

## FANIKISHA Final Report

---

Author(s):

Daraus Bukenya and Henry Kilonzo

Date:

March 31, 2015

Development Objective:

Build capacity of national-level civil society organizations to provide sustainable leadership to deliver on the community response

Key Words:

Fanikisha, Kenya, Final Report, Civil Society Organizations

This report was made possible through support provided by the US Agency for International Development and the USAID | Kenya/Office of Population & Health (OPH), under the terms of Cooperative Agreement Number AID-623-A-11-00029 and Tara Simpson, USAID Agreement Officer's Representative. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

---

FANIKISHA Institutional Strengthening Project  
Management Sciences for Health  
200 Rivers Edge Drive  
Medford, MA 02155  
Telephone: (617) 250-9500  
<http://www.msh.org>



# FANIKISHA Institutional Strengthening Project

*Enabling Kenyan CSOs to Provide Sustainable HIV and Health Service Delivery*

July 15, 2011 – March 31, 2015

## Final Report



*Photos, front cover:*

*Photo, top:* I Choose Life (ICL) CEO Mike Mutungi, at left, presents a copy of ICL's strategic plan to Kenya's Vision 2030 Director General Mugo Kibati. With FANIKISHA's support, ICL – Africa has established new partnerships and broadened its sources of funding.

*Photo, bottom left:* National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) team members participate in a group assignment during an institutional strengthening workshop organized by FANIKISHA. FANIKISHA supported NEPHAK to establish and use efficient financial management and operations systems, resulting in improved adherence to financial management and operations practices that led to renewed interest by donors.

*Photo, bottom center:* Everlyne Wafula, shown here with her husband and child, directly benefits from the services provided by the Soy AIDS Resource Centre (SARC), an affiliate organization of Omega Foundation. Omega Foundation, with support from FANIKISHA, issued a sub-grant to SARC to improve HIV services.

*Photo, bottom right:* Peer educators from ICL – Africa during an outdoor team building session. FANIKISHA worked with ICL – Africa to reinforce the organization's board capacity in leadership, management, and governance, resulting in a renewed focus on achieving the organization's mandate to lead HIV prevention efforts for youth at Kenyan universities.

# FANIKISHA Institutional Strengthening Project

July 15, 2011 – March 31, 2015

## Final Report

Award No: AID-623-A-11-00029

Prepared for:  
Tara Simpson, Agreement Officer's Representative  
United States Agency for International Development/Kenya  
C/O American Embassy  
United Nations Avenue, Gigiri  
P.O. Box 629, Village Market 00621  
Nairobi, Kenya

Prepared by:  
Dr. Daraus Bukenya  
Chief of Party  
FANIKISHA Institutional Strengthening Project  
ACK Garden, 1st Avenue Ngong Road,  
Silo Park Building, 9th Floor,  
Nairobi, Kenya  
Telephone: +254 20 272 5963/69/ 247 4087  
E-mail Address: [dbukenya@fanikisha.org](mailto:dbukenya@fanikisha.org)  
Website: [www.msh.org/fanikisha](http://www.msh.org/fanikisha)

Headquarters:  
Management Sciences for Health (MSH)  
200 Rivers Edge Drive  
Medford, Massachusetts 02155 USA  
Telephone: +1.617.250.9500

### DISCLAIMER

Funding provided by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under Cooperative Agreement AID-623-A-11-00029. The contents are the responsibility of the FANIKISHA Institutional Strengthening Project and do not necessarily reflect the views of USAID or the United States Government.

# CONTENTS

ACRONYMS AND ABBREVIATIONS .....	iv
I. EXECUTIVE SUMMARY .....	5
II. INTRODUCTION.....	9
III. KEY ACHIEVEMENTS.....	16
IV: SUDDEN PROJECT CLOSEOUT, CHALLENGES, AND OPPORTUNITIES.....	29
V. KEY LESSONS LEARNED .....	30
VI. RECOMMENDATIONS AND NEXT STEPS.....	33
VII. CONCLUSION .....	34
VIII. APPENDICES.....	35
Appendix I: FANIKISHA Products.....	35
Appendix II: Performance Monitoring Plan (PMP).....	35
Appendix III: Papers and Abstracts Developed and Accepted for Presentation.....	35

## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APHIAplus</b>	AIDS, Population and Health Integrated Assistance Plus
<b>ART</b>	Antiretroviral Therapy
<b>CEO</b>	Chief Executive Officer
<b>CSO</b>	Civil Society Organization
<b>GoK</b>	Government of Kenya
<b>HENNET</b>	Health NGOs Network
<b>HERAF</b>	Health Rights Advocacy Forum
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICL</b>	I Choose Life
<b>ICM</b>	International Consultants Marketplace
<b>IRCK</b>	Inter-Religious Council of Kenya
<b>KANCO</b>	Kenya AIDS NGOs Consortium
<b>KeNAAM</b>	Kenya NGOs Alliance Against Malaria
<b>LOISNET</b>	Local Organisations Institutional Strengthening Network
<b>MoH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NEPHAk</b>	National Empowerment Network of People Living with HIV/AIDS in Kenya
<b>NGO</b>	Non-governmental Organization
<b>NOPE</b>	National Organisation of Peer Educators
<b>OCAT</b>	Organizational Capacity Assessment Tool
<b>OVC</b>	Orphans and Vulnerable Children
<b>PBO</b>	Public Benefit Organizations
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PLHIV</b>	People Living with HIV
<b>PMP</b>	Performance Monitoring Plan
<b>SARC</b>	Soy AIDS Resource Centre
<b>TB</b>	Tuberculosis
<b>TWG</b>	Technical Working Group
<b>USAID/Kenya</b>	United States Agency for International Development Mission in Kenya
<b>WOFAK</b>	Women Fighting AIDS in Kenya

## I. EXECUTIVE SUMMARY

The United States Agency for International Development in Kenya (USAID/Kenya) awarded the FANIKISHA Institutional Strengthening Project as a five-year cooperative agreement (2011–2016) implemented by Management Sciences for Health (MSH), Danya International, Pact, and the Regional AIDS Training Network (now Africa Capacity Alliance). FANIKISHA worked to strengthen the leadership, management, and governance capacity of civil society organizations (CSOs) in Kenya so they can play an enhanced role in the community health response, with the strategic goal of achieving sustained improvement in health and well-being for all Kenyans.

The FANIKISHA project was designed and implemented during a time when a clear need existed to strengthen Kenyan CSOs' capacity to play a substantial role in Kenya's health sector. Global and national priorities focused on investments in local capacity building and increasing local ownership and country-led initiatives to solve health problems. Kenyan CSOs were recognized as key actors in the local health system; however, their low capacity prevented them from playing a key role in health development. Within this context, the FANIKISHA project articulated a clear vision of Kenyan national CSOs that are strong, sustainable, and efficient and have a lasting impact on the health of all Kenyans, as an integral part of a functional Kenyan health system. More specifically, the project's strategic objective was to build the capacity of 4 to 8 national-level CSOs and non-governmental organizations (NGOs) to become sustainable recipients of large grants to deliver effective health services at the community level.

FANIKISHA adopted a three-pronged approach based on institutional strengthening technical assistance for national-level CSOs and their affiliates, mentored grants to CSOs to support institutional strengthening activities, and stakeholder engagement aimed at building sustainable partnerships.

The project focused on three result areas:

- Strengthened leadership, management, and governance of local CSOs
- Increased access and use of quality data for CSO decision making
- Improved quality of institutional strengthening for CSOs

The FANIKISHA project ended early, in March 2015, due to PEPFAR budget cuts that resulted in insufficient funding to complete the full 5-year project cycle. This early project closure resulted in a simultaneous combination of revised planning, implementation, and closeout activities. Project leadership and stakeholders made quick decisions on key priority activities to accomplish to safeguard sustainability and protect the project and donor's legacy in Kenya. The complete project implementation period was July 15, 2011 – March 31, 2015.

