above the set target of 20; and 1,764 widows were supported which is above the set target of 200.

The programme championed advocacy against negative socio-cultural practices that perpetuate the spread of HIV/AIDS in the region. The campaigns have targeted various cadres of community members with the aim of influencing their views on risky practices.

In 2005, 369 participants from 180 CSOs were trained on project design and development to enable them prepare quality proposals for funding. Also 26 groups were trained in gender mainstreaming and advocacy approaches.

The following documents were distributed: 357 copies of KNASP and national M&E framework were distributed in 2006, and about 2500 IEC materials distributed to CSOs in 2005.

Progress of outcome indicators at MTE by district:

The figure10 below shows the distribution of youth 15–24 years using condom with non-regular partners by district, where Busia has the highest percentage of 25.8% and Gucha and Teso the lowest percentage of 10% each.

Fig. 10: Distribution of youth 15–24 years using condom with non-regular partners by district.

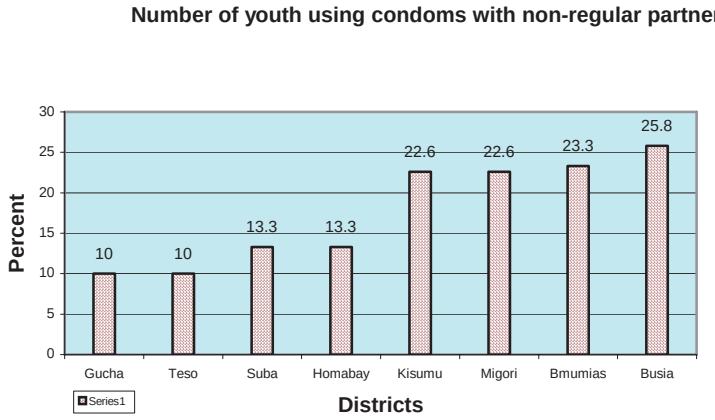


Figure 11 below shows distribution of percentage of couples tested before marriage by districts with Suba having the highest (25%) and Butere/Mumias the lowest (3.4%).

Fig. 11: Percentage couples tested before marriage by districts

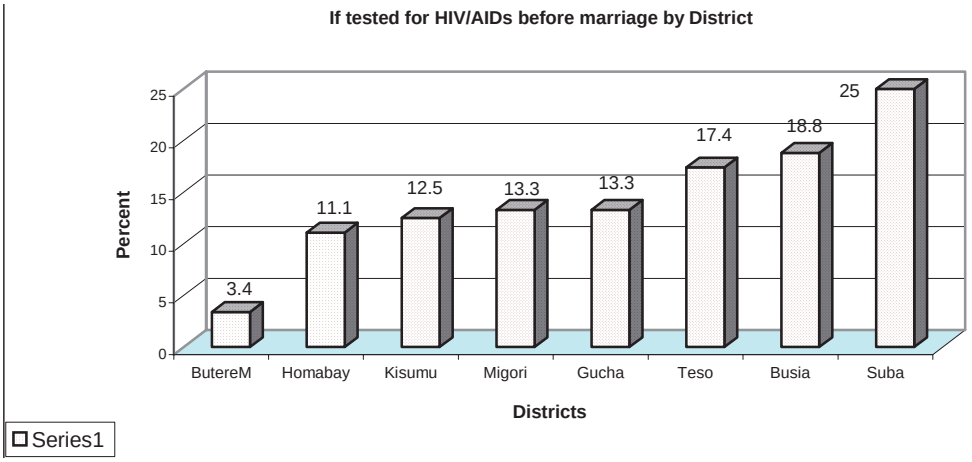
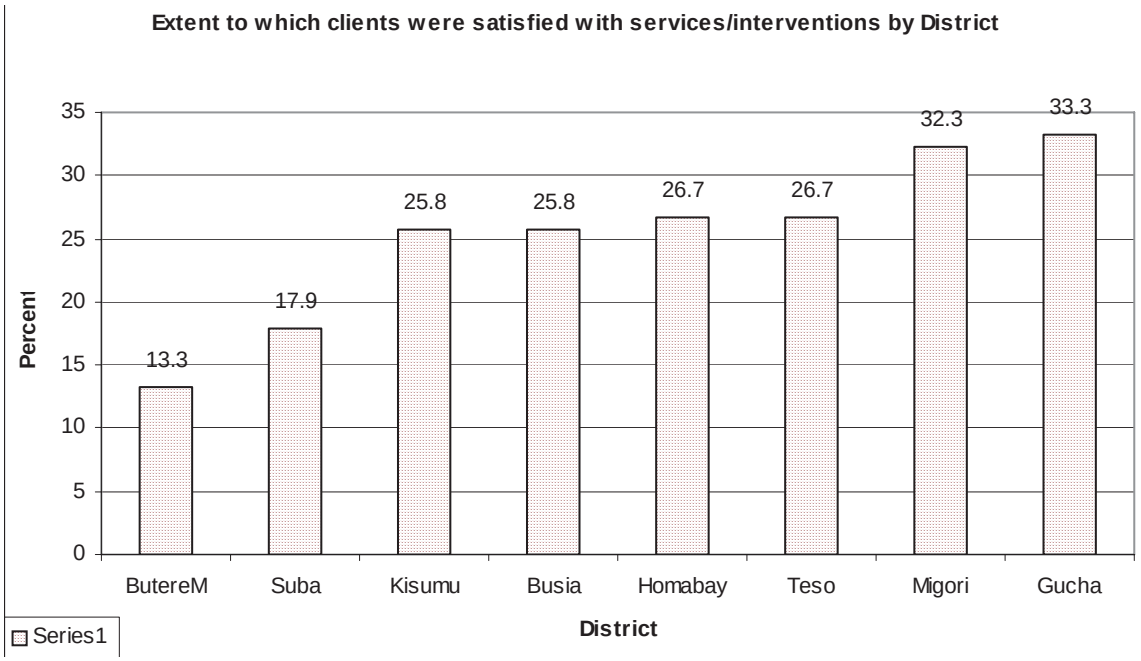


Figure 12 below shows the percentage of clients satisfied with CSOs' services/interventions by district, Gucha and Migori had the highest with 33.3% and 32.3% respectively, and Butere/Mumias had the lowest with 13.3%.

Fig. 12: Clients satisfied with CSOs' services/interventions by district



3.3.6.3 Objective #3: Facilitation and coordination mechanism in partnership with CSO networks and GOK structure:

3.3.6.3.1 Achievement/progress made during period under review

Indicators

This specific objective has the following indicators for its achievement: number of active District Coordination fora; number of PIT meetings which have quorum; percentage of proposals approved and percentage of programme budget disbursed under grant scheme. Achievements were as follows: Three (3) active Zonal coordination fora are now in place, which is on target; twelve (12) PIT meetings with quorum have taken place which is on target; 16.96% of the proposals received were approved; and 32% of programme budget obligated for first three years was disbursed under grant scheme.

Indicator Performance

The following are the outputs: One Management Information System (MIS) is functional which is on target; No studies have been conducted on best practices and lessons learned; two networks have been supported with approximately one (1) million USD which is on target; four (4) quarterly meetings have been held with networks/CSOs which is on target; Six (6) coordination meetings have been held with GOK which is above the set target of 3; six (6) stakeholders meetings have been held which is above the set target of one (1); 20 DTCs have been supported which is above the set target of five (5); and 84% of CSOs are reporting on time which is above the set target of 75%.

3.3.6.4 Objective # 4: support for CSOs to increase access to, and improve quality of Home-Based Care and referral for PLWHAs has achieved as follows:

3.3.6.4.1 Achievement/progress made during period under review

Indicators

The indicators for this objective include increased number of CSOs providing HBC according to national guidelines; increase in number of PLWHAs support groups developed by CSOs; and increase in number of PLWHAs on ART.

Indicator Performance

One functional HBC model and strategy have been developed on target; 63 CSOs were supported for HBC which was above the set target of 60; 45 CSOs were trained on HBC which is below the target of 60; 2,921 care givers were trained in HBC which is above the set target of 1000; 42 PLWHAs support groups were strengthened in 2006; 10,050 PLWHAs were supported which is above the set target of 1,500; one (1) referral system was developed which was on target; and 441 HBC kits were distributed which was below the set target of 1500.

3.3.6.4.2 Progress made through Specific Programmes for vulnerable Groups:

The Maanisha programme has also been addressing the needs of the targeted vulnerable groups through CSOs and civil society partners using the following strategies through provision of support for the following:

- IGAs for vulnerable groups;
- Increasing funding to CSOs to increase their coverage of the target groups;
- Linking vulnerable groups with GoK structures that are addressing the vulnerable groups priorities;
- Providing more capacity building to CSOs to enable them provide better services to their target groups;
- Strengthening the capacities of the recipient groups through training and mentoring;
- Putting in place sustainability mechanisms to ensure continuation of interventions after Maanisha comes to an end;
- Ensuring continuous provision of HBC kits; and
- Addressing of alcoholism to reduce gender-based violence.

3.3.6.4.3 Progress on Home Based Care (HBC)

In order to come up with a strategy that is responsive to the existing home-based care issues, an assessment of contemporary home-based care situation in western Kenya was conducted. The key findings from the assessment included the following:

– There exists a gender dimension to HBC provision: males constitute only a quarter (26%) of those who take care of the sick at home while the rest (74%) are females. In addition, most of the caregivers (59%) are older i.e. aged > 35 yrs of age followed by those aged 25–34 (29%) and the rest (12%) are below 25 years.

– Clear understanding of how HIV cross infection can be prevented is not evident amongst caregivers.

– There are at least 5 HBC models currently under implementation namely: Nyanza model spearheaded by Mildmay, World vision Model, Pathfinder Model, Merlin Model and MSF Model.

– Contemporary HBC models manifest certain gaps such as: lack of support for ART adherence, treatment literacy and nutrition training which are key in HBC; lack of tools for HBC reporting; inadequate trained CHWs, high drop out rates.

– There is also inadequate coordination of HBC activities, especially in the areas of training, provision of HBC kits, and uniformity in HBC kit contents; there are about 19 different kits currently in use. HBC services are not regulated thus offered in uncoordinated manner and there is weak link between the community and health facilities.

– From the assessment findings, it was recommended that a comprehensive HBC model should be designed to ensure the following: adequate training of caregivers; standardized HBC kit, systems to ensure adequate supply of kits; better support and coordination/supervision of HBC activities; strengthened linkage with MOH, especially patient support centres; formation of support groups by PLWHAs and effective engagement with the PLWHA support groups. The model should also promote the participation of PLWHAs as caregivers

3.3.6.4.4 Progress on Legal and human rights

The legal and human rights for vulnerable groups are being addressed by the Maanisha Programme, the interventions were informed by a review carried out on legal and human rights issues pertinent to the fight against HIV and AIDS in the region. The emerging issues from the review were used to develop a focused strategy for mainstreaming human rights and other legal issues in HIV and AIDS interventions, in a workshop involving the participation from various supported CSOs including WAFNET and WWEN. In addition to the strategy, guidelines for mainstreaming, as well as a manual for facilitators were developed.

Local resource persons have been identified and trained as trainer of trainers (TOTs) to facilitate continuous capacity building for CSO groups. This is purposed to ensure the mainstreaming and integration of legal and human rights issues into HIV and AIDS interventions. A total of 27 TOTs were trained and linked with CSOs requiring facilitation so as to promote mainstreaming of human rights and other legal rights.

The effects of this capacity building have been: (i) increased awareness and sensitivity to the rights of the vulnerable; (ii) increased identification of widows, PLWHAs and OVCs needing legal support as seen in the reported number of cases referred by CSOs; and (iii) repeat applications for grants shows improvements in CSOs' attempts to address legal and other human rights issues.

3.3.6.4.5 Effectiveness of HBC and PLWHAs interventions

The CSOs stated that the Maanisha grants improved their performance and service delivery in the following areas (listed in order of importance):

- Home based care including provision of HBC kits;
- Care and support of orphans and vulnerable groups;

- Nutritional support to PLWHAs through improvement of kitchen gardens to mitigate food security for PLWHA;
- CSOs formed support groups for PLWHAs & care givers;
- Prevention through increased HIV/AIDS awareness and reduction of stigma;
- Improved drug adherence by PLWHAs clients' supported by project;
- Improved living standards of PLWHAs clients' supported by project; and
- Improved gender balance in CSO's target group focus.

3.3.7 Observations – Grant Making

3.3.7.1 Significance/relevant of Grant Making component:

The grant making is addressing capacity needs identified jointly with stakeholders through needs assessment and wide consultations. The Maanisha grant making came in at a time when the MAP's KHAREP funding had come to an end and CSOs did not have any other large end of line donor in the region.

The MTE was informed that the Maanisha grant making and technical capacity is still significant even with the coming of TOWA and APHIA II funding to CSOs at district levels. The problems and needs the Maanisha programme is addressing are still a priority – (i) New CSOs encountered are still presenting major institutional gaps; (ii) there are still major challenges in financial management and reporting; (iii) there is limited adherence to national implementation guidelines; and (iv) there is inadequate coordination of CSO's activities.

Maanisha is still making reasonable effects as per its objective; this is evidenced by the following programme inputs: CSOs engaged have been exposed to intense capacity building and there is manifest change in the way they manage their activities. Maanisha has also strategically trained partner CSOs and relevant GOK structures on key thematic implementation areas as identified by the programme. The programme has also availed resources to grassroots CSOs and this has enhanced greater reach to the most affected members of the community. Local NACC structures like DTCs and CACCs have been capacity built and facilitated to perform their work better. This has not only enhanced coordination but also improved the relationship between CSOs and CACCs; the CSOs have for a long time harboured negative perception about CACCs.

The coming in of other end of line donors into the region such as APHIA II and TOWA is seen by Maanisha as an opportunity to maximize the effects of its support to HIV/AIDS intervention activities in the region. This is based on the precept that demand for resources to address HIV/AIDS is still enormous and as such synergistic linkages and partnerships in optimization of resources is an opportunity for all players. Maanisha alone cannot result in the achievement of country strategic goal of reduction of HIV prevalence. As such APHIA II presents opportunities for collaboration and optimization of resources. These new players will provide opportunities for greater reach.

3.3.7.2 Effectiveness

During the thirty months of operation (upto December 2006) Maanisha had processed Round 1, Round 2 and Round 3 proposals and funds released to successful CSOs. A total of 211 CSO groups were funded during the period under review.

A summarised overview of District's utilisation rates of budgets allocated during the period under review is as below:

– Over exceeded budget ceiling for the district (top two) – i) Kisumu – at 120.4%; and ii) Butere/Mumias – at 114.8%.

– Minimum utilisation of allocated budget (bottom three) – i) Homa Bay – at 27.3%; ii) Teso – at 32.1%; and iii) Suba – at 32.5%.

While the District's performance on coverage of planned versus actual CSOs (CSO groups who received grants):

– Best performance – i) Butere/Mumias – at 104%; and ii) Kisumu – at 93.2%.

– Poorest performance – i) Homa Bay – at 16.4%; ii) suba – at 23.3%; and Teso – at 46.7%.

The above performances clearly indicates the need for the Maanisha programme to re-strategise during the next phase of the programme to ensure equity in district's access to grants and also improved absorption rates of grants by the districts.

3.3.7.3 Efficiency

A computerised grants management information system has been developed to ensure efficient grant tracking and linking of grants to supported activities. The design of the information system is to capture data for the M&E framework and selected general capacity building activities/outputs. At the time of MTE, data was in the process of being entered into the system from previous implementation records i.e. reports.

The MTE was informed that CSOs have a one hundred percent (100%) grant utilisation rate as per reports submitted to Maanisha.

3.3.7.4 Best Practices

Based on best practices and lessons learned in grant making, the programme developed the following guidelines and manuals which have contributed to the success of the grant component: i) Maanisha Grants Policy and Procedures Manual; ii) Grants Proposal Development Guidelines.