### Key achievements of the FANIKISHA project

One of FANIKISHA's key achievements was to strengthen institutional capacity of nine Kenyan CSOs. FANIKISHA selected 10 CSOs to participate in the program (exceeding the project target of 4-8 CSOs), which then participated in the program and applied the Organizational Capacity Assessment Tool (OCAT). Based on the OCAT results, FANIKISHA provided demand-driven institutional strengthening technical assistance to enable them to better deliver a community health response. Institutional strengthening standards and indicators also developed by the project formed the basis for technical assistance.

FANIKISHA strengthened the institutional capacity of **ten Kenyan CSOs** to play a more substantial role in Kenya's health sector

Four of these CSOs achieved specified milestones in institutional capacity to graduate and issue sub-grants to 30 affiliate organizations to implement HIV service delivery interventions.

FANIKISHA also built a solid foundation in institutional strengthening for CSOs in Kenya that will standardize and carry forward the vision for institutional strengthening in Kenya. The project developed institutional strengthening standards and indicators for Kenyan CSOs, an organizational capacity assessment tool, mentorship guides for the 10 institutional strengthening domains, and the Kenya Civil Society Portal for Health. The project also supported the CSOs to establish and register a network of local organizations— Local Organisations Institutional Strengthening Network (LOISNET)—that will continue to pursue and further expand institutional strengthening for local organizations after FANIKISHA.

FANIKISHA built a **strong foundation in institutional strengthening** for CSOs in Kenya

**The Kenya Civil Society Portal for Health** is an online platform linked to the Ministry of Health information system, which provides continued access to quality CSO data for decision-making by government, CSOs, the private sector, and development partners; a resource center and discussion forum on current local capacity building approaches; and an online marketplace of institutional strengthening experts in Kenya.

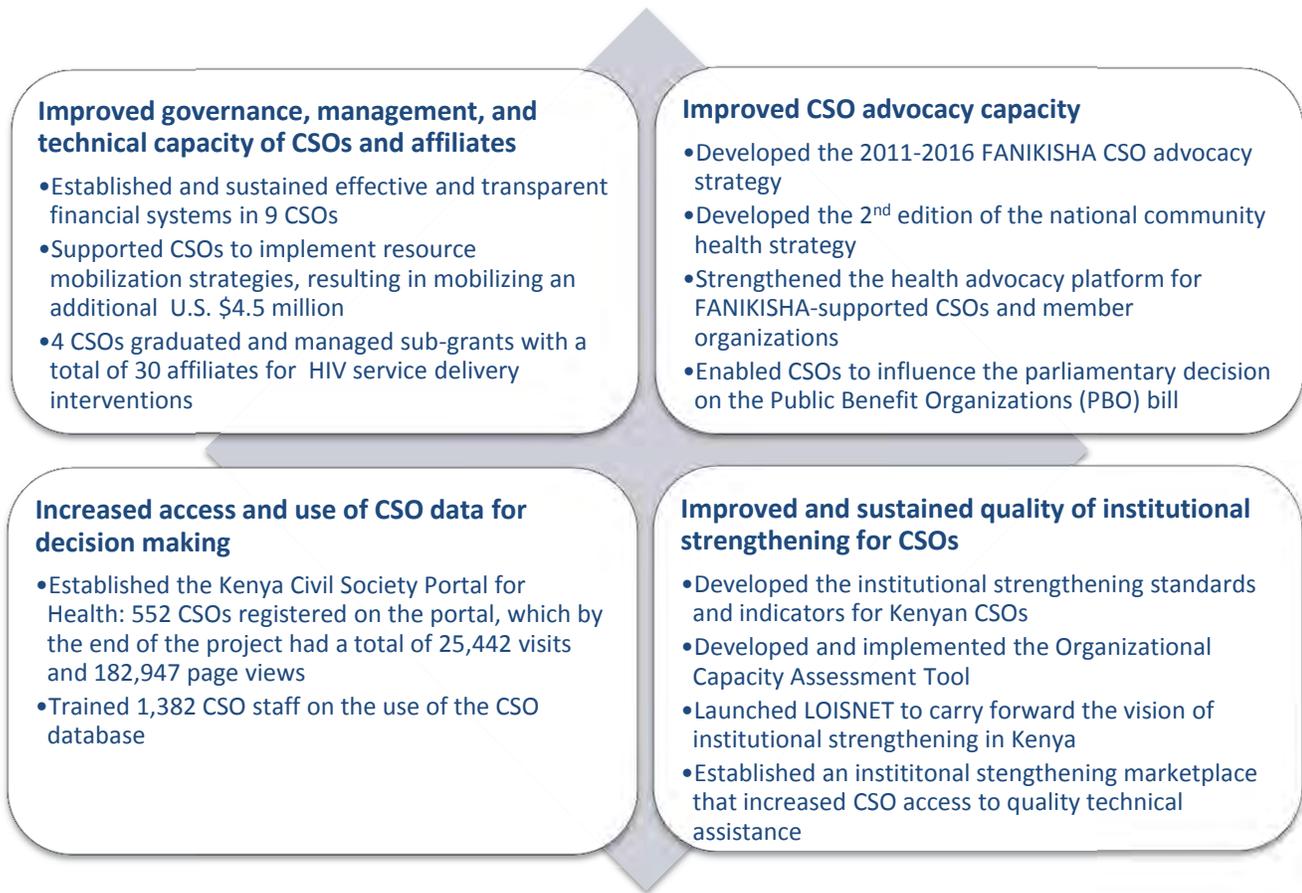
FANIKISHA established a marketplace of expert consultants in each of the 10 institutional strengthening domains and made it accessible to the CSOs through periodic face-to-face marketplace events as well as online through the CSO Portal for Health. The project vetted each of the consultants before registering them on the marketplace to ensure that only those with the requisite expertise were available to the CSOs.

The FANIKISHA Marketplace provided an opportunity for CSOs to access high quality technical assistance from private-sector consultants.

## Key project results

Executive Summary Figure 1 summarizes key project results in the areas of: (1) improved governance, management, and technical capacity of national CSOs and their affiliates; (2) improved CSO capacity to advocate for community- and national-level health policy articulation and implementation; (3) increased access and use of quality CSO data for decision making; and (4) improved and sustained quality of institutional strengthening for CSOs through the development of tools, indicators, and standards.

## Executive Summary Figure I. Key FANIKISHA project achievements



### Lessons learned and recommendations

Over the past three years, the project has achieved results in institutional strengthening of local CSOs, all of which have contributed to key lessons learned and recommendations for similar projects in Kenya and globally.

Institutional strengthening requires improvements in multiple organizational domains, with the most gains observed when CSOs have strong governance and leadership practices. Institutional strengthening is most successful when it is demand driven and integrated with the daily work of CSOs to foster motivation and promote sustainability of change; monitored for quality assurance; and communicated to external stakeholders.

FANIKISHA also learned important lessons related to the implementation of institutional strengthening projects. Stakeholder engagement is crucial for buy-in and sustainability of the project initiatives, particularly during the start-up phase. Delays in implementation can be expected due to the time needed to recruit personnel in the area of institutional strengthening, which is a relatively new area of technical competence. Furthermore, significant time must be invested in the beginning of the process to support CSOs in internalizing institutional strengthening concepts and expectations and to complete the necessary budgeting and planning exercises for institutional strengthening technical assistance.

The project also learned that when capacity building assistance is integrated with the routine work of the organization and linked to programmatic outcomes, organizations buy in to institutional strengthening more readily, which helps improve sustainability.

Key recommendations and next steps to continue institutional strengthening of CSOs, both in Kenya and globally, include:

- Define institutional strengthening/capacity development
- Develop a realistic results framework
- Utilize capacity assessment tools
- Focus on CSO's governance and leadership to enable organizational capacity strengthening
- Incorporate results-based capacity development
- Tailor technical assistance approaches
- Integrate award and sub-award management technical assistance
- Focus on partnerships for capacity development to improve service delivery
- Continue to build CSO capacity for improved service delivery

This report presents the project's foundational context (including the results framework), technical strategy, project achievements, challenges, lessons learned, and recommendations for projects in similar technical areas. Appendix I summarizes the key project products to be submitted with the report; Appendix II is the project's Performance Monitoring Plan (PMP), which outlines final project results; and Appendix III lists papers and abstracts developed by the project and accepted for presentation or publication.

## II. INTRODUCTION

### Foundation of the FANIKISHA Project

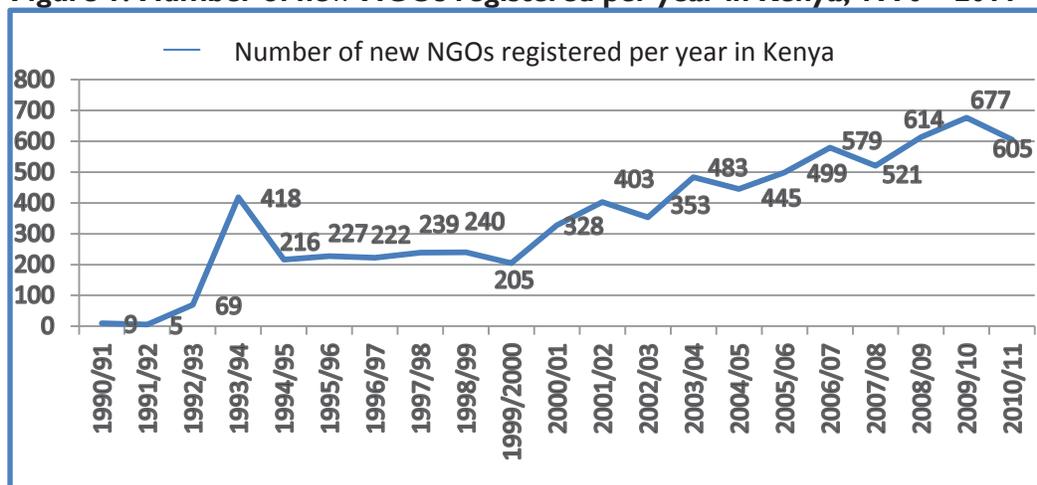
Since the Paris Declaration (2005) and the Accra Agenda for Action (2008), the global community has increasingly invested in local capacity building, with the aim of enabling aid-recipient governments and their partners to participate fully in development assistance, and to increase local ownership through participation, inclusiveness, and mutual accountability. The Global Health Initiative of the United States government and, subsequently, the USAID Forward principles of country-driven, country-led, and country-owned development assistance further enhanced the drive towards local capacity building. Within Kenya, the development blueprint Kenya Vision 2030 reinforces these concepts, seeking to improve the nation's health through a strong community health strategy.

As a result of these declarations and initiatives, more funding—from the United States government in particular—has gone towards local capacity building during the past 10 years. A key difference between recent and previous local capacity building initiatives largely lies in the focus, with recent initiatives focused on building organizational capacity for the sustainability of institutions, as opposed to short-term outputs in service delivery.

Civil society organizations (CSOs), as key actors in a comprehensive health system, are a primary beneficiary group for capacity building initiatives. In Kenya, they serve on the frontline of health service delivery at the community level. The nongovernmental sector, made up primarily of CSOs, provides at least 50 percent of health care services to communities in Kenya. CSOs also increasingly engage in health policy advocacy at the national level, influencing policy decisions that affect the health of communities.

In recent years, the number of CSOs in Kenya has increased dramatically, with the average annual number of new non-governmental organizations (NGOs) registering with the national NGOs Co-ordination Board having tripled since the early 1990s, from 200 to over 600 in 2011 (Figure 1). Similarly, the amount of funding from the government and development partners channeled through local Kenyan CSOs to support community interventions has quadrupled in less than a decade, from approximately U.S. \$300 million (Ksh 27 billion) in 2004 – 2005 to approximately U.S. \$1.2 billion (Ksh 104 billion) in 2009 – 2010.

**Figure 1. Number of new NGOs registered per year in Kenya, 1990 – 2011**



Source: NGOs Co-ordination Board

Despite the increase in funding to local organizations, their low capacity to receive, manage, and use large-scale funding presents the most significant limiting factor to improving the quality of and expanding access to health care. While the number of CSOs increases, their capacity to manage funds in a manner that meets donor requirements has not increased at the same rate. The majority of grant recipients to implement large-scale community health interventions, therefore, remains international organizations. Improving the weak capacity of CSOs has been the focus of country-led, country-driven health development in Kenya. Directly acquiring donor funding would allow local CSOs to improve and expand their services in communities. In turn, access to health care in Kenya would improve dramatically.

## **FANIKISHA's Vision, Mission, and Goal**

Due to the growing importance of CSOs across Kenya, USAID/Kenya awarded the FANIKISHA Institutional Strengthening Project in 2011, with a vision of substantially strengthening the overall health system by enabling national-level CSOs to deliver sustainable health services and consequently improve the well-being of all Kenyans. The FANIKISHA Project's mission was to strengthen the leadership, management, and governance capacity of CSOs in Kenya so they can play a more active role in delivering the community-level health and HIV response and improve health service delivery overall. MSH implemented the project in partnership with Pact, Danya International, and the Regional AIDS Training Network (now Africa Capacity Alliance).

**FANIKISHA's mission:** to strengthen the leadership, management, and governance capacity of CSOs in Kenya so they can improve the health of communities.