3.3.7.5 Lessons Learned

The following are key lessons learned during the three years of programme implementation:

i. Exposing grassroots CSOs to national strategies and guidelines significantly influences the quality of activities implementation and ensures "value for money" of grant making component.

ii. Effective monitoring of funded CSOs requires adequate full time staff. Reliance on existing structures and networks is good but not sufficient since the structures themselves may have integrity weaknesses, as well as genuine capacity gaps, and risk of staff transfers.

iii. Involvement of government employees (CACCs) in training and mentoring CSOs improves the relationship between the two groups.

iv. Grant making to CSOs should include comprehensive capacity building programme to improve quality of interventions.

v. Stringent process for proposal review and approval involving capacity assessment should always be a precede funds release. Targeting of weaker CBOs who are doing credible work in the communities for capacity building first (pended groups recommended for capacity building) is needed. These measures are of great assistance in reducing risks.

vi. Involving external oversight committee (Technical Review Committee) in reviewing grants proposals and approval, as well as review of grant making processes allows for objectivity, alignment with key programme priorities, ownership and support from local stakeholders.

vii. Logistics is critical for CACCs to carry out coordination activities.

viii. End of line donor coordination is critical for sharing information on data bases of supported CSOs and ideas at provincial levels with national support. This ensures maximisation of resources and also is no duplication of resources and wastage.

3.3.7.6 Gaps/emerging issues for Addressing:

Some of the gaps and emerging issues identified during the three years of programme implementation are as follows:

i. Despite the high numbers of condoms distributed during the programme period, the overall use of condoms by the youth 15–24 years with non-regular partner has gone down;

ii. Grants programme targeting small CSOs needs to be accompanied by a more comprehensive capacity building component for these CSOs; this can improve the quality of interventions for long term benefits to the community.

iii. Maanisha programme has managed access to only 17% of applications; leaving out 83% of the total applications received. This is an indication that majority of CSOS have little understanding of grants applications conditionalities; an issue of weak sensitization and untargeted capacity building processes.

iv. There has been delayed disbursement of funds with strict time frame limitations; sometimes given one month to implement activities in the workplan. This brings up an issue of quality assurance of interventions.

v. Education support to children orphaned by HIV/AIDS, inform of school fees and uniform has been reported disrupted by the quarterly disbursements of funds.

3.3.8 Programme Grants Component Coverage and Absorption Levels

Table 3.7 below shows Maanisha programme grants coverage and absorption levels by districts.

Table 3.7 Trend of the Maanisha grants support to the districts and number of Orphans and PLWHAs supported

	Budget for Districts			No. of CSOs given grant			No of orphans supported		No. of PLWHAs	
Name of District	**Planned Budget for district (District Ceilings)**	**Total Amount disbursed for Phases I, II & III**	**Percentage of budget spent**	**Planned**	**Actual**	**Percentage of CSOs given grants**	**Planned**	**Actual**	**Planned**	**Actual**
Kisumu	13,055,177.00	15,720,711	120.4	44	41	93.2		6,389		5,397
Homa-bay	21,758,629.00	5,936,544	27.3	73	12	16.4		5,328		7,001
Suba	21,758,629.00	7,065,980	32.5	73	17	23.3		3,875		1,110
Migori	13,055,177.00	11,684,357	89.5	44	29	65.9		981		1,081
Gucha	4,776,284.00	4,578,802	95.9	16	10	62.5		619		251
Busia	18,073,333.00	11,800,295	65.3	60	31	51.7		1,813		1,696
Butere/ Mumias	6,253,947.00	7,178,337	114.8	21	22	104.8		959		1,218
Teso	9,409,608.00	3,022,555	32.1	31	7	22.6		556		60
Totals	**108,140,784.00**	**66,987,581**	**61.9**	**362**	**169**	**46.7**		**20,520**		**17,814**

3.3.9 Suggestions/recommendations

1. For all the three rounds of the grants allocations, the Maanisha programme managed to provide access to grants for an average of 17% of applicants; this left 83% of the total applicants unapproved. This scenario shows an indication of the following: (i) That majority of CSOs have little understanding of grants conditionalities, an issue of weak sensitisation; and (ii) untargeted capacity building for grant application processes on the side of Maanisha.

   Maanisha programme will need to re-strategise in the next phase of the programme which will include address of the above issues in order to ensure the districts utilization rates of allocated/budgeted funds improve and also grants coverage rates of the planned number of CSOs.

2. The key lessons learned and best practices of the Maanisha Grant making should be shared widely for knowledge and skills transfer: (i) within the programme where CSOs learn from each other through educational tours or in forums (ii) outside the programme for example with end-of line donors e.g. NACC; and stakeholders implementing similar HIV/AIDS programming interventions.

   This will call for Maanisha programme to publish its best practices and lessons learned inform of guidelines/manuals, which could be disseminated widely for external use for example through the web. Funds allocation will be needed for this "learning" component.

3. The Maanisha Programme has out-performed in the set targets for various output indicators, for example Number of OVCs supported in 2006 was above the set target for the year by 15,755; Number of widows supported for 2006 was above target by 1,564; Number of male condoms distributed was above target for 2006 by 104,126 (target 200,000); number of female condoms distributed was above target by 10,964 (target 300); to mention a few.

   This could be explained as follows: (i) there is over emphasis on these activities which have been funded based on workplans submitted in proposals by CSOs, resulting in overshooting of the targets; (ii) there is also a possibility of over-reporting on the side of CSOs on the indicators performance.

   Maanisha PIT will need to do the following: (i) institute mechanisms for verification of reported information to ensure its validity and reliability; and (ii) The status of the indicators at MTE calls for revision of indicator targets for the next phase of the programme.

4. Maanisha needs to scale up its focus of widening CSOS coverage towards grassroots level; this will mean directing more resources to CBOs, local NGOS and FBOS, and minimising the network allocations.

5. There have been reported cases of delayed disbursement of grants with strict time limitations, sometimes given one month to implement activities in the workplan. This puts up a case of quality assurance of the interventions.

   Maanisha will need to address factors causing delay in disbursements of funds in the future.

6. Some of the grants such as school fees and uniform need to be disbursed annually to avoid disruption of educational support to orphans.

3.4 Analysis of Maanisha's Partnership with Networks

3.4.1 Background

The AMREF Maanisha Programme engaged various key stakeholders to enhance facilitation of improved coordination of HIV/AIDS activities within the programme's 20 districts of Nyanza and Western provinces.

In this direction, the programme has made notable progress in establishing strategic links in partnership collaboration, coordination and networking within the region's key players in HIV/AIDS response activities. The levels of involvements include participation in AIDS forums, CSOs mobilisation and advocacy, planning meetings, programmes management, monitoring and information sharing.

Apart from the national partners who collaborate with AMREF KCO's activities in Nairobi, the Maanisha principal partners are the provincial networks WAFNET and WWEN, CSOs, private sector, and associations registered under the Societies Act. These partners have been actively implementing the programme's activities at grassroots levels. The secondary partnerships established with government structures and NACC, have been significant in terms of enhancing the linkage of the programme with national policies, strategies and its continued input to the Kenyan national response to HIV/AIDS. The programme has further engaged other strategic partnerships in health and HIV/AIDS service delivery including NGOs, in the development of referral systems for treatment of opportunistic infections, including TB and development of BCC programmes. Also for the implementation of development activities to counter the socio-economic impact of HIV/AIDS, the Maanisha programme has benefited from partnerships with the Agriculture Sector among others, who have provided technical advice to the CSOs.

The above partnerships collaboration and networking relationship have facilitated stakeholder's support in faster mobilisation of CSOs and private sector in implementation of programme activities. Further, the programme has benefited from partners' comparative advantage and expertise in selected niche areas, including providing oversight to funded partners, building synergies in implementation of HIV/AIDS activities and interventions within the districts. The programme has also benefited from technical inputs and capacity building support through information sharing on proven programmatic approaches, lessons learned as well as providing peer review fora, which is one of major strategies for Maanisha.

3.4.1.1 Networks – WAFNET and WWEN

As stated above, since inception, the two principal partners to Maanisha Programme have been the Western Action Forum for Networking (WAFNET) and Western Women Empowerment Network (WWEN). The two networks (WAFNET and WWEN) were brought on board as key strategic partners right from the Maanisha proposal submission to Sida. Hence, having been on the ground prior to the establishment of the Programme, their roles and responsibilities were seen in terms of creating linkages within the target district's grassroots CSOs and rolling out the implementation of the twin pillars of the programme which was significant.

Both networks have received grants through the Maanisha Programme to deliver sensitisation and capacity building focusing on cross-cutting HIV/AIDS issues such as: gender, culture, human rights, building cultural database, and analysis concerning vulnerable groups in their respective districts of Nyanza and Western provinces.

3.4.1.2 WAFNET

WAFNET which operates in Nyanza Province has demonstrated effectiveness in capacity building and facilitation of sensitisation of communities on the role of socio-cultural issues in the spread of HIV/AIDS in Nyanza Province. These have been in form of community contact exercises in all the twelve districts in Nyanza targeting opinion leaders and government officials, sensitising them on Maanisha and seeking information that would build the base for socio-economic, gender, human rights, cultural debates and analysis in relation to HIV/AIDS. The information generated from the networks' activities and socio-cultural database has been necessary for developing benchmarks for CCI component of the Maanisha Programme.

The following is WAFNET's specific activities in the Nyanza province:

– Provision of support in networking and connections;

– Facilitation of cohesion and synergy;

– Provision of a forum for networking focusing on Social Research, Gender and cultural analysis, Paralegal and socio-cultural dimensions.

– Address of crosscutting issues such as gender, differential issues in men and women within the context of HIV/AIDS.

However, the MTE team was informed by WAFNET itself that it does not implement HIV/AIDS activities, but has been involved in building capacity for community resource persons; including training of resource persons in conducting community based education, dialogue sessions on culture and gender issues linked to HIV/AIDS. The beneficiaries needing capacity building have been identified through District Social Services Officers, Chiefs, Councillor and other local leaders.

Some of the achievements WAFNET has documented are as follows:

– Dialogue with CSOs towards opening up discussions and appreciation of sexuality and sexual relations.

– Completed inventory of crosscutting issues affecting the region's response to HIV/AIDS on gender, socio-cultural factors and human rights issues.

– Developed and disseminated guidelines and materials on living in polygamous families, which is one of the major cultural threats to HIV/AIDS' breakthrough in Nyanza.

– Application of socio-model for HIV/AIDS prevention and impacts mitigation in the context of gender, social and cultures.

– Addressed key human rights issues and HIV/AIDS through paralegal training and human rights approach.

3.4.1.3 WWEN

WWEN which is based in Nairobi with branches in Western Kenya has focused on capacity building and advocacy on gender relations and cultural practices as key influences to HIV/AIDS crosscutting issues.

One of the key strengths of WWEN, is that it operates through an organised organizational structure with representatives down to grassroots levels including local multisectoral district networks providing support to CSOs, and other community groups.

The following are the documented achievements by WWEN:

(i) Has conducted various community based capacity building focusing on local level cultural practices that propagate the spread of HIV/AIDS; (ii) Campaigned against HV/AIDS mitigating practices through using community cultural festivals and organized forums as entry-points to behavioural change and practices; and (iii) Advocated for policy influence by local communities though engaging communities in HIV/AIDS policy education, sensitisation and participation in local planning sessions.

The target group for advocacy and training sessions has included: forums for Assistant Chiefs and Village Elders in which 700 local level leaders (263 women and 437 men) were reached. The purpose of these engagements has been to sensitise community members on issues of gender and culture in relation to HIV/AIDS.

3.4.2 Coordination, Collaboration and linkages

The process of engaging partnership collaboration and networking mainly involved: (i) drawing stakeholders participation in CSOs mobilisation and sensitisation; (ii) capacity building, planning and strengthening of programmes management cycle; (iii) mainstreaming of cross-cutting issues (human rights/governance, gender, socio-cultural issues); and (iv) involvement in projects' monitoring and reporting systems. The Maanisha Programme Implementation Team's, active participation in district's public sector forums and support to provincial and district Joint AIDS Programme Review (JAPR) in its areas of operations, has also proved valuable towards enhancing coordination and collaboration to the programme's HIV/AIDS interventions through capacity building support and grant making process.

The programme has built firm liaisons, collaboration and networking through participation in DTCs/DHMTs meetings, provincial and district administration and other Government Departments in the Ministries of Health, Provincial administration, Cultures and Social Services, and Planning and National Development. In addition, the program has established collaborative and participatory working relationship with locally based reputable research institutions such as KEFRI and LAGRO-TECH, Maseno and GLUK universities, ACUs in the Ministries of Fisheries, Roads, Education and Home Affairs, and also with international NGOs such as WVI, Action Aid and FHI.

As a result, the programme has improved in facilitating partnership coordination and collaboration in the following key areas:

3.4.2.1 NGO Activities:

i. Imparted the importance for sharing NGOs activities and coordination to avoid duplication;

ii. Sharing of best practices and lessons learned for replication across and within districts;

iii. Improved monitoring and tracking of Performance through standard reporting system (guidelines developed by Maanisha).

3.4.2.2 District Health Services:

i. MOH share district health plans and update on new technical areas, emerging issues and existing gaps;

ii. Dissemination and adoption of SWAP system in integrating HIV/AIDS activities across multi-sectoral stakeholders;

iii. Alignment of Maanisha programme activities with "three Ones" approach and national health/HIV/AIDS strategies and plans.

3.4.2.3 District Social Services:

i. Enhanced registration and verification of genuine CSOs for increased access to Maanisha grants and capacity building;

ii. Facilitation of address to crosscutting issues, which are critical to HIV/AIDS response;

3.4.2.4 End of line Donors:

Maanisha has played an active role in establishing an end of line donor's forum for the region. It has also provided support in form of attending all the meetings held and financing the meetings. This indicates the keenness.

3.4.3 Achievements

3.4.3.1 Coordination Mechanisms:

The Maanisha Programme has made progress in providing support to DTCs/DHMTs through facilitation and coordination of activities, while NACC was responsible for the DTCs budget. The Maanisha programme's collaborative and coordination links with MOH and NACC in implementing HIV/AIDS interventions has facilitated harmonization and linkage of "three ones principle", KNASP, and integrated national M&E framework, which are critical to multisectoral approach to sustainable HIV/AIDS response in the region.

In addition, the evaluation, established that the following coordination mechanisms have been put in place to ensure effective collaboration and linkages with government structures and stakeholders on the ground:

- Supported district-wide strategic plan development in selected districts;
- Established district KPC Core Teams for M&E;
- Promoted the "Three-Ones" Principle through linkages with NACC, DTC, CACCs and communities;
- Established close links with GOK/MOH and NACC structures at national and district levels;
- Supported DTCs and CACCs to implement ODSS assessment on CSOs;
- Worked closely with District Technical Committees (DTCs) in the 20 districts that comprises the programme catchments areas, in which the DTCs have been facilitated to conduct stakeholders forums;
- Facilitated training of DTC secretaries and CACCs coordinators and some CSOs on ODSS.

3.4.3.2 Capacity building collaboration and networks:

Maanisha has provided the following towards building collaborations and linkages with GOK structures in order to facilitate their oversight and coordination roles:

- ODSS training for CACCs and DTCs;
- Financial and technical support for JAPR in Western Province;
- Technical support for JAPR in Nyanza;
- Financial and technical support for district stakeholder reviews;
- Support for selected MOH stakeholder meetings such as nutritional and lactation fora;
- Training and mentoring of CACCs in project design and proposal development;
- Support for MOH-led events such as immunization exercises;
- Establishment of district KPC Core Teams drawing membership from Ministry of Health and Ministry of Planning;
- Strengthening the capacity of selected DTCs and DHMTs on KPC survey methodology;
- Strengthening the District Information and Documentation Centres (DIDC) by equipping them with district survey reports;
- The Maanisha is already using CACCs to backstop capacity building using ODSS;
- As a measure of ensuring sustainability by supporting already ongoing CSO activities which are self sustaining but need support to improve efficiency, effectiveness and coverage of direct HIV/AIDS activities (Cutting Edge IGAs). A good example is the NANGINA CBO in Busia District.

3.4.3.3 Zonal Coordination

The Zonal Coordination Forums have been effectively utilized by the programme, in which collaboration and coordination of zonal HIV/AIDS interventions by representatives of divisional stakeholders have been shared. Maanisha has established zonal coordination positions, with three filled up positions for Zonal Coordinators for Southern, Central and Northern Zones respectively.

It is clear that CSOs have attached importance on zonal review meetings as such forums have continued to provide support in the following areas:

i. Has provided a sharing forum where emerging issues, learning, knowledge transfer and best practices are shared;

ii. Has strengthened reporting systems, where clarification of reporting tools is done during the meeting;

iii. Has proved to be a cost-effective way of supporting the weaker CSOs in reporting;

iv. Has provided a platform for groups to get new ideas from other members in the meeting.