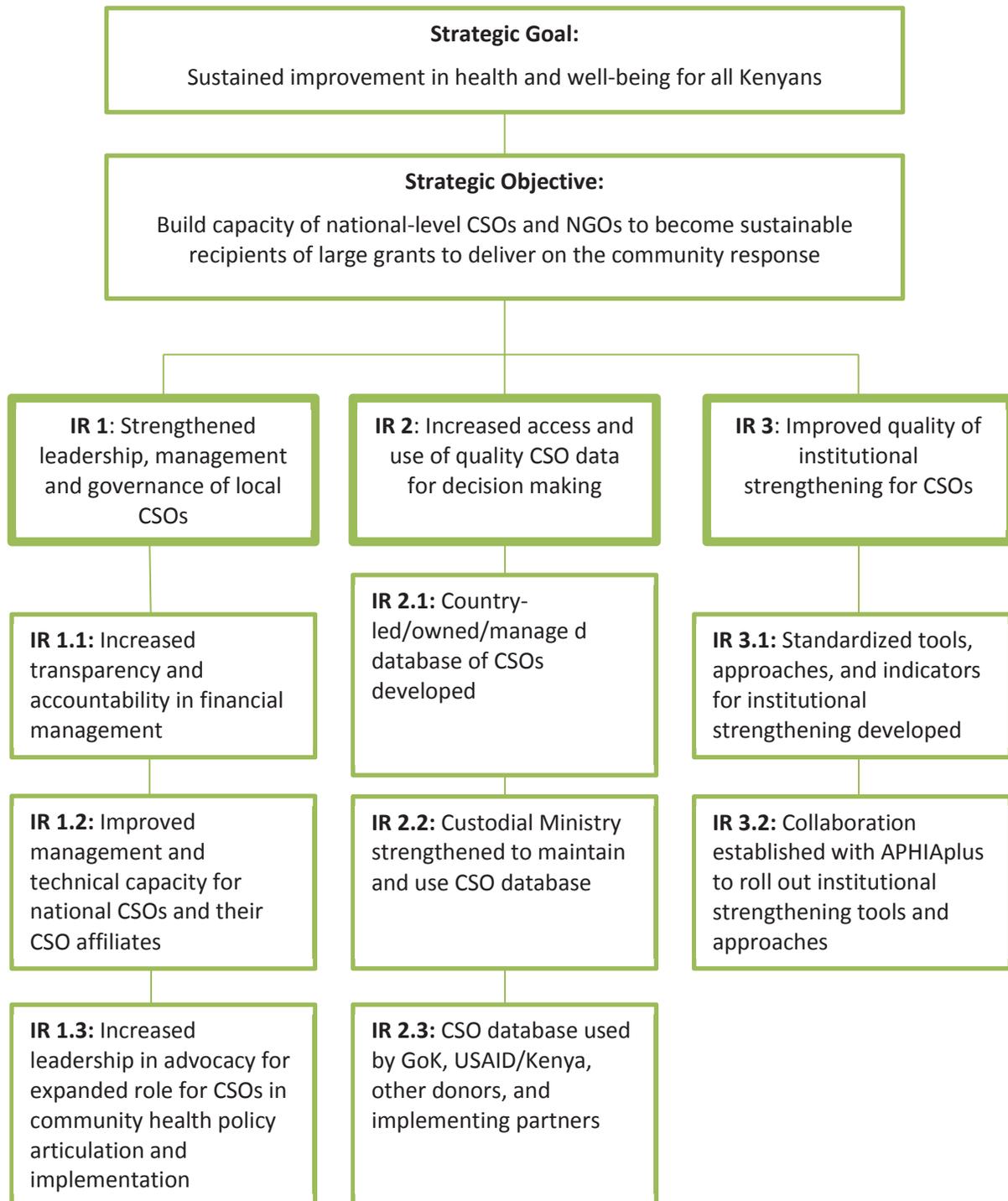
“The potential for local CSOs to rapidly expand high-quality services in communities is immense. Through CSOs, access to health care in Kenya stands to improve dramatically.”

– Dr. Daraus Bukonya, FANIKISHA Chief of Party

To achieve that mission, FANIKISHA worked with 10 national-level CSOs and their affiliates to build each organization's capacity in financial and human resources, management systems, leadership and governance skills, and advocacy. With improved capacity in these areas, CSOs can play a more strategic role while working with the Government of Kenya (GoK) and other stakeholders to deliver effective health services at the community level. FANIKISHA also assisted CSOs to organize themselves and advocate for issues they find important to the provision of health services, such as quality of care, registration, and accreditation.

The project was organized, monitored, and evaluated based on the results framework in Figure 2.

**Figure 2. FANIKISHA Results Framework**



## Project Design and Delivery: The FANIKISHA Technical Strategy

The project adopted a three-pronged technical approach to strengthen the institutional capacity of CSOs in Kenya:

- **Institutional strengthening technical assistance** for the national-level CSOs and their affiliates.
- **Mentored grants** to national CSOs to support institutional strengthening activities through direct procurement of institutional strengthening services from private-sector providers. The project also issued programmatic grants to national CSOs as a mechanism to strengthen the capacity of Kenyan CSOs to sub-grant to their affiliates for HIV service delivery.
- **Stakeholder engagement** aimed at building sustainable partnerships between CSOs, stakeholders in the Kenyan health sector, and the GoK, in particular, to influence the participation of Kenyan CSOs at national policy and strategy levels, and ultimately to have an increased impact on the community health response in Kenya.

Figure 3 shows the relationship between the three primary approaches to implementing the FANIKISHA technical strategy and the intended outcome of enabled and empowered national CSOs.

**Figure 3. FANIKISHA technical strategy and approaches**



FANIKISHA pursued a systematic and competitive process to select CSOs, deliver institutional strengthening technical assistance, and graduate CSOs that achieved specified milestones. The project also established a comprehensive stakeholder engagement process, monitored progress, and used lessons learned to communicate to stakeholders and make further improvement in implementation. Figure 4 gives a summary of the process pursued by the project to strengthen the institutional capacity of CSOs.

**Figure 4. FANIKISHA Approach to Institutional Strengthening**



FANIKISHA technical advisors worked closely with each of the selected CSOs to assess their baseline institutional capacity using the OCAT. At the end of the competitive selection process, 10 national CSOs qualified to partner with FANIKISHA:

1. ABANTU for Development<sup>1</sup>
2. Health Rights Advocacy Forum (HERAF)
3. I Choose Life – Africa (ICL – Africa)
4. Inter-Religious Council of Kenya (IRCK)
5. Kenya AIDS NGOs Consortium (KANCO)
6. Kenya NGOs Alliance Against Malaria (KeNAAM)
7. National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)
8. National Organisation of Peer Educators (NOPE)
9. Omega Foundation
10. Women Fighting AIDS in Kenya (WOFAK)

Results of the OCAT informed institutional strengthening master plans and budgets that were tailored to the needs of each CSO. Subsequently, the project issued mentored grants to each of the CSOs to support implementation of their respective institutional strengthening plans. Project technical advisors and private sector consultants with expertise in local capacity building in Kenya provided institutional strengthening technical assistance to CSOs. The project established an online marketplace and vetted the private sector consultants before registering them on the marketplace. Through the marketplace, CSOs could access the services of the registered consultants, negotiate technical assistance, and

<sup>1</sup> FANIKISHA suspended ABANTU for Development on October 15, 2013, for poor performance that resulted from internal changes and conflict concerning leadership and governance within the organization. Until the closeout of the project, ABANTU for Development remained suspended; therefore, FANIKISHA could not conduct a final capacity assessment.

monitor and provide feedback on the technical assistance that consultants issued. The project prioritized institutional strengthening technical assistance to CSOs in 10 categories (domains). The choice of categories resulted from a consultative process that involved the CSOs through the OCAT process as well as other project stakeholders and partners. Figure 5 presents a honeycomb of the 10 categories prioritized by the FANIKISHA project for CSO institutional capacity strengthening.

**Figure 5: FANIKISHA Honeycomb for CSO Institutional Strengthening**



The focus and depth of technical assistance on each category was tailored to the needs of each CSO, based on the OCAT results and subsequent institutional strengthening plans. The project developed an online tool to schedule technical assistance sessions delivered by the project advisers and consultants and to systematically monitor and document technical assistance actions and findings.

### **Demand-driven, Competence-based Technical Assistance**

To deliver demand-driven, competence-based technical assistance that met the needs of individual CSOs, FANIKISHA developed workplans tailored to the needs of each CSO. This approach required individual and staff mentorship and coaching, peer support, joint training, learning exchanges, and self-training through online forums on a portal ([www.csokenya.or.ke](http://www.csokenya.or.ke)) that the project developed. During the first year, the project placed emphasis on developing prototype institutional strengthening tools tailored to the capacity gaps and needs of CSOs identified through the OCAT baseline exercise. Following the assessment, the project worked with CSOs to build institutional systems tailored to the gaps identified in each organization and to develop skills and competences for the sustainable application of the systems to achieve programmatic goals and targets across the organization. In order to avoid being perceived as yet another parallel project, FANIKISHA integrated technical assistance into the routine work plans of

each CSO as a cross-cutting theme for improving the health of the organization and its service delivery interventions.

To guide the CSO graduation process, the project established indicators against which it closely monitored and measured progress in capacity. Organizations that achieved milestones aligned with the indicators then graduated. A CSO could graduate at two levels. Level 1 graduation concerned achievement of a set of indicators sufficient for a CSO to issue sub-grants to its affiliates to implement HIV service delivery interventions. Level 2 graduation concerned achievement of a higher set of indicators sufficient for a CSO to meet the full requirements of a USAID (and other donor) pre-award assessment to receive direct donor funding exceeding U.S. \$300,000.

## **Project Tools and Sustainability**

FANIKISHA developed an array of tools in order to implement institutional strengthening activities, foster a sense of ownership among stakeholders, and contribute to the sustainability of initiatives beyond the life of the project, including:

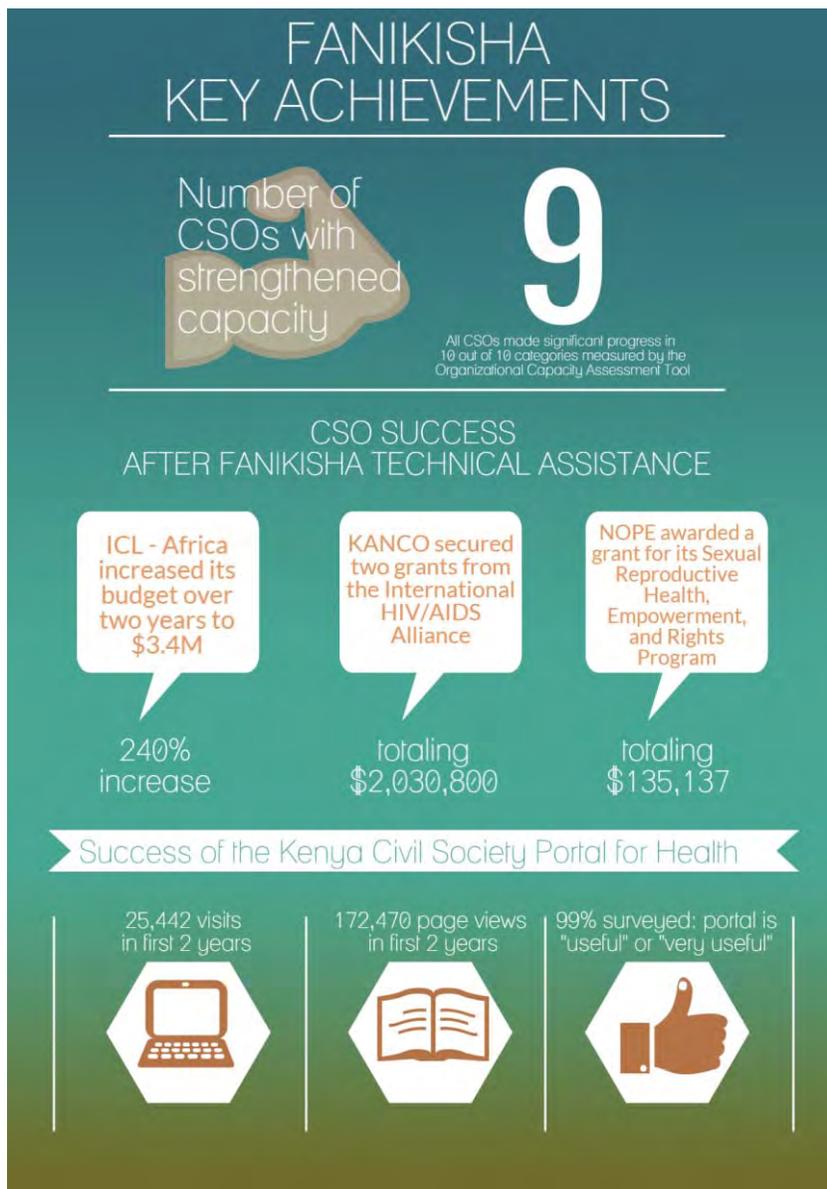
- Organizational Capacity Assessment Tool (OCAT)
- Rapid Organizational Capacity Assessment Tool (ROCAT), an abridged version of the OCAT to enable rapid and repeated self-assessments
- Institutional strengthening mentorship guides for CSOs, developed for each of the 10 institutional strengthening categories
- CSO graduation indicators
- Institutional strengthening standards and indicators for Kenyan CSOs
- Kenya Civil Society Portal for Health ([www.csokenya.or.ke](http://www.csokenya.or.ke)), including a
  - CSO database
  - Institutional strengthening marketplace
  - Institutional strengthening resource center and discussion forum
- Online mentorship scheduling and tracking tool

At the close of FANIKISHA, the different tools that the project developed and institutionalized will continue to be referenced and used for capacity building in Kenya. These tools include the institutional strengthening standards and indicators, the OCAT and its abridged ROCAT version, the CSO mentorship guides, and the Kenya Civil Society Portal for Health (<http://www.csokenya.or.ke/site/>). The advocacy strategy that informed the MoH-led revised Strategy for Community Health Services 2014 – 2019, *Transforming Health: Accelerating the attainment of health goals*, and the CSO mentorship guides in each of the 10 institutional strengthening categories will continue to facilitate institutional capacity in the CSO sector in Kenya, especially in engaging government at both county and national levels. The project developed the tools with the participation of national stakeholders aimed at enhancing local ownership, buy-in, and sustained use over time.

### III. KEY ACHIEVEMENTS

Through periodic assessments benchmarked against indicators, the FANIKISHA project demonstrated continuous improvement in the institutional capacity of the 10<sup>2</sup> CSOs participating in the program. CSOs demonstrated stronger capacity in all domains, including in governance and accountability, financial management, and advocacy. For the 30 affiliates of the four CSOs that qualified to receive HIV service delivery grants, both the affiliates and the parent CSOs demonstrated strengthened capacity in award management, rapid start-up, and implementation. In addition to FANIKISHA’s contribution to strengthening CSO capacity, the project leaves a strong foundation in institutional strengthening through products such as its signature OCAT and the abridged ROCAT. Since the development of the OCAT, MSH projects and other organizations in several countries—including Cameroon, Côte d’Ivoire, Liberia, and Madagascar—adapted the tool to facilitate organizational capacity self-assessments.

FANIKISHA staff familiar with the use of this tool directly contributed to the development of a new MSH capacity assessment tool, the Program for Organizational Growth, Resilience, and Sustainability (PROGRES). Additional FANIKISHA products include *The Institutional Strengthening Standards for Kenyan Civil Society Organisations*; mentorship guides on 10 key institutional strengthening areas, including financial management and resource mobilization; strategy documents on institutional strengthening and advocacy; and a project video documentary, *Institutional Strengthening: Investments and Results* (available at <https://www.youtube.com/watch?v=0gw-VVRm4FI&feature=youtu.be>). The project also developed a



<sup>2</sup> FANIKISHA suspended ABANTU for Development on October 15, 2013, for poor performance that resulted from internal changes and conflict concerning leadership and governance within the organization. Until the closeout of the project, ABANTU for Development remained suspended; therefore, FANIKISHA could not conduct a final capacity assessment.

website, the Kenya Civil Society Portal for Health ([www.csokenya.or.ke](http://www.csokenya.or.ke)), which includes an institutional strengthening marketplace that connects CSOs to vetted consultants. Over the life of the project, the portal became a key contributor to institutional capacity building among the CSO community in Kenya.