Because of the strained relationships between the DTC and DHMT of MOH, the two have been running parallel forums. Maanisha has addressed this by supporting the establishment of one district stakeholders' forum, and also by carrying out capacity building for the CACCs and DTCs

3.4.3.4 Linking CSOs to funding sources

The Maanisha programme has also established linkages of CSOs to other end of line donors in the region by adopting the following approaches:

– Encouraging CSOs and giving them information;

– Using stakeholders forum for establishing linkages;

– Training CSOs on good proposal writing;

– Informing them on new sources of funding in review meetings;

– Supporting them to access funding from other organizations;

– Capacity building on fund raising.

The MTE team noted that the above strategy is picking up well and some CSOs have accessed additional funding support from other end of line donors operating in the region as evidenced by the outcome performance indicator on mobilising local resources. The future of the community-focused initiatives to addressing HIV/AIDS in Lake Victoria region and Kenya, as a whole lies in increased grants resource base and capacity building from partnership collaboration support.

3.4.4 Suggestions and Recommendations

1. With emergence of similar programmes (like the Maanisha's), there is likelihood of duplication of activities. Past experience also shows that some previous grants for HIV/AIDS interventions created some brief-case CSOs syndrome, resulting in little impacts on the intended goal. Partnership coordination and collaboration of the HIV/AIDS stakeholders, including development partners and donors is critical for synergies and adoption of standards guidelines, national policies and uniform M&E system, KNASP, Three Ones approach etc.

2. The Maanisha's partnership should also explore further possibilities of collaborative partnership with international NGOs and FBOs working in the two-regions for better coordination and sharing of information and best practices on implementation of activities. This will mean Amref's support to NACC Field Officer's mandate to establish mechanisms and systems for the end of line donors in both Nyanza and Western Kenya Provinces, for:

– The GOK structures are better placed to ensure that there is no duplication but integration with TOWA, APHIA II and other NGO partnership.

– The GOK structures will need to continue being closely involved.

– They are better placed to address the need to talk to other players, GOK etc. to come up with a solution to the establishment of linkages, collaboration etc.

– The improvement of the effectiveness of the District Stakeholders Forums and their strengthening will need lobbying for institutional buy-in and commitment for the empowerment of NACC structures to be more authoritative.

3. The evaluation also observed that most of the CSOs supported by Maanisha have not been firmly linked with CACCs as expected by the programme. It was found that majority of CSOs did not understand the coordination roles supposed to be undertaken by CACCs; neither did CACCs understand that they are not the supervisors of CSOs but strategic partners rendering necessary guidance and backstopping support for the CSOs activities. However, there is new evidence of improved relationship between CACCs and CSOs, which has been attributed to the awareness raising among the CSOs on the role of CACCs through the Maanisha's use of CACCs in the application of the ODSS tool, and also scaled up involvements of CACCs in collaboration and coordination with CSOs at divisional levels.

This calls for attention during the next phase of the programme's operation, where the role and mandate of CACC's involvement should be clearly spelt out and shared with CACCs and CSOs to ensure boundaries are not out stepped.

4. As the Maanisha programme looks for more strategic partners, there is need to explore the possibility of promoting umbrella networks amongst the CSOs, especially those which are directly connected with the grassroots, so as to take the programme to another level closer to communities as opposed to regional networks currently working in the programme. For example, a Divisional Locational umbrella CSOs (if created) could demonstrate deeper understanding of grassroots needs, accountability to communities, and can demonstrate their ability to impact on the most vulnerable people. However, some challenges associated with this line of suggestion include the obvious problem of identifying competent and committed grassroots CSO to willingly form a network.

5. Scaling up on advocacy could be achieved through expanded networks, which should take up the role of informing CSOs about Maanisha, and also mobilizing them to participate. This was the initial plan; however, this has not been effected.

Networks have only been focusing on prevention, which has been seen as not comprehensive enough to enhance on majority of CSOs. WAFNET indicated that it has plans to undertake institutional analysis and database of relevant GOK structures to generate valuable information which would facilitate evidence based advocacy and community sensitisation issues.

6. The HIV/AIDS referral system has been established where CSOs refer clients to Government health facilities. However, there has been limited coordination and lack of relevant tools. Maanisha is promoting coordination and systematic referrals including production of referral forms.

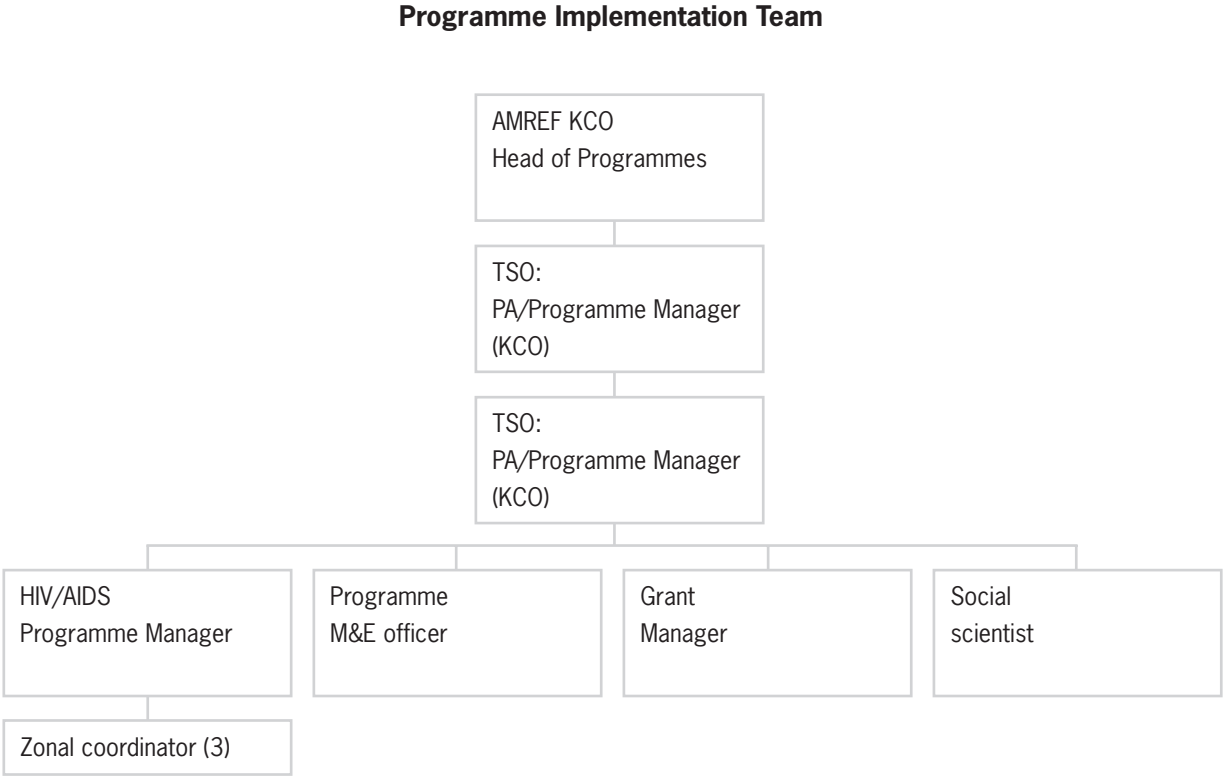
7. The opportunities that the Maanisha Programme's partners and stakeholders are bringing are related to demand for resources to address HIV/AIDS which is enormous and as such synergistic linkages and partnerships in optimisation of resources is necessary; and also will provide opportunity for greater reach. However, the major challenges include coordination and harmonization of approaches and indicators; objectivity; transparency; and accountability.

8. There is evidence that stakeholders are integrating Maanisha's activities, lessons learned and best practices into their programs/interventions and the evaluation found that some degrees of horizontal learning and knowledge transfer is taking place at programme implementation, input and output levels. There was indication NACC is to adopt the Maanisha approach in its future programmes, this would present a step forward towards better coordination of HIV/AIDS activities at the CSOs levels.

3.5 Maanisha Programme Management and Capacity

The entire Maanisha Programme Management is responsible to AMREF Country Director KCO, while the Programme Implementation Team is headed by the AMREF KCO Head of Programmes. The HIV/AIDS Programme Manager, also based at the AMREF KCO, is charged in overseeing that the programme activities and milestones are delivered as planned, while the Programme Manager based in the PIT Kisumu Office is responsible for the day-to day management and coordination of the program to ensure that work plans are implemented on schedule, resources are used appropriately and programme reporting is done according to AMREF and donor requirement and submitted on scheduled timeliness.

Fig. 13: Programme Management Structure



As indicated in the Program Organizational Structure (Figure 13) above the Maanisha Programme management is structured in reflection of addressing the program's key thematic priority inputs, which include, capacity building, grants management, programme management (including facilitation and coordination) and technical support (systems development, supportive supervision and quality assurance).

3.5.1 Staffing of Maanisha Programme

The Maanisha Kisumu Programme Implementation Team, headed by Programme Manager, supported by four senior specialised managers, namely, HIV/AIDS Manager, Grant Manager, Social Scientist, M&E Officer; and three Zonal Coordinators are actively involved in handling all the aspects of the programme's filed implementation as denoted in their above titles.

During the period under evaluation, additional programme staff was recruited as follows:

(i) Three Project Assistants for the three project zones (Southern districts of Nyanza, Central districts and Northern districts representing Western province); (ii) One Grant Officer; (iii) One Administrative Officer; and (iv) One Assistant Accountant

3.5.2 Key Strengths of Maanisha Programme Management

Some of the key strengths observed by the evaluation team concerning programme management and implementation by both PIT and supporting technical staff from AMREF KCO were as follows:

i. The programme area was split into three zones (and staff deployed in those areas) to improve access and efficiency of the Maanisha field activities through closer engagement of CSOs within their geographical areas.

ii. Coordination of the districts and regional forums was used consistently for disseminating relevant HIV/AIDS information and activities undertaken by Maanisha programme. Such meetings have provided timely discussions and sharing of experiences on programme performance and emerging issues. As a result, Maanisha has been able to make adjustments based on field recommendations to programme operational approaches.

iii. Reviewing training needs and conducting focused training of CSOs towards ensuring the adoption of best practices, systems and guidelines in projects management and timely reporting mechanism.

iv. The issues of quality assurance and standards (sustainability) within the programme management and field operations have been undertaken by both relevant KCO staff (HIV/AIDS Programme Manager, Finance Manager and Programme Accountant respectively) and PIT senior staff through monthly meetings and reports. For instance, the AMREF Finance Manager supervises and monitors financial transactions and financial management of the programme and reports progress on grants disbursements, tracks expenses and ensure that the staff concerned adheres to procurement procedures. An AMREF Internal Auditor ensures that all purchases and expenditures are in conformity with the laid down procedures, transparency and accountability. AMREF accounts are audited each year by external Auditors and reports circulated according to the legal and administrative requirements.

3.5.3 Weaknesses of Maanisha Programme Management

However, some weaknesses were cited which hindered efficiency and effectiveness in the Maanisha program's implementation, these are:

i. Understaffing of the Maanisha Programme Implementation Office in Kisumu continues to inhibit operational efficiency, especially in the areas of dealing with huge backlog of CSOs quarterly reports submitted to the PIT. Such periodical reports are significant in the program's monitoring, adjustments and feedback for better and responsive management of the programme.

ii. By establishing the three strategic Zonal Units, the programme has taken a critical positive step towards further decentralisation of the services closer to communities, thus, improving equity and access of the Maanisha's HIV/AIDS intervention through CSOs support. However, a one-staff zonal project assistant was found seemingly overwhelmed by workload demand from the existing and new CSOs needing assistance for grants and capacity building.

iii. Even though AMREF prefers to delegate most of the field based activities to the local Networks and NGOs, locational offices should be strengthened through adequate staffing to provide efficient supervision, coordination, Monitoring and backstopping activities to local CSOs.

iv. Another setback to the programme implementation was that over the last few months the Maanisha PIT Office in Kisumu, has suffered frequent staffs resignations or deployment elsewhere. The trend has affected the senior staff cadre more than middle or junior staff. For example the following key managerial positions are still vacant, M&E, Technical/Medical officer and HIV/AIDS Specialist (advertised at the time of writing this report), meaning that some critical priority issues of the programme remains unattended. There was an observation that Most PIT's senior staff was recruited in 2006.

v. Given that programme's sustainability is highly dependent on staff efficiency and productivity, this evaluation recommends that there is need to review the Maanisha human resources deployment and development with a view of addressing staff retention and allocation on the basis of programme priorities.

During initial phases of the programme the main focus was staff recruitment and sensitisation of CSOs and partnerships. As demand for grants and capacity building continued to grow, more challenges concerning strengthening of capacity building for grants management, financial management, local governance and accountability, monitoring and timely reporting of performance by CSOs, provided higher challenges for scaling up HIV/AIDS interventions in the two provinces.

3.5.4 Technical Review Committees (TRC)

As important part of programme implementation, the TRC that comprises of key High-level technical stakeholders drawn from AMREF, representatives of local institutions of higher learning (universities), World Vision international, NACC and AMREF respectively, have played significant role in reviewing grants and ensuring the general programme management are upto high standards.

The TRC, through periodical meetings and field monitoring visits, have proved instrumental in enhancing efficiency in the program implementation, including facilitating major decision making process for improvement on grants and capacity building operations of the Maanisha operations.

One key observation by the evaluation team, was that membership representation to the TRC is too narrow and biased towards involvements of local universities (Maseno and TICH) who constitute 2 out of 4 TRC members (excluding AMREF). Whereas, most of the TRC deliberations in meetings are more to do with reviewing and scrutinizing grants applications and general running of the programme, there is need to expand membership to include more down-line donors and private sector to tap in wider creative ideas and contributions on better management of the programme.

3.5.5 Programme Steering Committee

At national level the Programme Steering Committee (PSC), comprising key national players of HIV/AIDS response, notably, AMREF-Kenya Country Director, AMREF-Kenya Head of Programmes, AMREF-Kenya Finance Manager, two Sida representatives, two GoK representatives nominated by NASCOP and NACC and two representatives nominated by CSOs. The PSC meets semi-annually to receive the progress reports of the programme implementation team, respond to policy and strategic issues and constraints and chart the way forward.

Members of the Programme Steering Committee should be utilised by Maanisha as key entry-point towards consensus building for the partnership collaboration and coordination of the district level activities to build synergies across the stakeholders within the areas. For example, both MOH and NACC are critical partners of the PSC, who should ensure that their field based staff, have provided sufficient lead in guiding the necessary linkage, cooperation and coordination of the district programmes activities in line with government structures.

Chapter Four Analysis of Budget and Expenditure

The Maanisha's five –year programme was allocated a total budget of US $13.1 million running from July 2004 to June 2009. The main budget items are as follows:

i. Capacity Building;

ii. Grants Making;

iii. Programme Management including facilitation and coordination;

iv. Technical support including systems development, supportive supervision and quality Assurance;

v. Equipment and supplies.

Table 4.1 below, shows the Programme's budget analysis; comprising actual expenditures against budgetary items allocations to December 2006.

Table: 4.1. Budgeted and Actual Expenditure by Major Line Items

Total Budget	Total Budget	% of Budget	Absorption at Dec. 2006	% Expenditure over Budget
1. Human resources	920,376	7.02	415,552	45.15
2. Travel	101,398	7.73	47,559	46.90
3. Equipment, Materials & Supplies	163,694	12.48	152,269	93.02
4. Local Office Costs	472,896	3.60	155,834	32.95
5. Project Activity Costs				
• Capacity Development	702,724	5.36[11]	464,023	66.03
• Grants	7,900,000	60.23	2,086,882	26.42
• Program Mgt Tech Support	826,185	6.30	133,733	16.19
• Monitoring & Evaluation	418,897	3.19	79,283	18.93
6. Total Direct Costs (1–5 above)	11,506,169	87.72	3,535,135	30.72
7. Indirect Admin Costs (14% of 6)	1,610,864	12.28	494,919	30.72
8. Grand total (6+7)	**13,117,033**	**100.00**	**4,030,054**	**30.72**

Source: AMREF/Maanisha financial records

4.1 Budget Absorption Capacity:

As illustrated in Table 4.1 above, at Mid-term (by December 2006), the Maanisha Programme had spent only 30.7% of the total allocated budget and the rest (69.3%) is expected to be expended by June 2009, to roll out most or all the planned programme's activities in line with the expectation. However, part of the explanation for the lower absorption capacity, arose from the slow start in marketing the programme together with other logistical preparations. As a result, the first round of grants to the initial 43 CSOs, was disbursed in October 2005 (more than a year after launching of the programme). Other subsequent two rounds of grants disbursements followed without delays (March and July 2006 respectively), thus, boosting the gap to the current 30.7% by the end of 2006.