The project's key achievements can be organized under the following four themes:

- Improved governance, management, and technical capacity of national CSOs and their affiliates (Intermediate Results 1.1 and 1.2)
- Improved CSO capacity to advocate for community- and national-level health policy articulation and implementation (Intermediate Result 1.3)
- Increased access and use of quality CSO data for decision making (Intermediate Results 2.1 and 2.2); the early closure of the project prevented achievements under Intermediate Result 2.3
- Improved and sustained quality of institutional strengthening for CSOs through the development of tools, indicators, and standards (Intermediate Results 3.1 and 3.2)

### **Improved governance, management, and technical capacity of national CSOs and their affiliates (Intermediate Results 1.1 and 1.2)**

#### *Increased transparency and accountability in financial management*

FANIKISHA supported the CSOs to have effective and transparent financial systems to ensure accountability in financial management to their donors, beneficiaries, and other stakeholders. Throughout the project period, FANIKISHA trained a total of 113 individuals, including 47 women and 66 men, in financial management, including USAID rules and regulations. As the project worked with the CSOs to close out activities, FANIKISHA verified whether the CSOs were using the systems developed or strengthened during the project. Despite the early closeout, the nine<sup>3</sup> CSOs assessed at project closeout demonstrated that the systems FANIKISHA had helped them to establish were working and providing both accountability and transparency, according to the following defined institutional strengthening standards:

- Sustained quality financial reporting as indicated through the financial reports CSOs shared with FANIKISHA
- Adjusted program resources to reflect the shortened implementation period with little advance notice, indicating that the systems provided a resilient response to the unanticipated early closeout
- Provided timely financial reporting of the programmatic grants by the four Phase I graduated CSOs
- Supported affiliates in a timely manner to close the service delivery sub-grants with very short notice, while ensuring stakeholder relationships were maintained
- Managed financial obligations with consultants per agreed upon terms and conditions
- Maintained good relationships with suppliers of different services within the CSOs
- Improved compliance with financial management standards within CSOs and their affiliates

---

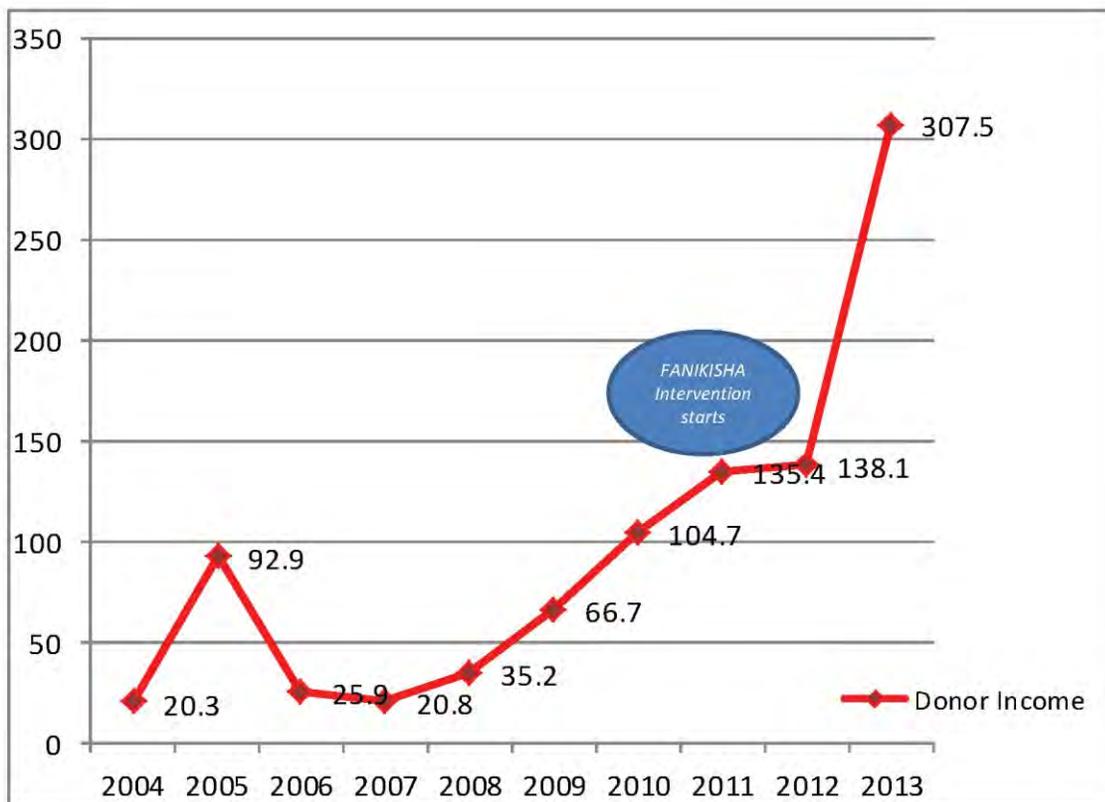
<sup>3</sup> FANIKISHA suspended ABANTU for Development on October 15, 2013, for poor performance that resulted from internal changes and conflict concerning leadership and governance within the organization. Until the closeout of the project, ABANTU for Development remained suspended; therefore, FANIKISHA could not conduct a final capacity assessment.

FANIKISHA’s technical assistance interventions contributed to these results through the following activities:

- Mentored all 10 CSOs (including ABANTU for Development) to manage an unanticipated closeout period, including support to ensure alignment with workplans and budgets
- Reviewed monthly financial reports to FANIKISHA; financial queries continually reduced in number and severity over the period
- Benchmarked continuously, documented deviations from the institutional strengthening standards, and jointly identified remedial strategies

FANIKISHA’s support helped the CSOs implement resource mobilization strategies to ensure sustainability. The mentored CSO ICL – Africa increased its budget from U.S. \$1 million to \$3.4 million over a period of two years (Figure 6). Through mentoring in resource mobilization, NOPE secured an award of €100,609 (U.S. \$135,137) to implement the Sexual Reproductive Health, Empowerment, and Rights Program with the Dutch NGO, Hivos, for one year. KANCO secured two grants from the International HIV/AIDS Alliance: one for Ksh 4 million (\$45,636) to implement sexual and reproductive health interventions, and a second for Ksh 174 million (\$1,985,170) to build capacity of local HIV and AIDS advocates to ensure national-level representation for the communities they work with. KANCO Executive Director Allan Ragi noted, “At the time we received the communication that FANIKISHA was closing earlier than planned, we were ready to retain our staff because we had the resources to implement our expanding program, courtesy of the technical assistance from FANIKISHA on resource mobilization.”

**Figure 6. I Choose Life – Africa Growth in Financial Resources**



*Improved governance and management capacity of CSOs*

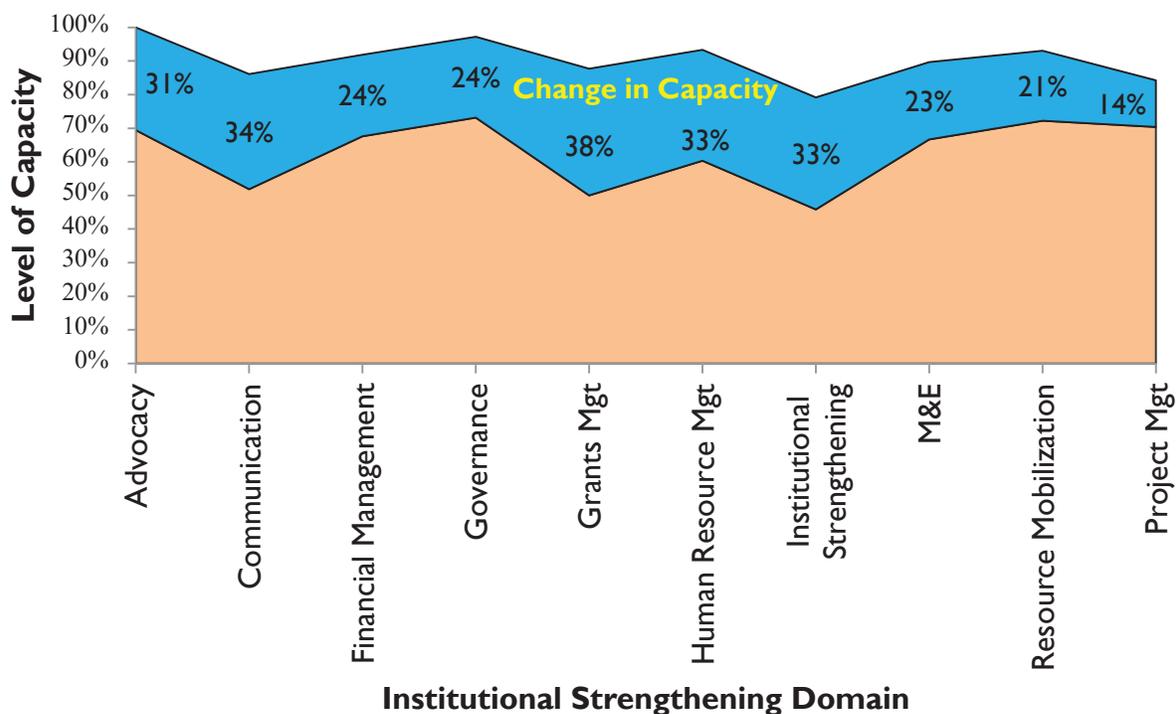
As the project worked with the 10 mentored CSOs to close activities in the quarter of April – June 2014, FANIKISHA successfully conducted an organizational capacity assessment for nine of the original 10 mentored CSOs as a follow-up to the OCAT assessment implemented at the inception of the project. The project could not assess ABANTU for Development as its mentored grant had been suspended since October 2013. The aim of the exercise was to determine the progress made by the organizations towards strengthening their institutional capacity. The assessment focused on all 10 OCAT categories described above (Figure 5).