The fourth round of grants amounting KSh. 118,123,736 (equivalent to US $ 1,687,482 @ $1=KSh 70) is expected to be disbursed to the CSOs during the first quarter of 2007.

[11] The bulk of capacity building activities for CSOs is within the Grant Budget item.

Judging from the speed at which the last three rounds of the grants have been achieved, it is clear that the balance of US $ 3,525,636, which will be available for the next rounds of capacity building and grants disbursements to the CSOs, is likely to be expended early next year. Therefore, the Maanisha Programme may seek additional funds either from Sida and or other donors to increase access to CSOs HIV/AIDS support activities by rolling out the programme to more waiting community groups and partners.

The next grants and capacity building rounds should be guided by the following considerations: (i) More funds for capacity building activities are justifiably necessary to deepen the programme's sustainability; (ii) Funds for replication of the best practices and lessons learned from better managed CSOs to the new applicants; (iii) Support for capacity building should be focused on the weak areas of grants compliance to increase access. Superficially, persistence reasons for turning down majority of applications should form the basis for address so as to thrush out areas of CSOs weaknesses for training purposes.

4.2 Key Suggestions and Recommendations

As illustrated in the Table below (4.1), during the period under evaluation, the bulk of the Maanisha Budget (75.08%), was spent on the Project's Implementation costs (Project Activity Costs) from which Grant making allocations took the lion's share (60.23%), followed by Programme Management (6.3%) and M&E taking 3.19% respectively. 12.38% of the total budget was spent in purchasing of equipment and supplies for administrative and logistical support of the programme, while 7.735 and 7.02% were expended on travels, hiring of staff and human resource development respectively.

4.2.1 Capacity building component:

As far as the budgetary allocation is concerned, the Maanisha programme has focused the bulk (75.08%) of the financial resources towards supporting the project activities in the key areas of grants and capacity building to the CSOs and the Networks. However, as shown elsewhere in this report (in Figures 1 and 2, respectively, capacity building allocations compared with grants allocations/disbursements over the last three years, stands at a ratio of 1: 6 or US $ 6,502,696 for grants compared with US $ 692,955 for capacity building[12]. Whereas, most of grants activities revolve around building capacities for CSOs beneficiaries, it is important to identify actual capacity building activities within the programme management for monitoring field performance and value addition in terms of project's operational and management efficiency at CSOs levels.

4.2.2 Equipment, Materials and Supplies:

There was an observation that equipment, materials and supplies budget item is headed towards exhaustion, having spent over 90% of its allocation. This is understood given that most of the programme's capital equipment and supporting supplies such as vehicles, computers logistical items were planned to be accomplished within the first quarter of the programme Workplan.

This evaluation, established that the Programme Implementation Office in Kisumu is adequately equipped and supported through a budget float of Kshs. 500,000 for administrative costs and logistical support to CSOs. However, as the demands for intensive field support activities arising from the growing numbers of CSOs and need to intensify field monitoring and supervision activities, an increase in PIT allocations to this budget item, may be reviewed. Strengthening of the programme's satellite zonal offices in Nyanza and Western provinces to facilitate field coordination of activities such as CSOs capacity building, supervision and monitoring of progress, may require establishment of more budget items for this particular level of the programme.

[12] Extracted from Maanisha Annual Budget Allocations, Programme Finance Office.

4.2.3 Human Resources and Travel:

Expenditures on these items seem to be on target at 45.1% for human resources and 46.9% for travel at mid-term. However, given increased demand in terms of field technical support to CSOs (continuous monitoring, coordination and backstopping of training activities, including evaluation of performance) by Maanisha programme staff and other relevant partners, it is expected that additional financial requirements will be needed for this emerging challenge. Secondly, staff training and capacity building, being a significant factor for improving the programme's operational performance and productivity, the human resources expenditures are expected to rise within the next three years[13].

[13] Include intense dissemination of the New Maanisha Documents and Guidelines to CSOs

Chapter Five Programme Sustainability

Impacting CSOs' participation in HIV/AIDS interventions within their local Environment, through grants support for capacity building efforts, is itself, an issue of building long-term sustainability, which the Maanisha programme has successfully pioneered in 20 districts in Nyanza and Western provinces of Kenya. However, Kenya lacks a national framework through standard guidelines and the building blocks for sustainable grants making processes and management to the CSOs, would be established and strengthened for replication of the best practices and lessons learned from the Maanisha programmes' interventions to HIV/AIDS.

The Maanisha Programme, during the last three years of implementing its twin pillars of Capacity building and Grants making processes towards strengthening the capabilities of CSOs and private sector organizations to design and implement quality HIV/AIDS interventions, has laid firm foundations in addressing the following key issues of sustainability within the program activities.

5.1 Inputs – CSOs Capacity Building Sustainability Mechanisms

Towards enhancement of efficiency and effectiveness in the implementation of the various activities of the Maanisha Programme the following sustainability mechanisms have been put in place to support capacity building, grants management, organizational development and systems support:

- Linkage with existing government and community structures on capacity building;
- Implementation, monitoring and evaluation of HIV/AIDS activities supported by an integrated M&E Framework and guidelines, which have been disseminated by Maanisha PIT;
- Skills transfer to CSOs on HIV/AIDS project design, prioritisation of interventions, implementation and reporting mechanism;
- Establishment and development of district core teams for M&E;
- Strengthening of the referral systems;
- Institutional strengthening through ODSS; and
- Moving interventions closer to the community, employing a grassroots focused approach.

5.2 Linking Maanisha Programme

Linking Maanisha with National Planning, Human Resource Management and Accountability Mechanism:

- The programme is taking advantage of the opportunity currently provided by MTEF as tool for integrating policy with planning and funding (which is more predictable).
- The commitment to sector-wide approach (SWAps) and "Three Ones" approach has been adopted by Maanisha as essential elements to programme sustainability.
- Maanisha is currently using AMREF Human Resource Manual, which addresses issues and procedures related to corruption and conflict of interest. Adoption of anti-corruption manuals and dissemination of accountability guidelines are key to promoting transparency and local governance in decision making process, ensure greater resource access and participation to vulnerable groups.
- Maanisha is training groups on proposal writing for purposes of both local and external fundraising

Human resources:

– CACCs, DTCs, and MOH have benefited from knowledge and skills transfer through Maanisha programme, which in turn are essential for transmitting knowledge to grassroots communities (through training of CSOs) for sustenance of Maanisha activities

5.2.2 Collaboration and linkage with other Local grants management:

– Collaborative linkage of Maanisha grants with other local existing and established devolved fund structures such as CDF and LATF could be beneficial for building synergies and exchange of information for better enhancement of sustainability.

– The Maanisha strategy of strengthening the community and service point interface.

– The Three-Ones principle that provides for local coordination and support structures.

5.2.3 Enhancement of Sustainability through support to IGAs:

Given the inherent influence the cross-cutting issues such as poverty have on the HIV/AIDS, sustainable interventions should address full factors impacting on prevention, care and support and impacts mitigation at the CSOs levels.

During field interviews, CSOs strongly expressed concerns on Maanisha's not supporting income generating activities. We agree with their sentiments that support for IGAs, is a significant impact-focused interventions, as well as assuring sustainability of the programme.

Maanisha has supported agriculture based IGAs for food security and has linked some CSOs to micro-finance institutions (MFIs). It was also noted that most IGAs were started with NACC funding, which collapsed when the funding came to an end. Again, lack of capacity building support to CSOs in areas of project management and entrepreneurship by NACC and other donors, contributed to poor funds management and eventual collapse of the initiative.

The following IGAs were found in place in the region, though experiencing difficulties due to lack of capacity support, some of them had made remarkable impacts in contributing towards poverty reduction initiatives.

– Soap Making;

– Goat rearing;

– Bead making;

– Cereals trading;

– Chicken rearing

– Posho mills.

Suggestions on Grants Future Sustainability

– The next phase of Maanisha programme need to explore widening of the grants scope to include the existing IGAs as new entry points for HIV/AIDS interventions.

– Explore collaboration and linkage with other down-line donors to diversify areas of coverage and synergy to CSOs support.

– The already Identified capacity building gaps should be used as lessons learned to re-focus the interventions during the next rounds of grants and capacity building programme components.

Chapter Six M&E Support to CSO Level

An M&E emphasis on the application form and proposals submitted by CSOs for funding are some of critical strengths and measures of sustainability in ensuring that grants management and performance are monitored and evaluated internally and externally, first by CSOs themselves and secondly, by Maanisha supervisors. In addition, the CSOs reports, based on M&E guidelines are submitted to AMREF on quarterly basis.

6.1 Observations:

Despite concerted capacity building efforts by Maanisha PIT, Networks' and CSOs' M&E practices remain a grey area on the part of compliance:

– CSOs have expressed difficulties in carrying out M&E; for they are unable to link the activities they have implemented to the indicators they had put down in the project logframe.

– Some CSOs hired services for their proposal writing and this makes it difficult for them to report.

– CSOs' understanding of the importance of having an M&E for their project is still low, and with this comes the problem of ownership and use of M&E information at CSO level.

– The linkage of the M&E being done by the CSOs to the Maanisha M&E framework is not clearly spelt out.

– The networks' reports submitted to Maanisha do not cover M&E indicators.

6.2 Suggestions and Recommendations:

i. Field assessment on projects monitoring and evaluation practices by CSOs, is still wanting. Therefore, M&E focused capacity building and training need to be stepped up by Maanisha during the next phase of implementation;

ii. M&E, being a complex process, there is need for Mentoring the CSOs through the use of trainer of Trainers approach (TOTs) based on project-by-project basis;

iii. Simplification of standard M&E tailored for CSO level of project management, including data collection and reporting which can be applied for planning and local decision making process;

iv. Given that there are several reporting systems from MOH, NACC's COBPAR and Maanisha reporting tool for indicators (APHIA II, TOWA and others) there is need to synchronize an agreed format which CSOs can apply;

i. The Maanisha M&E framework has captured the national M&E framework indicators. Also the key indicators of the Maanisha's M&E framework were shared with NACC Field Officer, MOH, and DTC structures, who were also involved in collection of baseline data and definition of targets.

v. Develop a community based information system, such as the AfriAfya model, which has been identified as appropriate (needs to be explored further);

vi. The Maanisha's designed approach for monthly monitoring and reporting framework, and visits to CSOs, has been assessed as feasible and when implemented, it will provide a breakthrough for CSOs regular reporting of progress on monthly basis. As mentioned elsewhere in this report, the current staffing at PIT, would find it challenging to enforce implementation, monitoring and supporting supervision to over 200 CSOs spread out over 20 districts in the expansive Nyanza and Western Kenya provinces on a monthly basis (see Programme Management recommendations).

However, errors in CSO's reporting on indicators cannot be ruled out. CSOs themselves have confessed they have difficulties in understanding the required reporting on M&E indicators. In addition, the validity and reliability of data reported on output indicators needs to be verified. This could be the reason for over performance on some output indicators i.e. the male and female condoms, IEC materials production etc.

Chapter Seven Highlights of Key Recommendations

7.1 Capacity Building:

The primary goal of the Maanisha programme's capacity building and facilitation support to CSOs is to enhance local capacity and sustainability in the implementation of HIV/AIDS interventions after the grants funds come to an end.

Over the last three years, implementation of the Maanisha capacity building programs for CSOs focused on the following key areas:

i. Demand creation through community advocacy and sensitisation meetings;

ii. Grants application procedures and operations;

iii. Program management through Organization and Systems Strengthening (ODSS);

iv. Behavioural Change Communication (BCC);

v. Gender Mainstreaming; Legal and Human Rights;

vi. Home Based Care (HBC);

vii. Support to Networks provided HIV/AIDS prevention and impacts mitigation to communities, with an emphasis on cross-cutting issues such as gender, rights, socioeconomics and socio-cultural interventions).

However, this evaluation found that remarkable progress on CSOs capacity building, has registered in some areas and minimal performance in others. For example, more progress has been made in grants' demand creation to CSOs (increased response for grant applications, thus creating a huge gap between supply and demand for grants disbursements) than grants management and reporting systems by beneficiaries so as to gauge the overall grants efficiency and impacts.

It was also found that the trend of high rejections of grant proposals (average 83%) at preliminary stages, are mainly due to non-compliance to both inclusion and exclusion criteria as outlined in the grants policy and procedures manuals that were constantly disseminated during the grants demand creation stage. During field's assessment, it was also found that majority of CSO's had difficulties in following up the laid down reporting systems based on set indicators and criteria for M&E framework (some CSOs confessed that there has been inherent difficulties in understanding all the requirements to the reporting on the basis of M&E indicators and guidelines.

Assessment of the implementation of the ODSS, also found that the system is still at the pilot stages and may require time for rolling-out down to the CSOs through CACCs who have been identified as key trainers. The ODSS approach focuses mainly on the principles and processes involving the development of the manual and it's testing/piloting, including ODSS assessment of CSOs. Its weaknesses include, lack of practicability in terms of addressing key issues of projects' management and operations, which have been identified as key areas of constraints on the part of CSOs.

7.1.1 Recommendations:

On the basis of above weaknesses and constraints of the programme capacity building pillar for CSOs projects management and operations, the following suggestions are made:

i. Majority of the CSOs have not grasped the big picture of linking their projects objectives, tasks, outputs and targets, with broad Maanisha programme's objectives and outputs. Therefore, the programme, having made big progress in selling the programme throughout the target districts, it is

now high time to intensify CSOs training addressing the identified (Through ODSS and CSOs Scan <2 indicator Score) capacity gaps such as deepening the practical programme management and institutional strengthening and also on other specific indicators for example for the organisation scan as applied M&E framework.

ii. Assessment of the indicators performance has also indicated a slower phase of achievement. For instance, the evaluation found that majority of CSOs who had applied for all the three rounds of grants, had not been exposed though practical training on procedures and conditionalities of the grants proposals, most applicants relied on external "experts" to prepare applications based on third party information. In addition it was found that the total number of CSOs trained through the program's capacity building focus on proposal development, as at December 2006, was 163 against the set target 200. As a result, only about 17% of total grants applicants accessed grants (average all rounds of grants).

    The above finding, calls for putting deeper emphasis on CSOs knowledge on program's management and performance monitoring processes than mass meetings approach for capacity development to CSOs.

iii. Whereas the Organization Development and Systems Strengthening (ODSS) approach, has provided a comprehensive framework for strengthening organizational management and systems for CSOs's application towards improvement of project management and operational efficiency (best practices), it still remains "a theoretical framework and process', to be translated into a practical support for CSOs specific projects' activities.

7.2 Grants and Management:

One of the major breakthroughs for the Maanisha programme was to lay a firm foundation for a unique mode of grant making and capacity building support to community based HIV/AIDS initiatives through CSOs, where previous similar initiatives had failed. However, the success, has translated into huge demand creation beyond the current carrying capacity of the programme. Therefore, there is need to develop consultative and collaborative linkage with other emerging players in the region, such as TOWA and APHIA II, Programmes. The Ministry of Health, NACC, AMREF and other down-line donors, involved in combating HIV and AIDS in the region, and constitute a working relationship (through a Forum) to synchronize activities for coherency and synergy building, borrowing from the existing Maanisha programme foundations.

The lessons learned from the Maanisha programme's demand-driven approach (pull-system), which emphasised on responding to community demands for grants based on their own priorities and activities (without proposition by AMREF), has demonstrated a sense of strong ownership, local capacity building, promotion of local governance, transparency and accountability, which are the hallmark of sustainability. However, despite failure from the previous proactive approaches of grant making, due to poor planning and implementation of the programme, the latter approach (proactive or push system) has the advantage of faster and efficient disbursements and less backlog of grants application proposals (demand). Hence, the gap between supply and demand for grants could be minimised through the push-system, the system also has heavy reliance on technical assistance and less local capacity building (there are some credible argument that the system has more effective knowledge transfer than the reactive approach).