“The capacity assessment process for Omega Foundation was a great learning opportunity for us. We could have paid a lot of money to a consultant to take us through the same process, which has been very comprehensive all the way from systems assessment and the final discussions on our organization’s capacity.”

- Wilfred Owuor, CEO, Omega Foundation

As indicated in Figure 7, FANIKISHA’s institutional strengthening strategies contributed to significant changes in the nine organizations overall, and in each of the 10 institutional strengthening categories, with percent changes ranging from 14 percent for project management to 38 percent in grants and sub-grants management. FANIKISHA anticipates that these gains will enable the CSOs to effectively manage large donor resources and respond to community health needs at various levels, ultimately contributing to improvements in the health and well-being of all Kenyans.

**Figure 7: Change in Organizational Capacity by Domain, 2012 – 2014**



### *Grants and sub-grants management for improved service delivery*

A key purpose for mentoring the 10 CSOs was to enable them implement large-scale service delivery grants. The graduated CSOs' programmatic grants and their affiliates' service delivery sub-grants focused on PEPFAR focus areas of HIV and AIDS care and treatment, HIV prevention, care and support for orphans and vulnerable children (OVC), and health systems strengthening. The expected outcomes of the grants included:

- i. Reduced risky sexual behavior among the general and key affected populations
- ii. Increased and sustained proportion of eligible people living with HIV/AIDS/TB on treatment and receiving care
- iii. Improved quality of life for OVC
- iv. Improved health systems delivery of comprehensive HIV services

Four Phase I graduated CSOs—ICL – Africa, KANCO, NOPE, and the Omega Foundation—began implementing programmatic grants as service delivery sub-grants awarded to 30 affiliates in October 2013. However, as part of the early project closeout, the programmatic grant agreements ended on April 30, 2014. Table I presents results achieved during just less than two quarters during which CSO affiliates were supported to implement service delivery sub-grants. Further disaggregation is reported in the updated Performance Monitoring Plan (PMP).

**Table I: Achievements per programmatic grant intervention area during year three of the FANIKISHA Project, October 1, 2013 – June 30, 2014<sup>4</sup>**

Intervention Area	Indicator	Year 3 Target	Achievement in June 2014
HIV Prevention	Number of youth reached through HIV and AIDS program	197,935	32,991
	Number of persons provided with post-exposure prophylaxis	154	24
	Number of key affected populations reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum required standards	65,119	6,896
	Number of individuals who received testing and counseling services for HIV and received their test results	214,943	41,064
	Number of males from low circumcision prevalence provinces that have been circumcised as part of the minimum package of male circumcision for HIV prevention services	1,100	371
	Number of condoms distributed to sexually active groups	4,315,721	1,295,471

<sup>4</sup> CSO affiliates signed for and received service delivery grants during October 2013. Due to early project closure, the affiliates had just less than two quarters to start up and begin to deliver HIV interventions. Programmatic grants ended in March 2014, and FANIKISHA collected final data under these indicators in June 2014; however, the majority of affiliates did not produce any results after March 2014.

	Number of people living with HIV (PLHIV) reached with a minimum package of prevention for PLHIV	21,859	8,252
HIV and AIDS Care and Treatment	Number of eligible adults and children provided with a minimum of one care service	17,931	5,765
	Number of HIV-positive adults and children receiving a minimum of one clinical service	10,164	6,873
	Number of HIV-positive persons receiving cotrimoxazole prophylaxis	8,394	3,549
	Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	2,090	131
	TB/HIV: Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	6,014	4,607
	TB/HIV: Number of HIV-positive patients in HIV care or treatment [pre-antiretroviral therapy (ART) or ART] who started TB treatment	2,520	42
	Number of adults and children newly enrolled on ART	3,110	171
	Number of adults and children with HIV infection receiving ART	6,526	3,789
	Number of eligible OVC provided with health care services (referrals and linkages to child health care including appropriate ART, growth monitoring, immunization, malaria prevention, sanitation and clean water, and personal hygiene; and age-appropriate prevention activities)	20,895	4,863
	OVC Care and Support	Number of eligible adults and children provided with psychological, social, or spiritual support	58,000
Number of OVC served in three or more core areas		14,390	4,861
Number of OVC served in one or two core areas		18,195	14,068

As a result of the early project closure, the programmatic grant activities also ended sooner, with final activities carried out at the end of April 2014. Nevertheless, the trends illustrated by the data suggest that with the continued strengthening of CSO capacity, the programmatic grants would have benefitted additional people within the remaining project period, including key affected populations, people living with HIV and AIDS, OVC and their caregivers, as well as community health care workers, the general community, people in their workplaces, and in-school and out-of-school youth.

### **Improved CSO capacity to advocate for community- and national-level health policy articulation and implementation (Intermediate Result 1.3)**

#### *CSO engagement at the national, county, and community levels*

Since adoption of the Kenya Constitution in 2010 and subsequent devolution, Kenyan health policy has aimed to provide equitable, affordable, and quality health services at the highest attainable standard for all. Over the first three years of the project, many of FANIKISHA's efforts were aimed at these policy objectives, empowering partnering CSOs to take an active role in advocating for these health and human rights objectives. Key achievements included the following:

- Reached 3,762 individuals with different thematic policy and advocacy messages related to health.
- Developed and launched in July 2012 the FANIKISHA CSO Advocacy Strategy for 2011 – 2016. The strategy was designed to increase CSOs’ and affiliates’ institutional capacity to conduct advocacy campaigns/initiatives; strengthen CSOs’ networking and alliance building abilities with their affiliates and stakeholders; enable CSOs to influence policy and hold the GoK and its partners accountable for local, regional, and global health commitments; and make linkages with ongoing institutional strengthening and programmatic interventions. To ensure alignment, mentored CSOs subsequently reviewed their advocacy strategies to include health related advocacy element.
- Supported the MoH to develop and disseminate the second edition of the national community health strategy, *Strategy for Community Health Services*, through a series of consultations with stakeholders, including the mentored CSOs ICL – Africa, KANCO, NEPHAK, Omega Foundation, and WOFAK. The strategy aligns with the new Constitution, Kenya Vision 2030, Kenya Health Policy Framework 2014 – 2030, National Health Strategic and Investment Plan 2014 – 2018, and other health policy guidelines. By the end of the project, nine mentored CSOs and all 30 affiliates receiving HIV service delivery sub-grants had implemented programs and activities aligned with the community health strategy.
- Partnered with the Health NGOs Network (HENNET), following the signing of a memorandum of understanding with FANIKISHA in January 2013, to strength the national- and county-level role of HENNET as a health advocacy platform for FANIKISHA-supported CSOs and member organizations. Consequently, by the end of the project, nine HENNET county chapters had been established to spear head prioritization of the health agenda by the county governments.
- Demonstrated improved capacity by the nine mentored CSOs and their affiliates to engage with the government and other stakeholders to advocate for priority national health issues by the end of the project. For example, the CSOs’ concerted efforts contributed to the rejection of the Public Benefit Organisations (PBO) Act 2013 amendments by members of Parliament in 2013.
- Obtained commitment from the mentored CSOs and their affiliates to advocate for their expanded role in delivering and linking communities with comprehensive health services.