The Maanisha's focus of broadening access to the grants and capacity building to wider grassroots CBOs coverage as a sustainable approach towards scaling-up HIV/AIDS interventions, will be better realisable if more resources are directed to CBOs, local NGOs and FBOs as opposed to Network (which, according to the evaluation's findings received about 40% of the total programme allocations).

7.2.1 Recommendations:

i. *The Reactive versus Proactive Approaches:*
Based on the lessons learned, especially, the huge gap between the demand for grants and capacity to cope by the current Maanisha programme, there is need to review grants processes towards adapting a faster modality of grants processing and disbursements. It is evident that such gap, also arose mainly from non-compliance to grants procedures rather than inability of the Maanisha programme to cope with CSOs applicants. As the programme roll-outs to cover all 20 districts and new CSOs, there will be increased demand for grants application thus, necessitating faster grants processes.

ii. Therefore, it is recommended that a hybrid type of grant processes in which grants are based on responding to two categories of CSO: a). *Reactive approach* applicable to the new applicants and CSOs with less technical know-how (require intensive capacity building on grants procedures); b). Proactive approach, applicable to those CSOs seeking additional grants having successfully accomplished first phase planned activities and whose management skills have been established from previous grants (those re-applying for grants), this category should also include the better informed and specialised CSOs and; c). Exploration should be made for more rounds of grants processing within a year, especially for the latter categories of the CSOs (perhaps quarterly basis).

iii. Given the Maanisha focus of widening CBOs coverage in order to scale up HIV/AIDS interventions towards grassroots organizations, there is need to re-focus the bulk of grants towards promoting umbrella CSOs and NGOs particularly those with bases at the grassroots, mainly Divisional and Sub-Locational Levels. This initiative will, facilitate a gradual shift of grants and capacity building resources away from the national and regional based networks towards empowerment of the locally based CSOs networks. The programme should identify and technically equip CSOs whose projects' management skills and record keeping have been proven satisfactory over the first phase of Maanisha programme. The next step, should be advocacy and sensitisation of those identified better performing CSOs to be encouraged to form an umbrella body which would be utilised by the programme as training of trainers (TOTs) including backstopping activities and capacity to the weaker CSOs.

iv. The above suggestion is also based on the fact that the two Networks engaged by programme as partners, were allocated a whooping 40% of the total grants allocation while the remaining 60% went to CBOs.

7.3 Programme Monitoring and Evaluation:

The CSOs' quarterly reporting system and the measures put in place "tracking mechanism" has ensured that disbursed funds are absorbed on the basis of workplans.

MTE found that CSOs are bombarded with different types of reporting formats, the main ones being from NACC, MOH and Maanisha. As more programmes, keep on coming, more reporting formats will emerge, thus resulting in confusing the CSOs to the extent of losing the significance of the overall programmes' reporting system.

7.3.1 Recommendations

Harmonization of reporting systems and frameworks needs to be explored by all the parties concerned. This can best be achieved through stepping up collaborations and coordination mechanism with Government/NACC structures and other similar regional initiatives.

7.4 Performance of programme Indicators:

The assessment of performance of various outputs/ outcomes/ impacts indicators against targets indicated that some indicators have performed much better than others, including over-shooting their

respective targets by a huge margin. For instance, number of female and male condoms distributed in 2006 overshot the target by 3,654.7% (female) and 52.6% (male), IEC materials production overtook the target by 425.3%, while number of widows supported per year (2006) surpassed the target by 1,239% respectively[14].

On the basis of the above findings, and based on general slow trends in community's acceptance rate (female condoms) especially in rural areas, there was a clear observation of either inaccuracy in the CSOs reporting data resulting in a skewed indicators' performance, or the targets could have been set lower than the situation on the ground.

7.4.1 Recommendations:

i. There is need to review, analyse and revise all the output/outcomes/impacts indicators to enhance their validity and realistic reporting by CSOs on performance. Existing monitoring of the CSOs capacities to effectively comply with specified reporting system need to be instituted by PIT in order to thrush out the constraints and bottlenecks undermining the process.

ii. Data validity and verification mechanism are seemingly inefficient within the program's M&E system. Therefore, the programme should put in place data verification measures to avoid operating with inaccurate information from the CSOs reporting system;

iii. Not ruling out the possibility of exaggeration of activities by (such as IEC materials produced, number of widows supported, condom distributions and OVCs supported), to justify grants utilisation, there is need for periodical audits (monthly or quarterly) to ensure verification of the application of financial resources against planned activities.

7.5 Collaboration of Partnership, Networks and Down-Line Donors:

The overall sustainability of the Maanisha programme will depend largely on the cooperation and collaboration of existing and emerging players in the region. With emergence of similar programmes, there is likelihood of duplication of activities, including CSOs abandoning the already instituted best practices towards the grants which have less procedures and conditionalities (past experience also shows that some previous grants for HIV/AIDS interventions created some brief-case CSOs syndrome), resulting in compromise of accountability and transparency at the expense of creation of community based impacts on HIV/AIDS interventions. Cooperation and collaboration of HIV/AIDS partnerships in the two target regions need to be instituted right from the levels of the Maanisha's Steering Committee, downwards to the field.

– The GOK structures are better placed to ensure that there is no duplication but integration with TOWA, APHIA II and other NGO partnership.

– The GOK structures will need to continue being closely involved.

– They are better placed to address the need to talk to other players, GOK etc. to come up with a solution to the establishment of linkages, collaboration etc.

– The improvement of the effectiveness of the District Stakeholders Forums and their strengthening will need lobbying for institutional buy in and commitment for the empowerment of NACC structures to be more authoritative.

Amref's support to NACC Field Officer's mandate to establish mechanisms and systems for the end of line donors in both Nyanza and Western Kenya Provinces should be seen as the first way forward towards cooperative and collaborative initiatives towards engagement of other similar programme supporters.

[14] See Indicator matrix in this report. No Data for 2005 was not available.

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53. AMREF – Maanisha Programme – Phase 2 – *Grants Recommended by Technical Review Committee to Sida* – 1st February 2006.

54. Annual Review Meeting held at Maanisha Office, Kisumu – 17–18th October 2005.

55. Minutes of the Phase 1 Grants Review Meeting by AMREF Maanisha Programme Technical Review Committee (TRC) held at AMREF offices, Kisumu – Friday 31st August 2005.

56. Minutes of Maanisha Technical Review Committee (TRC) Meeting for the Phase II Grants Review held at Maanisha Offices Kisumu – Thursday 26th January 2006.

57. AMREF – Maanisha Programme – Mid-Year Report for 2005

58. AMREF – Maanisha Half-Year Report – January 1st–June 30th 2006.

59. Sida, AMREF – Maanisha – *Community Focused Initiatives to Control HIV/AIDS* – An African Medical and Research Foundation (AMREF) Programme funded by Sida – *Programme Overview* – November 2006.

60. AMREF – "Maanisha" Community Focused Initiatives to Control HIV/AIDS in Lake Victoria Region, Kenya – July 2004–June 2009

61. AMREF – Maanisha Programme – Annual Report for 2004 – 1st January–31st December 2004

62. AMREF – Maanisha Programme – Annual Report for 2005 – 1st January–31st December 2005.

63. Baseline Survey

Annex 1 Situational Analysis Matrix

Objective	**Objective 1: Build Capacity and capabilities of CSOs and private sector organizations to design and implement quality HIV/AIDS interventions**
Indicator	– % Organisations led by elected leaders. – % of CSOs with constitution/articles of association – % organizations with clear organizational structures – % of CSOs using finances efficiently – Proportion of CSOs which mobilize local resources – Grants utilization rates
Achievements to date	– 100% CSOs led by Elected leaders at MTE compared to 20% at baseline. – 93% of CSOs have constitution/articles of association compared to 68% at baseline. – 77.9% of CSOs have clear organization structure compared to 56% at baseline. – 91% of CSOs are using finances efficiently compared to 22% at baseline. – 72.2% of CSOs are mobilizing local resources compared to 63% at baseline. – Grants utilization rate is 100%. – About 200 CSOs have been supported through ODSS, which is 150 above the target set of 50 giving a 400% coverage. – 211 CSOs have been oriented on project & financial management. – The number of organizations trained on proposal development was 37; this is 263 below the set target of 300. Number of organizations monitored and mentored up to MTE is 211; this is 39 less than the set target of 250. This is also below the 220 CSOs who received grants, therefore leaving out 9 CSOs. – Simplified and user–friendly community focused manual on HIV/AIDS project design, development and proposal writing has been developed. – CSOs have been able to utilize resources as planned. This has also been reflected in timely reporting; reports are usually accompanied by workplans for the subsequent implementation period. – CACC Coordinators have received training in ODSS. – Some CSOs are assisting fellow CSOs in report writing.
Lessons Learned	– Training has changed the attitude of CSOs with time; they have now become comfortable with the financial management processes. Initially the CSOs had discomfort, for they had misconceived ODSS as an audit, and also financial management training and requirements were seen as a bother given that some CSOs had been used to other donors who did not take them through such processes.
Constraints/ challenges	– Inadequate CSO's institutional and management capacity: most groups have "owner" mentality where constitutions are rarely followed. Procedures are wanting in adequacy. – CSOs have capacity gaps that require a bigger staff at Maanisha offices to ensure quality facilitation of activities. – Because of capacity building initiatives, some CSOs have ended up getting bigger funding from elsewhere and some of the CSOs have acknowledged this. However, it is emerging that such funding may have negative impact on compliance in terms of reporting, and possibly implementation of Maanisha funded activities.
Gaps and emerging Issues	The number of CSOs supported through ODSS overshot the target by 400%. – Number of CSOs oriented on project & financial management was less with 39 to target (84.4% coverage). – The number of organizations trained on proposal development was 37 (14.1%) coverage. Maanisha started off by building capacity for all CSOs, as recommended by Sida, but has now narrowed it to those receiving grants and also those recommended by the TRC. The reason given for this change is inadequate funds for capacity building. – Capacity building activities have been quite intensive over a short period of five (5) months, with the CSOs' training being offered almost back to back.

Remarks/ Recommend-ations	– Where grant making is involved, a good programme design should not only allow for comprehensive capacity building but should also avail adequate human resource for its realization. – Management and institutional capacity building: Maanisha has had no allocations to CSOs for management and institutional capacity building; however, in future there is need for CSOs to be funded to strengthen their management and institutional capacity. – There is need for more focused capacity building activities for the funded groups for activities that would require additional resources. – More emphasis should be put on capacity building for partners e.g. CACCs in financial management. – The funding for capacity building should be increased in future, for it is currently only for ODSS – There should be training in linkage of grants to outputs/outcomes. This will ensure value for money. – Need to train trainer of trainers to offer training in grants management, as plans to gear up to support NACC and DFID funding. – CSOs have suggested capacity building needs to be scaled up specifically targeting needs such as strategic planning, memory book writing etc. CSOs feel they need permanent staff with experience for them to adequately address the needs of the vulnerable groups.

Objective	**Objective 2: Promote safer sexual behaviour and practices among vulnerable "at risk" and vulnerable groups**
Indicator	– # of CSOs providing services according to national guidelines – % youth 15–24 with <2 partners in the previous 12 months – % of youth 12–24 yrs using condom with non regular partner – % widows undergoing sex-cleansing rite – % couples tested before marriage – % clients satisfied with CSOs services
Achieve-ments to date	– 211 CSOs have been issued with national guidelines. – 58.8% of the youth 15–24 had less than two partners in the previous 12 months down from 60% at baseline. – 39.5% youth 15–24yrs were using condoms with non regular partners down from 50%. – 40% of the widows had undergone cleansing, down from 50% at baseline. – 13.8% couples tested before marriage up from 9% at baseline. – 50% clients were satisfied (very satisfied) with CSO services down from 53%. – Information, education and communication (IEC) and behaviour change communication (BCC) material promotion: Maanisha has facilitated distribution of IEC/BCC materials, some of which were sourced from NASCOP and NACC. They include materials on condoms, ART, PMCT and Living with HIV/AIDS. A BCC strategy for the region has also been developed. The programme has also facilitated the distribution of guidelines for implementation on thematic areas. – Advocacy: the programme has championed advocacy against negative socio–cultural practices that perpetuate the spread of HIV/AIDS in the region. The campaigns have targeted various cadres of community members with the aim of influencing their views on risky practices. Advocacy campaigns would also target institutions that determine policy formulation. – In 2005, 369 participants from 180 CSOs were trained on project design and development to enable them prepare quality proposals for funding. In addition, 26 groups were trained in gender mainstreaming and advocacy approaches. – Documents distributed: 357 copies of KNASP and M&E framework distributed in 2006, and about 2500 IEC copies distributed to CSOs in 2005.

Lessons Learned	Exposing grassroot CSOs to national strategies and guidelines can significantly influence their activities as some CSOs would reassess their work with a view to streamlining them. Many CSOs, even those that have been funded before, are naïve of national HIV strategies and guidelines. – Inadequate skills in programme areas like home based care affects quality of intervention delivery. Addressing the gaps is complex because groups have variable levels of capacity and are at different stages of implementation. – CSOs have not been capable of addressing the existing needs with only the Maanisha funding. – Not all CBOs have the capacity to write proposals; this is shutting them out despite their credible work at far flung areas.
Constraints/ challenges	– Capacity building using harmonized package across the board is challenging. Better approach would require tailor made mentoring, which is difficult. – Many CSOs do not adhere to national guidelines; – Most CSOs do not have capacity to design quality HIV programmes;
Gaps and emerging Issues	The set target for the number of CSOs provided with relevant HIV/AIDS national guidelines as at MTE is 300, however; only 211 received giving a gap of 89. – Realizing the goal of Maanisha needs expansion at divisional level with more coverage at grassroots level. – Maanisha PIT is concerned about the timeliness of some capacity building initiatives, which has been affected by procedural requirements such the need to have a BCC strategy informed by a formative assessment; the need to have a HBC framework informed by a cross-sectional study; and the need to develop operational guidelines for grants and cross-cutting issues
Remarks/ Recommend-ations	– Despite the high numbers of condoms distributed by the programmes, the use by the youth has gone down. Client satisfaction with CSO services has gone down. This calls for a more in-depth study to be done to determine factors that has led to dissatisfaction. – Grants programme targeting small CSOs should consider including a comprehensive capacity building component targeting the CSOs. This can hopefully improve the quality of interventions for long term benefits to the communities. – Scaling up of prevention i.e. IEC, VCT etc.: will need for more financial support for development and adaptation of IEC materials. – Increase capacity building: Increase capacity building on HIV technical areas using updated guidelines; – There is need for clarification on the process of developing capacity building guidelines before they are validated. They should be shared widely as this could be AMREF's contribution to NACC. – It is important to ensure quality in CSOs training both by making sure guidelines are available and also by sourcing qualified professionals as trainers. – Need to hold training more frequently and at divisional levels too.

Objective	**Objective 3: Establish facilitation and coordination mechanism in partnership with CSO networks and GOK Structures**
Indicator	– # of active District Coordination Fora – # PIT meetings which have quorum – % of proposals approved – % of programme budget disbursed under grant scheme
Achievements to date	– There are currently three (3) active Zonal Coordination Fora... – There have been twelve (12) PIT meetings with quorum. – 16.96% of the proposals received were approved. – 32% of programme budget obligated for first three years was disbursed under grant scheme. – Maanisha has been promoting district stakeholders meeting that has NACC and MOH officials under the umbrella of DTC participating. – There has been notable improvement in the relations between NACC and MOH as exhibited during the JAPR and selected district stakeholder review meetings supported by Maanisha – Systems and procedures for establishing partnerships with CSOs developed (Grants and Capacity Building systems). There are elaborate tools and standard operating procedures for selection of districts for staggered phase in (district selection criteria), assessment of potential partner's capacity, grants allocation and related capacity building processes. – Training of CSOs on HIV/AIDS project design, development and proposal writing has been conducted. These have been done jointly with DTCs and CACCs. A total of 222 funded groups have been trained on financial procedures as well as programme monitoring. An additional 100 groups that unsuccessfully applied for funds have also been reached with capacity building interventions. – Capacities of DTCs in all the 20 districts have been strengthened through trainings. The programme has built the experience of DTCs, especially the CACC Coordinators who are Public Health Officers in rolling out proposal development trainings. A series of consultations have been done with DTCs. This involvement has complimented the NACC structures in rolling out proposal–writing programme in the communities. The CACCs and the DTCs have also been trained on organizational development and Systems Strengthening (ODSS) and are being supported to facilitate CSOs on the same. – Funding of CSOs and Networks: A total of 222 CSOs have received grants between Kshs. 50,000–1.5million (US$670–20,000) to scale up their HIV/AIDS activities within the region. Two (2) networks have also been funded to the tune of 36 million (US$ 493,150) each. – Grants Management Systems Development: AMREF with technical support from Allavida has developed a system for grants management. The programme has put in place a clear grants process from the point of receiving application to reports management. The programme is currently testing an electronic database system for grants and related activity tracking. Maanisha has established the following mechanisms for linking, coordination and collaboration: Supported district–wide strategic plan development ins elected districts Establishment of district KPC Core Teams for M & E Promoted the Three–Ones Principle through linkages with NACC, DTC, CACCs and communities Supported DTCs and CACCs to implement ODSS on CSOs
Lessons Learned	In a capacity building programme with significant grants component, appropriate entry involving relevant GOK structures results in good community response, either in terms of applications or participation in project activities. – In a grants programme, capacity assessment prior to disbursement of funds significantly reduces risks as groups that have major capacity gaps are declined or pended so as to allow them time to address the gaps and strengthen their systems. – Effective monitoring of funded CSOs requires adequate fulltime staff; reliance on existing structures and networks is good but not sufficient since the structures themselves may have integrity weaknesses as well as genuine capacity gaps. – Involvement of government employees (CACCs) in training and mentoring CSOs improves the relationship between the two groups. This is important for supervision and monitoring. – Logistics is critical for CACCs to carry out coordination activities, control of briefcase CSOs etc.

Constraints/ challenges	– There is high demand for financial support: the programme is only able to meet a small fraction of the requests. – Selection of groups for funding is challenging; despite the elaborate selection process that has been put in place the risk of funding some bogus group remains high and control put in place can only reduce and not eradicate the risks. – Quality assurance & monitoring of supported groups is challenging, partly due to the large numbers and geographical spread. Involvement of stakeholders is good but this would also require capacity enhancement for the stakeholders. – Balancing effective capacity building with grants management is a challenge. Because of the perception that grant making is high risk business, the tendency to focus on grants at the expense of other capacity building activities is great. – Negative inherent attitudes and practices amongst community members do hinder objective appreciation of a service as opposed to a gift. The tendency to interpret technical and financial support as a favour that requires reciprocity is commonplace and requires sustained effort to change. – Inadequate coordination mechanism continues to be a challenge. This is partly a function of poor resource allocation for coordination activities. Lack of resources is compounded by inadequate technical capacity for mentoring CSOs. – Absence of regular coordination forums for implementers (and middle level donors) at district and provincial levels remains a challenge. Competition for coordination of HIV/AIDS activities, e.g. at district levels between DTCs and DHMTs, has negatively affected efforts to enhance coordination. – Absence of effective donor co–ordination (top level donors) to harmonize funding at the community level has greatly increased the risk of double funding of activities. – DTCs and CACCs have been experiencing difficulties in resources require to facilitate them carry out their roles and responsibilities.
Gaps and emerging Issues	The target amount of USD planned for disbursement to CSO/Inst. was 2.9m by December 31st 2006, however, only 1.56m was disbursed during the period under review. – There has been chronic delay in disbursement of grants to the networks and in a few cases of CSOs. – There might be need to increase funding levels for large CBOs and local NGOs, but only if a proactive approach is embraced such that projects are jointly developed with Maanisha staff. – There is great demand for grants and capacity building. Over 2,000 applications have been received, but have only responded to less than a quarter. Most don't qualify. – Maanisha has trained CACCs to better carry out their responsibilities. However, they are still not reliable, for they have demanding CSOs to support them with meals and transport. This needs to change. – Maanisha would want the national communication strategy to be implemented in full. The positive effects of communication is evidenced by "the CSOs now appreciating the CACCs after knowing their role", through Maanisha. The contacts that Maanisha has made with DTC have been at individual level and not team level. There is a feeling that only individuals has benefited e.g. from training. DTCs and CACCs feel that they have not been utilized in monitoring and evaluation of CSOs; which they suspect could be because they have no training in M&E.

Remarks/ Recommend-ations	– In grants management, there is need to institute capacity assessment as a necessary step before releasing the funds. This has helped in reducing risks as groups that are seen as having serious capacity gaps are first targeted for capacity building. It is important to involve external players, including government representatives in review of grants process as this allows for fairness and necessary programme thematic focus. A technical review committee consisting of representatives from external agencies would ensure objectivity in grants management. – Reactive approach to grant making is a good way to roll out a grants programme; however, repeat grants should employ a proactive approach where grant makers play a role in fine tuning projects for repeat funds. This would also ensure impact as funded projects would clearly address the expected targets. – An appreciation of the nature of the relationship between NACC structures and MOH structures, especially at district level can inform the approaches employed in phase in, thereby determining their engagement in implementation. – Support to CSOs – Scale up CSOs by scope and systems and Greater focus on grassroots–oriented organizations. – DTCs and CACCs need capacity building and facilitation to carry out M&E for CSOs. – CACC's attitude needs to improve and also be allocated funds so as to perform their roles better. CSOs suggest that the relationship between them and CACCs need to be improved by involving CACCs in working closely with CSOs; and also by CSO submitting the reports to them.

Objective	**Objective 4: Support CSOs to increase access to, and improve quality of Home-Based Care and referral for PLWHA**
Indicator	– # of CBOs providing HBC according to national guidelines – # of PLWHA support groups developed by CSOs – # of PLWHA on ART
Achieve-ments to date	– 63 CSOs were supported for HBC; 45 CSOs trained on HBC; and 2,921 care givers were trained in HBC in FY 06 – 42 PLWHA support groups were strengthened in FY 06. There is a functional HBC Model – HBC framework has been developed and also the strategy. In FY 06 target for organizations supported for HBC was met. These organizations were either those implementing HBC activities only or having HBC components in their activities. Number of caregivers trained on HBC was above the set target for FY 06. Number of PLWHAs supported in form of group therapy, legal support, nutrition support etc. was well above the set target in FY 06. One functional referral system developed as per the target set: The HBC strategy has been developed and referral system explained to the supported CSOs (groups).
Lessons Learned	
Constraints/ challenges	Quality assurance of this training sourced by CSO will require to be ensured by the Maanisha programme. The number of HBC Kits distributed was less than the set target. CSOs were given funds to purchase the HBC kits.
Gaps and emerging Issues	– The number trained overshot the target by 1,921 (292% coverage). The reason: most of the groups supported had factored in training of care givers on HBC.
Remarks/ Recommend-ations	– Care and Support i.e. HBC etc: Need for more funds to purchase HBC kits; purchase bicycles for monitoring, home visits and referrals; put in place CHW diaries, client registers, referral forms, and client care plans as well trainings on memory book, loss and bereavement, paralegals/support group therapies, and OVCs; – Mitigation of social economic status i.e. IGAs: Need for funds for cutting edge IGAs for caregivers to improve household income and food security; –

Objective	Indicator	Achievements to date	Lessons Learned	Constraints/ challenges	Gaps and emerging Issues	Remarks/ Recommend-ations
Key (Priority) Indicators for Maanisha Programme	Number of people reached through behav-iour change.					
	Number of OVCs supported.	Number of OVCs supported upto December 31st 2006 is **17,255.** This number has overshot the set cumulative target was overshot by 1,050%.		School fees and uniform is a challenge especially if there will be no refinancing done in future.	Orphans support has been minimal with the CBO level of grants. In addition OVCs numbers and needs are increasing by the day. OVC support has not been linked to other sources of funding.	OVC support needs to take a pro-active approach.
	Number of PLWHAs supported.	Number of PLWHAs supported in FY 06 was 10,050, which was way above the set target by 8,550 (coverage of 670%). The nature of support received was in form of group therapy, legal support, nutrition support etc.				
	Prevalence of HIV/AIDS.	The KDHS in 2008				

Annex 2 Target-Output Results Matrix

Intermediate Results	FY05 Target	FY06 Target	At Midterm Evaluation (Cumulative)	Gap	Remarks
Intermediate Results 1 # Active Zonal Coordination For a	3	3	3	None	On target.
Intermediate Results 2 # PSC meetings held	1	2	2	None	On target.
Intermediate Results 3 # TRC meetings held	1	4	4	None	On target.
Intermediate Results 4 # PIT meetings with quorum	8	12	12	None	On target.
Intermediate Results 5 # PLWHA support groups strengthened	10	20	42	↑ 30	The number of PLWHA groups overshot with 30 in FY 06.

Output Indicators	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	At MTE (Cumulative)	Difference/ Gap at MTE	Remarks
1. # of organisations mobilized	400	1364	400	300	1664	↑ 864	Mobilization overshot the target in FY05 by 241%; while in FY 06 it was less of the target by 33.3%
2. # of proposals received	700	820	1000	1472	2292	↑ 592	Number of proposals received overshot the target by 34.8%
3. # of Districts reached	8	16	16	20	20	None	On target
4. # CSOs supported through ODSS	0	0	50	200	200	↑ 150	This represents the number reached through the ODSS assessment tool.
5. # of organisations oriented on project & financial mgt	50	0	200	211	211	↓ 39	This is only the CSOs who received funding.
6. # organizations trained on proposal dev.	100	-	200	37	37	↓ 263	Only 14.1% of the planned target (cumulative) was covered. Reasons given for not providing the training as planned were lack of resources.
7. # of organisations monitored and mentored per year	50	-	200	211	211		These were the CSOs who received grants FY05/06????
8. # of CSOs provided with relevant HIV/ AIDS national guidelines	100	-	200	211	211		These were the CSOs who received grants FY05/06????
9. # of CSOs funded per year	40	43	190	209 (197)?	211	↑ 19	The number of CSOs funded overshot the targets in both FY05 and FY06.
10. # of learning institutions funded per year	5	-	5	2	2?	↓ 3	Only 2 learning institutions were funded in FY06, falling short by 3.

Output Indicators	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	At MTE (Cumulative)	Difference/ Gap at MTE	Remarks
11. # of private sector organisations funded per year	5	-	5	3	3	↓ 2	Three (3) PSOs were funded in FY 06, falling short by two (2).
12. # Amount in USD disbursed to CSO/Inst.	0.2M	594,298 (0.59M)	2.7M	0.969M	1.56M	↓ 1.14M	This means approximately 53.79% of the planned budget was spent.
13. # of organisations supported to implement OVC support programmes per year	15	-	60	63	63?		The number covered for FY 06 was slightly above the target.
14. # of OVCs supported per year	300	843	1200	16,412	17,255	↑ 15,755	The cumulative target was overshot by 1,050%. This brings up the question of the basis for setting this target.
15. # of organisations supported to implement widows support programmes per year	5	-	20	41	41?		The number covered for FY 06 was 205% (double the target).
16. # of widows supported per year	50	1333	200	1764	3,097	↑ 2,847	The number overshot the cumulative target giving 1,239% coverage.
17. # of BCC strategies developed	0	0	1	1	1	None	On target.
18. # of male condoms distributed	10000		-200000	305,126	305,126	↑ 104,126	The number of condoms distributed in FY 06 overshot the target by 52.6%. Condoms were sourced from NASCOP/DASCOs.
19. # of female condoms distributed	0	0	300	10,964	10,964	↑ 10,664	This gives a 3,654.7% coverage. This brings up the question of the basis for setting this target.
20. # of condom dispensers distributed	5	-	10	100	100	↑ 90	This was 1,000% coverage. This brings up the question of the basis for setting this target.
21. # IEC produced	5000		- 25000	106,321	106,321	In FY 06 – ↑ 81,321	This was 425.3% coverage of target in FY 06. Reason given for overshooting the target is the number was for T-shirts and brochures.
22. # IEC outsourced	10000		-200000	450	450	In FY 06 – ↓ 199,550	The number of IEC outsourced was less 199,550 of the target in FY 06 – 0.225%. Reason given was that NASCOP had run out of IEC materials.
23. # IEC distributed	15000		-225000	148,206	148,206	FY 06 – ↓ 76,794	The number was less 76,794 of the target for FY 06. It is not indicated the type of IEC that was distributed.

Output Indicators	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	At MTE (Cumulative)	Difference/ Gap at MTE	Remarks
24. # of organisations provided with IECs	50	-	100	111	111	↑ 11	It is indicated that these were IEC Materials sourced from NASCOP and other stakeholders and distributed to CSOs.
25. # of VCT centres supported/strengthened	1	-	3	3	3	none	On target.
26. # of socio-cultural studies conducted	0	0	1	1	1	None	On target.
27. # of organisations supported to mainstream legal rights	0	-	50	211	211?	**FY 06 – ↑ 161**	The number overshot the set target in FY 06. Reasons given: all funded groups were inducted on mainstreaming of human rights issues; the same included in the guidelines for proposal development. Some of the groups have been taken through follow up training on the same.
28. # of individuals who receive VCT services	4000	-	10000	5,028	5,028	FY 06 – ↓ 4,972	Coverage was 4,972 less of the target number in FY 06 (50.28% coverage). Reasons given: TRC rejected follow up proposal from Nyarami VCT center.
29. # of learning institutions supported to provide the services	1	-	1	1	1		The FY 06 coverage was on target.
30. # of VCT service providers trained	2	-	6	247	247	FY 06 – ↑ 241	The number overshot by 241 (It was 4,117% coverage). These were community members trained to carry out community peer counselling as part of demand creation as well as being the first stage in the counselling process.
31. # of organisations supported per year to implement prevention activities	15	-	60	101	101	FY 06 – ↑ 41	This number is more with 41 of the FY 06 target. This number represents CSOs specifically focusing on prevention.
32. # of people reached for behaviour change	50000	-	300000	353,393	353,393	FY 06 – ↑ 53,393	The coverage for FY 06 was 117.8% of the target. The programme made intense behaviour change campaigns through variable media by CSOs.
33. MIS system functional	0	0	1	1	1	None	On target.
34. of studies conducted on best practices & lessons	0	0	1	0	0	Nothing done yet.	No study conducted on best practice and lessons learned; however, Nangina Social Work Project (CBO) has been earmarked for case study and documentation is on going.

Output Indicators	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	At MTE (Cumulative)	Difference/ Gap at MTE	Remarks
35. of networks supported	2	2	2	2	2	None	On target. Support given is for implementation of cross-cutting issues.
36. Amount disbursed to networks (USD)	0.4M	0.4M	0.6M	0.6M	1.0M	None	On target.
37. # of quarterly meetings held with networks/CSOs	2	-	4	4	4		Review meetings have been held quarterly and have focused on implementation strategies and operation issues.
38. # of coordination meetings held with GOK	2	-	3	6		FY 06 – ↑ 3	In FY 06 – The number overshot the target by 3 (coverage of 200%). This raises the question on the basis for target setting.
39. # of stakeholders meetings held	0	-	1	6		FY 06 – ↑ 5	In FY 06 – the number overshot the target by 5 (600% coverage). This raises the question on the basis for target setting.
40. # of DTCs supported	2	-	5	20		FY 06 – ↑ 15	The target number for FY 06 was overshot by 15 (400% coverage) This raises the question on the basis for target setting.
41. of OR conducted per year	0	0	2	1	1	↓ 1	The set target of 2 fell short with 1.
42. % CSOs reporting on time	60%	-	75%	84%		FY 06 – ↑ 9%	The performance is above the set target. CSOs are required to report on the deadline of 10th of January, April, July, and October. This percentage is for the CSOs that submit by the deadline of 10th. However, over 98% submit reports by the 15th of the same months.
43. Functional HBC model	0	0	1	1	1	None	HBC framework developed and also the strategy.
44. # of organisations supported per year for HBC	15	-	60	63		FY 06 – ↑ 3	These were organizations either implementing HBC activities only or having HBC components in their activities.
45. # of CSOs trained on HBC per year	0	0	60	45	45	↓ 15	This was below the target (coverage 75%)
46. # of caregivers trained on HBC per year	0	0	1000	2921	2921	↑ 1,921	The number trained overshot the target by 1,921 (292% coverage). The reason: most of the groups supported had factored in training of care givers on HBC. However, quality assurance of this training sourced by CSO will require to be ensured by the programme.

Output Indicators	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	At MTE (Cumulative)	Difference/ Gap at MTE	Remarks
47. # of PLWHA supported per year	500	-	1500	10,050	10,050	FY 06 – ↑ 8,550	In FY 06 the number overshot the target by 8,550 (coverage of 670%). The nature of support received was in form of group therapy, legal support, nutrition support etc.
48. functional referral system developed	0	0	1	1	1	None	On target. The HBC strategy has been developed and referral system explained to the supported CSOs (groups).
49. # of HBC kits distributed per year	500	-	1500	1441	1441	FY 06 – ↓ 59	The number was less by 59 for target of FY 06 (coverage 96%). CSOs were supported with funds to purchase HBC kits.

Annex 3 Knowledge Prevention Coverage Results Matrix

Indicator	Indicator Definition/ Measure and source	At baseline	At Midterm evaluation	Trend	Target 2007	Remarks
Outcome 1: % Organisations scoring >2 on organization scan	Definition: CSOs with average score >2 using CSO KPC tool from section A-H. Denominator: sampled CSOs Source: ODSS Assessments of CSOs at baseline and mid-term	40%	8.1%	↓ 31.9%	55%	The baseline indicator value is more than four times the MTE. Only 4 districts achieved this indicator as follows: Migori (4) 26.3%; Homabay (3) 12.5%; Busia (1) 5.6%; and Butere/Mumias (2) 8.3%.
Outcome 2: % Organisations with Annual Plans	Numerator: Number of CSOs with annual plans Denominator: Sampled CSOs Source: ODSS Assessments of CSOs at baseline and midterm	15%	82.0%	↑ with 67%	30%	This indicator has performed exemplary well, might be because the CSOs have to submit a work plan with the proposal for funding.
Outcome 3: % Organisations led by elected leaders	Numerator: Number of CSOs led by elected leaders Denominator: Sampled CSOs Source: ODSS Assessments of CSOs at baseline and mid term	20%	100.0%	↑ with 80%	30%	These were the organizations that had a board that meets and makes decisions that guide its development. This high value could be because the CSOs have been strictly vetted to qualify for grants (a measure to control briefcase CSOs).
Outcome 4: % CSOs with constitutions/ articles of association	Numerator: Number of CSOs with a constitution Denominator: Sampled CSOs Source: ODSS Assessments of CSOs at baseline and midterm	68%	93.0%	↑ with 25%	75%	The high value of the indicator at MTE could be attributed to the CSOs having met this condition.
Outcome 5: % Organisations with clear organization structure	Definition: This would be defined as organizations with average score >2 as measured in tool annex 3 (KPC) parts A-C. Numerator: Number of CSOs with clear organization structure Denominator: Sampled CSOs Source: ODSS Assessments of CSOs at baseline and midterm	56%	19.2%	↓ with 36.8%	60%	The value of this indicator at baseline is almost three times the MTE. Six districts met this indicator as follows: Kisumu (3) 16.7%; Migori (6) 31.6%; Suba (1) 11.1%; Homabay (2) 12.5%; Busia (4) 22.2%; and Butere/ Mumias (5) 25.0%.

Indicator	Indicator Definition/ Measure and source	At baseline	At Midterm evaluation	Trend	Target 2007	Remarks
Outcome 6: % CSOs using finances efficiently	Numerator: Number of CSOs using finances according to plan (Annex 3 KPC tool: % on QB4=2+3+4) Denominator: sampled CSOs Source: ODSS Assessments of CSOs at baseline and midterm	22%	91.0%	↑ with 69%	50%	Performance is good; this could be attributed to the training given to CSOs on financial management and the requirements for reporting.
Outcome 7: % CSOs mobilizing local resources	Numerator: Number of CSOs mobilizing funds from members, local human resource, and network & collaborates with others. (annex 3 KPC tools: QH1=2 and 4) Denominator: sampled CSOs Source: ODSS Assessments of CSOs at baseline and midterm	63%	72.2%	↑ 9.2% the progress is faster than the expected.	70%	The achievement is way above the set target for Dec. 2007; the MTE established from the interviews with CSOs that the training given in proposal writing has assisted in accessing funding from other sources.
Outcome 8: Grants utilization rate	Numerator: amount of grants reported utilized per year Denominator: amount of grants disbursed per year Source: Contracts will provide the denominator while the numerator will be obtained from CSOs financial report	0	100%		80%	This achievement was provided based on the satisfactory quarterly reporting given to the Grants Manager.
Outcome 9: % CSOs providing services according to national guidelines	Numerator: # of CSOs reporting using national guidelines in design and implementation of HIV/AIDS activities Denominator: # of CSOs sampled Source: ODSS Assessments of CSOs at baseline and midterm	67%	100%	↑ 33%	75%	All the 211 CSOs who have received grants were issued with national guidelines. It is assumed they have been using them, however, it will require assessment and verification of usage.
Outcome 10: % youth 15–24 with < 2 sexual partners	Numerator: Number of youth reporting 1 sexual partner in the last 12 months (Annex 2 KPC tool: Q426=1) Denominator: Number of youth with sexual partners [Q2: Q407 =1 (yes)] Source: Baseline and midterm evaluation – youth 15–24 surveys using KCP tool in annex 2	60%	58.8%	↓ 1.2%	65%	The indicator has slightly gone down.

Indicator	Indicator Definition/ Measure and source	At baseline	At Midterm evaluation	Trend	Target 2007	Remarks
Outcome 11: % Youth 15–24 using condoms with non-regular partners	Numerator: Number of youth using condoms with non regular partner (Annex 2 KPC tool: Q414 partner 2=1(yes) Denominator: Number of youth with > 1 sexual partner [Q2: Q426 = 2+ partners) Source: Baseline and midterm youth 15–24 KPC tool annex 2	50%	46.5%	↓ 3.5%	60%	The indicator is slightly lower than the baseline; this performance is not matching the high number of condoms that have been supplied by the programme which overshot the target for FY 2006 by 52.6%.
Outcome 12: % widows undergoing sex cleansing	Numerator: Number of widows cleansed (Annex 1: Q 310= 1 (yes) Denominator: Total number of widows interviewed [Q1: Q301=4(widow)] Source: Baseline and midterm adult 18+ surveys using KPC tool annex 1.	50%	40.0%	↓ 10%	45%	The good progress to date is encouraging.
Outcome 13: % couples tested before marriage	Numerator: Number tested before marriage [Annex 1 KPC tool: Q304=1 (yes)] Denominator: Total number of adults 18+ sampled Source: Baseline and midterm youth 15-24 surveys using KPC tool in annex 1	9%	13.8%	↑ 4.8%	12%	The achievement of this indicator is above the target for FY 07.
Outcome 14: % Clients satisfied with CSO services	Numerator: Number of clients satisfied with CSOs services [Annex 2: Q620=1 (very satisfied)] Denominator: Number of clients sampled Source: Baseline and Annual Client Satisfaction Surveys specifically on funded CSOs	53%	50.0%	↓ 3%	65%	The percentage of clients satisfied with CSO services has gone down: Suba 25%; Butere/Mumias 36.4%; Kisumu 44.4%; Gucha 47.6%; Homabay 57.1%; Busia 61.5%; Migori 62.5%; and Teso 88.9%.

Annex 4 List of CSOs Interviewed per District

Kisumu	Abila Creative Centre
Gucha	Action Times Family Care
Gucha	Kegatitalent Training Youth Group
Gucha	Omongina Self Help Group
Gucha	Vine Self Help Group
Gucha	Young Women Christian Association
Homa Bay	Anglican Diocese of Suothern Nyanza
Homa Bay	Bora Bora Community Project
Homa Bay	Homa Bay Central Widows
Homa Bay	Karading Community Pharmacy
Homa Bay	Kenya Acorn Project
Homa Bay	Kinda Women Group
Homa Bay	Lanino Women Group
Homa Bay	Nyang Women Group
Kisumu	Al Taqwa Women Group
Kisumu	Catholic Archidiocese Of Kisumu
Kisumu	Christian Women Partners Group
Kisumu	Day Care Self Group
Kisumu	Ecoden
Kisumu	Friend Women Group
Kisumu	Geno Cbo
Kisumu	Gwada Women Group
Kisumu	Impact Research And Development Organization
Kisumu	Kinda Oyinjo Women Group
Kisumu	Kisumu Aids
Kisumu	Mojovi Self Help Group
Kisumu	Nguare Bicycle
Kisumu	Ogra Foundation
Kisumu	Orongo Widows and Orphans Group
Kisumu	Port Florence Youth Initiative
Kisumu	Sigal Lakeside Youth Group
Kisumu	St. Rita Group
Kisumu	Success Women Group
Kisumu	Support for Tropical Initiative in Poverty Alleviation
Kisumu	Wifip Trust
Kisumu	Wise Ladies Women Group
Kisumu	Women Concerns Centre
Migori	Dadra Organization
Migori	Goodwill Community Centre
Migori	Hope Life Network of People Living With Hiv/aids
Migori	Kamagambo Community Development Project
Migori	Kared For Women Group
Migori	Lake Region Community

Migori	Mercy Orphans Support Programme
Migori	Migori Civic Local Affairs Network
Migori	Migori Community Based Orphans Hiv/aids Centre Micobaorhiac
Migori	Ndoga Widows and Orphans Centre
Migori	Nyarami Vct
Migori	Onger Siko Women Group
Migori	Ragana Youth Better Living
Migori	Riabamora Development Group
Migori	Rural Aids Prevention and Development Organization
Migori	Sony Home Based Care Hiv/aids Counseling Project
Migori	Sony Sugar Youth Group
Migori	St. Mary's Youth and Orphans
Migori	Uriri Village Aids Facilitators and Counselor Group
Suba	Community Initiatives and Social Support Organization
Suba	Development Knowledge Link Africa
Suba	Hekima Self Help Group
Suba	Kony Ngimani
Suba	Mudomari Widows Movement
Suba	Nyakonya Self Help Group
Suba	Peer Support Self Help Group
Suba	Suba Theatre Youth Group
Suba	Women Initiative Against Poverty and Hiv/aids

List of CSOs in Western Province

1. Ekama Youth Health Help Group — BUTERE/MUMIAS
2. Central Youth Programme Mungano Group for Community Develoment-teso
3. Kolanya Girls Boarding Primary School — TESO
4. Akimorasit Border Self Help Group — TESO
5. Friends Of Orphaned Children Cbo — TESO
6. Matungu Volunteers Disabled Persons Self Help Group/BUTERE/MUMIAS
7. Support Activities In Poverty Eradication And Health – BUTERE/MUMIAS
8. Lureko Hbc Shg – BUTERE/MUMIAS
9. Namukonyi Youth Group – BUTERE/MUMIAS
10. Matungu Org of People Living Ang Fighting with HIV/AIDS – BUTERE/MUMIAS
11. Men And Traditions Against AIDS – BUTERE/MUMIAS
12. Nangina Project Social Work Medical Mission Sisters — BUSIA
13. Mama Orphans Childrens Home — BUSIA
14. Nangwe Bumenya Women Group — BUSIA
15. Siguli Orphans Centre — BUSIA
16. Sisimkha Dadira Adult Class Selp Help Group — BUSIA
17. Wanga Rural Community Development Initiative – BUTERE/MUMIAS
18. UCODEV – BUTERE/MUMIAS
19. Tushauriane Post Test Club – BUTERE/MUMIAS
20. Budolame – BUSIA
21. Nabole Disabled Self Help Group – BUTERE/MUMIAS

22. Sisimka Theatre Group – BUTERE/MUMIAS
23. Ebenezer Orphan Based Care Women Group – BUSIA
24. Lakers Youth Group – BUSIA
25. Amachi Solutions – BUSIA
26. Eshinamwenyuli Youth Group – BUTERE/MUMIAS
27. Baba Foundation – BUSIA
28. Funyula Disabled Group – BUSIA
29. Isimba Women Group – BUSIA
30. Busia Compasionate Centre – BUSIA
31. Busia Young Men Christian Association – BUSIA
32. African Developments And Emergency Organization – BUSIA
33. Abalomondala Self Help Group – BUSIA
34. Busia Catholic Parish Family Life Education Programme – BUSIA

Annex 5 List of People Met

Alfred Luwoba	Director TICH
Linet Nyapada	TICH – Chairperson TRC
Ken Odumbe	Action Aid HIV/AIDS Coordinator, western Region
Edwin Lwanga	Nacc Field Officer Nyanza
Reuben Musudi	NACC Field Officer Western Kenya
Doreen Othero	Maseno University – Member TRC
Nicholas Imbugwa	Programme Officer, sida
Mette Kjaer	Country Director, AMREF Kenya
Dr. Festus Ilako	Head of Programmes, AMREF Kenya
Mwihaki Kimura	HIV/AIDS Manager, AMREF Kenya
James Katule	Finance Manager, AMREF Kenya
Alan Kandege	(Former) Project Accountant AMREF Maanisha
Albert Kombo	Programme Manager, AMREF Maanisha
Naomi Mwangi	Grants Manager, AMREF Maanisha
June Omollo	HIV/AIDS Manager, AMREF Maanisha
Nelson J. Otwoma	Social Scientist, AMREF Maanisha
Vincent Kutai	Project Assistant, AMREF Maanisha
Michael Ochieng	M&E Advisor, APHIA II Nyanza
Peter Godwin	DFID Consultant

Kisumu DTC

1. Mr. Okungu	CACC Coordinator
2. Ms. Ouma	Assistant DDO
3. Mr. Islam Khan	CACC Chairman, Kisumu West
4. Ms. Lira	CSO Representative Nyalenda

Migori District – DTC

Members present:

1. Margaret A. Ila	M.Y.W.O. Migori district Representative
2. Millicent Atiamo	Rongo CACC
3. Tom W. Maruti	Assistant DDO Migori District
4. Mama Symphrose Odongo	Women Representative – Migori
5. Margaret E. Ambaka	Rongo CACC
6. Wilfred Okumu	Community Representative
7. Michael Okidi	DIO Migori
8. Peter O. Okello	Catholic church – FBO Representative
9. Monica Chan	Youth Representative
10. Jane Mwai	Migori CACC
11. Luke Amayo	Nyatika CACC
12. Joshua o. Odembo	Uriri CACC

DADRA CBO

1.	Monica Chan	The in-charge
2.	Eunice Ayugi	Volunteer/PLWHA representative
3.	Gladys Obeto	Volunteer
4.	John Oduor Ocheing	counselor Volunteer
5.	Grey A. Orero	L.H.W. Volunteer
6.	Don Adienge	Chairperson
7.	Tabitha Aoko	CHW
8.	Eucabeth Olango	PEER Educator Volunteer
9.	Esther Soti	Coordinator DEVLINK Africa (NGO Suba District)
10.	George Bor	Coordinator Suba Youth Theatre Group

DTC Suba District

Members present:

1.	Mary A. Okello	Chairperson (NCWK) Suba
2.	Paul Okombo Oyoo	Faith Based Organisation SDA
3.	Dr. Soti David	DMOH Suba
4.	John Ooko Otieno	BMU Chairman Suba
5.	Ezra Katete Miran	K.N.C.C & I Suba Branch
6.	Samson Ojung'a Okoth	Mbita Constituency – Youth Representative
7.	Zaddock O. Oguta	Mbita CACC Coordinator
8.	Onyancho M. Lazamo	DDO/Coordinator DTC Suba
9.	Carolyn Odongo	CCF Contact person
10.	Faith Ogweno	MYWO – Suba Field Officer
11.	Job Otiwa	ADDO – Suba
12.	Denson Mututo	DIO member DTC

Homa Bay Stakeholders Meeting

1.	Luke Gaga Owuor	D/DPHO – DTC member
2.	Kenneth Otieno Okeyo	CACC Coordinator Rangwe
3.	Moses Okomo John	District HBC Coordinator
4.	Teresa A. Otieno	Secretary Lanino Women Group (CSO)
5.	Emilly A. Owuor	Member Lanino Women Group (CSO)

Consultative Meeting – Homabay 20/2/2007

List of participants:

1.	Lornah Ongor	Homabay Widows Group Member
2.	Zilpa A. Onyando	Homabay Widows Group Member
3.	John N. Mwanga	AT. FAMICA Director
4.	Peter O. Odero	Hope and Life Secretary
5.	Monica Chan	DADRA Organisation Secretary
6.	Daniel Mecha	SUNKIO Vice Chairman

7.	Kevin M. Maturi	SUNKIO Member
8.	Emily Moraa	SUNKIO Member
9.	Susan Ogango	MUDOMARI Member
10.	Mary Memba	MUDOMARI Chairlady
11.	Kenudu M. Josphat	Kegati T.T.Y.G Coordinator
12.	Charles O. Owuor	Rongo MGSHQ Member
13.	Shem Ongori	Vine S. H. Group Coordinator
14.	Evans Mose	Kegati T.T.Y.G Vice Chairman
15.	Milton Otieno	A.I.C. SHG Member
16.	Beatrice Adhiambo	Better Living Member
17.	Teresia Atieno	Hope & life Chairlady
18.	Pastor Moses Oyengo	HU Care Contact person
19.	Milton Maningi	Better Living Chairperson
20.	Susan Nyandeje	Lanino C.B.O. Member
21.	Sharon Atieno	Arunda Primary School Teacher for Orphan
22.	Onditi Joseph	Migori Clan Committee member
23.	Jennifer Achieng	Migori Clan Community leader
24.	Alfred Nyona	Ibeno Disabled Chairman
25.	Peter Mauya	Ibeno Disabled V. Chairman

In-depth Interview with Butere-Mumias HIV/AIDS Stakeholders Forum Members

1. Thomas Odhiambo, Ag. District Development Officer
2. Michael O Odol, District Social Development Officer
3. David Andambi, District Medical Officer of Health
4. Samuel Khatenya, Cooperative Ministry Representative
5. Aggrey Lugendo, Butere Constituency CACC Coordinator
6. Joshua Okello, Khwisero Constituency CACC Coordinator
7. William Alaka, Mumias Constituency CACC Coordinator
8. Bonface Wesonga, Finance Officer of a CSO
9. Donald O Mumbo, Programme Administrators of a CSO
10. Amos M Manowa, Manager of a CSO
11. Wellington Lanya, Ministry of Water Development Representative
12. Joseph A. Ogando

In-depth Interview with Busia DTC Members

1. Mathew K Musyoka, DDO
2. Paul Owiso, Butula Constituency CACC Coordinator
3. Livinstone Kadiki, Funyula Constituency CACC Coordinator
4. Wilfred Magoba, Nambale Constituency CACC Coordinator
5. Mary A Makokha, Director, REEP, Butula

Western Province Stakeholders Consultative meeting – Busia

1. Grace Oranja, MYWO/ Bushe Women Group
2. Benard Namenya, Youth Representative, Matungu Constituency
3. Bakhuya Alice, Tushauliane PLWHA Representative, Butere

4. Makanda Paul, Familia SHG/ Assistant Chief, Matungu
5. Paul Wafula, DDO, Butere Mumias District
6. Batholomew Odhiambo, Isimba Group
7. Pauline Otieno, Isimba Group
8. Hellen Juma, Isimba Group
9. Nelson Andanje, HBC Coordinator, Teso District
10. Isaac Lubina, DTC member, Busia
11. Idris Luvale Mohammed, Imam's chairman, Kakamega
12. Bonface Emoit, Central Youth CBO
13. Antony Makhoha, Kehaso CBO, Busia
14. Pascalia Omondi, CACC Women Representative, Busia

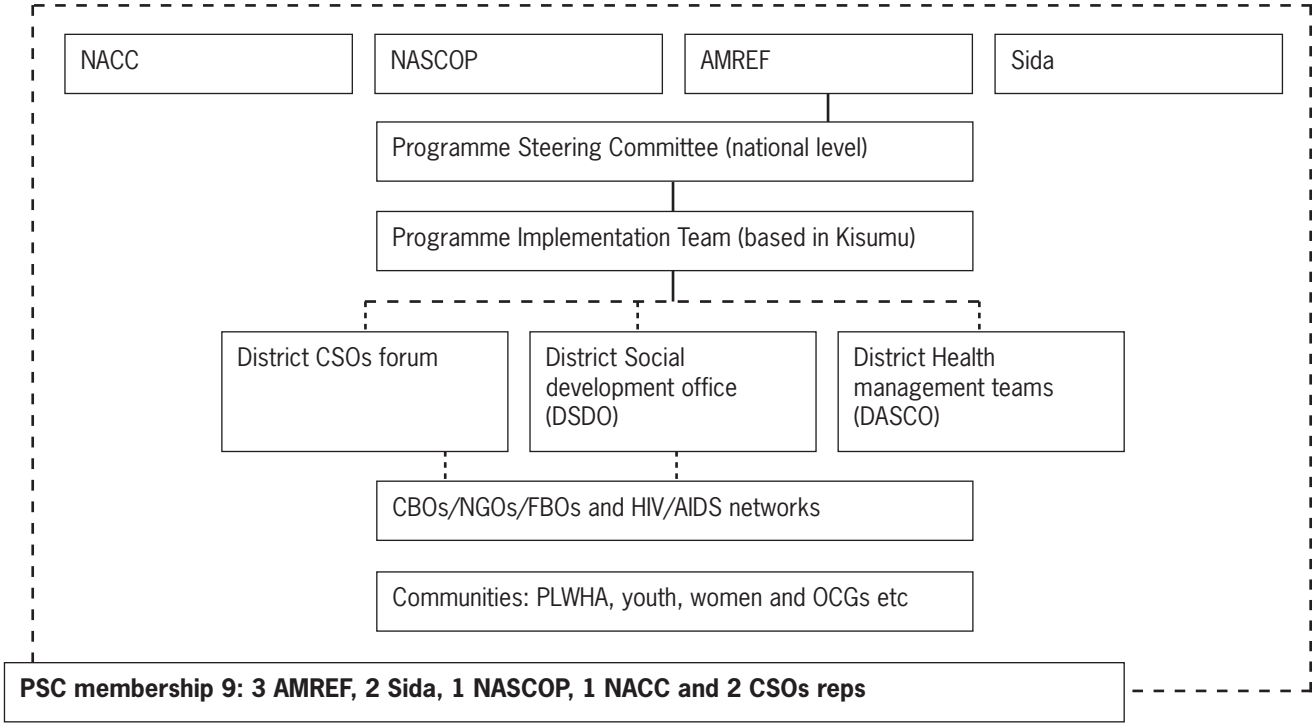
TAPWAK

1. Lawrence Odiembo, Information Officer
2. Paul Odhiambo, Programme Officer
3. George Agisa, Accountant
4. Edwin Gombe, Manager
5. Eunice Obonyo, Nurse
6. Naike Awandu, Administrative Secretary
7. Morris Otieno, Public Educator/HBC

APHIA Nyanza

1. Dr J. Aruwa, Deputy Project Director, Kisumu
2. Michael Ochieng, M&E Advisor (Former Maanisha M&E Officer)

AMREF LVB HIV Control Programme Management structure



Annex 6 Terms of Reference

1. Background Information

1.1 About AMREF

The African Medical and Research Foundation (AMREF) is an independent non-profit, non-governmental organization (NGO) founded in 1957. The foundation has country offices in Kenya, Uganda, Tanzania, South Africa and Ethiopia, and programme presence in Somalia and the Southern Sudan.

AMREF's vision is a healthier and more productive people of Africa and its Mission is to improve health of disadvantaged people in Africa as a means for them to escape poverty and improve their quality of life. To achieve the mission AMREF implements projects using three main thematic strategies of capacity building, operations research and advocacy.

AMREF's approach places emphasis on developing, testing and evaluating methodologies and systems that are appropriate, affordable and effective. AMREF's major targets are the vulnerable groups including women, children, the elderly, people with disabilities and the poor in rural and urban underserved areas.

1.2 AMREF Kenya Country Programme

The Kenya country programme implements project activities under five programme areas namely; HIV/AIDS and TB, Water and Basic Sanitation, Family Health, Malaria Control, Clinical Outreach, Disaster Management and Emergency Response. Training and Development of Health Learning Materials is a major component of each of the programme areas. Health Policy and Systems Development/Support is also a cross cutting area within AMREF operations.

1.3 Maanisha HIV/AIDS Programme

AMREF Kenya, with support from Swedish International Development Agency (Sida), is implementing the *"Maanisha"* Community Focused Initiative to Control HIV/AIDS Programme in the Lake Victoria region covering Nyanza and Western Provinces. The programme started in January 2004 and was designed to cover all the 20 districts of the two provinces.

1.3.1 Programme Overall Objective

The overall objective of the programme is sustained reduction in the incidence of HIV/AIDS in Lake Victoria Basin

1.3.2 Programme Specific Objectives

- Build the capacity and capabilities of CSOs/FBOs and private sector organizations to design and implement quality HIV/AIDS interventions
- Promote safer sexual behavior and practices among "at risk" and vulnerable groups
- Establish facilitation and coordination mechanism in partnership with CSOs/FBOs networks and GOK structures
- Support CSOs/FBOs to improve access to quality home-based care (HBC) and referral services for PLWHAs

An important element of the programme is the grant-making component to CSOs.

2. Objective of the Evaluation

The main objective of the evaluation is to determine and document the programme progress, support learning and inform future programme implementation by:

- Evaluating the results of the programme to date, establishing the extent to which the programme is contributing towards the outputs and purpose, and the goal,
- Effectively disseminating findings through a feedback workshop and a clear report identifying gaps and weaknesses.

2.1 Specific Evaluation Objectives

Based on the programme's proposal and log frame the evaluation seeks to:

1. Assess the relevance of the programme to the problems identified and the needs of the target group(s).
2. Assess the operational and management efficiency and effectiveness of implementation to date, including an appraisal of the methods and approaches used, as well as the strategies for grants management, capacity building and coordination & networking mechanisms and support for GOK oversight at appropriate levels.
3. Assess progress towards the planned overall outcomes of the programme, including intended outcomes measured according to the indicators in the log frame at output to purpose level
4. Assess the feasibility of the sustainability mechanisms put in place to ensure the beneficiary communities continue to enjoy benefits generated by the programme
5. Assess the extent to which the programme has contributed towards HIV/AIDS mainstreaming activities for the Swedish embassy in Kenya, Swedish companies in Kenya, and Swedish embassy supported interventions
6. Clearly identify and document the lessons learned, identifying gaps and weaknesses, to feed into future work in this area
7. Asses extent and effectiveness of links to/coordination and collaboration with NGOs, district health and social services planning and management, and make recommendations for the future in light of moves towards SWAPs

3. Main Tasks

The consultant in consultation with AMREF Kenya Country Office will be expected to carry out the following tasks:

- Form a Mid Term Evaluation team including research assistants
- Conduct desk review of relevant program documents, grant making component, financial management issues at CSO level, CSO/Networks quarterly reports and strategy documents among others
- Identify and document lessons learned and best practices
- Identify and define priority areas for the next phase with specific emphasis on management and governance.
- Make recommendations for improving performance of the second phase implementation and for the future replication of this type of programme.
- Submit and present a draft mid-term evaluation report to AMREF and incorporation of comments and suggestions in the final report.
- Submit a technically sound Maanisha Programme mid-term evaluation final report to AMREF.

4. Approach

This shall be a participatory evaluation and will involve methodological triangulation of qualitative and quantitative approaches. The exercise will be conducted by an international consultant preferably in consortium with a local consultant working jointly with the *Maanisha* Project Implementation Team. Study Methodology will include design, tools development based on the programme logframe and quantitative and qualitative data management, which will involve the consultant working hand in hand with the Maanisha PIT, especially the Monitoring and Evaluation Officer and Programme Manager and the AMREF KCO technical support office.

5. Deliverables

a) Inception proposal detailing the methodology, approaches and processes to be used

b) Revised/developed tools

c) A comprehensive mid-term evaluation report

The contents of the report will be agreed upon together with AMREF.

6. Expected Profiles of the Consultant(s)

The consultant should have a good understanding of health sector policies and systems, and HIV/AIDS response frameworks and policies in developing countries, preferably in Africa. Knowledge of the Kenyan context and familiarity with the implementation of the "Three Ones" Principle will be an added advantage. He/she should have a demonstrated experience in evaluating HIV/AIDS programmes delivery at district and national levels and working knowledge of CBOs and NGO networks. The suitable candidate should possess postgraduate training in public health, social sciences or related disciplines, and have expertise and extensive experience in the following areas:

– HIV/AIDS/STI programming

– Managing and/or reviewing grants-making programmes for civil society organizations at district level

– Community field/CBO/NGO experience

– Quantitative and qualitative research methods

– Program analysis, evaluation and multi-districts study design

– HIV/AIDS, gender analysis and cross cultural studies

– Organizational development and systems strengthening

In addition the consultant must be proficient in data analysis and report writing and in use of computers, especially the use of SPSS or any other statistical data analysis software package for qualitative and quantitative data analysis. The consultant who is familiar with culture and practices in Nyanza and Western Provinces of Kenya will get preference.

The consultant will be expected to:

- Identify and articulate appropriate approaches to achieve the evaluation objectives
- Design, test and apply appropriate tools to gather required information
- Collect, collate and analyse data and information

7. Role of AMREF

AMREF will provide the logistics and programme documents and be the link between the consultant and key partners as well as the communities. AMREF will also review tools, provide leadership as co-investigators during training and data collection. The collaborators will provide venues for discussion and mobilize the required persons for interviews.

8. Duration of the assignment

The assignment is expected to take place between 5th January 2007 and 15th February 2007.

9. Response proposal specifications

Those interested in the consultancy must include in their application a detailed technical and financial proposal with the following components:

9.1 Technical

9.1.1 Understanding and interpretation of the TOR

9.1.2 Methodology to be used in undertaking the assignment

9.1.3 Time and activity schedule

9.2 Financial

9.2.1 Consultant's daily rate in US $ or equivalent in Kenya shillings

9.2.2 Other costs e.g. Accommodation, travel, and printing.

9.3 Organizational and Personnel Capacity Statement

9.3.1 Relevant experience related to the assignment.

9.3.2 Contacts of organizations previously worked for.

9.3.4 Curriculum vitae of key personnel

10. Submission of proposals

Submit your application to:

Technical Support Office
AMREF Kenya, (Att: Wycliffe Owanda),
P.O. Box 30125, 00100
NAIROBI.
Email: wycliffeo@amfrefke.org

11. Deadline of submission

12.00 noon on December 11th 2006

12. Evaluation and award of consultancy

AMREF will evaluate the proposals and award the assignment based on technical and financial feasibility. AMREF reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.

Recent Sida Evaluations

07/21 Proyecto de Reingeniería Institucional de la Superintendencia Forestal de Bolivia (PRINS), 2003–2006
Lars Eriksson, Hugo Piotti
Department for Latin America

07/22 The Utstein Anti-Corruption Resource Centre (4A-RC)
John R. Heilbrunn
Department for Democracy and Social Development

07/23 Programa de Fortalecimiento al Régimen Electoral en Honduras, 2003–2007. Asdi-OEA
Juan Carlos Castaldi, Gloria Noreña, Marco Handal
Department for Latin America

07/24 Programa de Gobernabilidad Democrática en Honduras, 2004–2007. Asdi-PNUD
Juan Carlos Castaldi, Gloria Noreña, Marco Handal
Department for Latin America

07/25 The Olof Palme International Centre's support to Civil Society Organisations in Iraq
Henny Andersen, Filip Vikström
Department for Cooperation with Non-Governmental Organisations, Humaitarian Assistance and Conflict Management

07/26 Consolidation and Renewal. CODESRIA in the New Millennium
Björn Beckman, Inga Brandell, Lloyd Sachikonye, Mohammed Salih
Department for Research Cooperation

07/27 Consolidated Anti-Corruption Training and Publication Programme: Project Nikolaj 2003–2006
Liz Carlbom, Jonas Wikström
Department for Europe

07/28 The Swedish Support in the Area of Anti-Corruption in South Eastern Europe: PACO Impact, 2004–2006. Final Report
Liz Carlbom, Jonas Wikström
Department for Europe

07/29 The Research Cooperation for Livestock Based Sustainable Farming Systems in the Lower Mekong Basin (MEKARN)
Krister Eduards, Anne-Helene Tauson, Minh Ha Hoang Fagerström
Department for Research Cooperation

07/30 Sida Funded HIV/AIDS Projects in Zimbabwe
William B. Muhwava, Nyasha Madzingira, Owen M. Mapfumo
Department for Africa

07/31 Business Training for Entrepreneurs in Vietnam. An Evaluation of the Sida-supported Start and Improve Your Business (SIYB) project
Karlis Goppers, Mai The Cuong
Department for Research Cooperation

07/32 Measuring the Impact of HIV/AIDS on Electoral Processes and National Budgets in Africa
Zenda Ofir

Sida Evaluations may be ordered from:

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SE-105 25 Stockholm
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