“The government recognizes and applauds the support provided by FANIKISHA to the Community Health Strategy, which recognizes communities as health service points. It also recognizes the efforts of MSH in taking the lead and creating awareness in universal health coverage, and they look forward to future collaborations.”

- *Dr. William K. Maina, Director, Preventive and Promotion Health Services, MoH, during the project dissemination forum, July 8, 2014*

“We want the CSOs to come out strongly and help the government carry the mantle of ensuring quality services delivery to this country. The constitution has it clear that unless this is realized, there can never be a true implementation and the spirit of the constitution will never be achieved.”

- *Dr. John Odondi, Head Department of Community Health Services, MoPHs 2012*

## Increased access and use of quality CSO data for decision making (Intermediate Results 2.1 and 2.2)

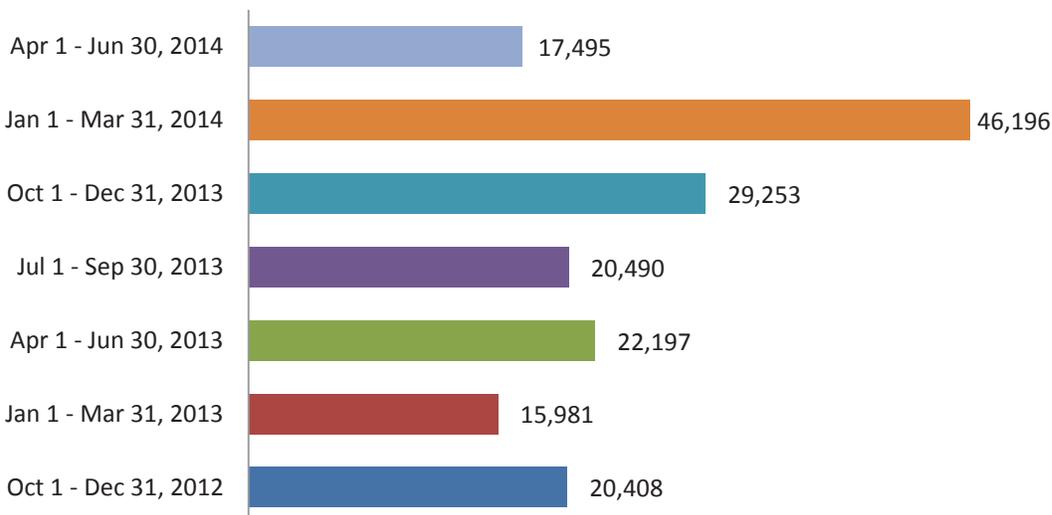
### Kenya Civil Society Portal for Health

Since its launch in September 2012, the Kenya Civil Society Portal for Health (<http://www.csokenya.or.ke>) has provided continuous access to quality CSO data for decision making by CSOs, the private sector, and development partners. Marketing and promotional efforts by FANIKISHA led to registration and approval of 161 CSOs during its first year (134 percent above the annual target) and 391 CSOs during the second (196 percent above target), representing 552 registered CSOs over the life of the project. In the first year of the portal's operation, there were 6,253 visits (including 4,326 new and 1,927 returning visits) and 58,586 page views. During the second year, the portal had 19,189 visits (including 10,863 new and 8,326 returning visits) and 113,884 page views. Over the life of the project, the portal experienced a total of 25,442 visits and 172,470 page views, suggesting the website's utility to Kenya's civil society within a relatively brief period of time. Figure 8 presents the portal's total page views by quarter, which averages 24,639 total pages views each quarter.

"The portal was very instrumental in marketing NOPE's conference. The CSO portal helped NOPE increase its visibility while marketing the conference, which saw 468 delegates in attendance."

Source: NOPE Technical Quarterly Report on Programmatic Grants, April 1 – June 30, 2014

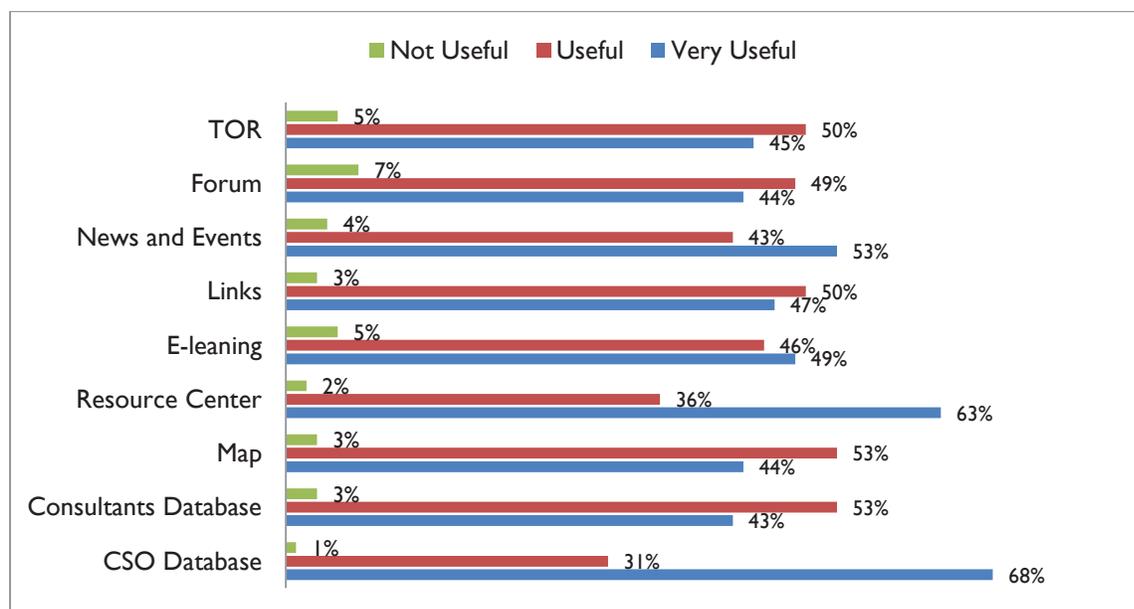
**Figure 8: Kenya Civil Society Portal for Health Total Page Views by Quarter**



Over the life of the project, a dedicated content manager, marketing plan, and biannual user needs surveys helped ensure that the portal remained a relevant resource for Kenya's civil society sector. Continuous improvements included free eLearning courses, the national CSO database, consultants' marketplace, news and events, institutional strengthening discussion forums, and a resource center with institutional strengthening standards, tools, and policies. The portal featured a responsive design to conveniently display on mobile devices. By the end of the project, the portal was linked to the MoH information system (<https://hiskenya.org>), enabling a live link to MoH data on key health indicators such that changes in national indicator data are automatically displayed by the portal.

A final user needs survey was disseminated during the period April – June 2014, with respondents indicating how useful they found each of the portal’s components. Figure 9 summarizes the survey’s findings. In general, the vast majority of respondents found the portal’s various components either ‘useful’ or ‘very useful’, with 99 percent of respondents finding the CSO database either ‘very useful’ (68 percent) or ‘useful’ (31 percent). Sixty-three percent of respondents found the resource center ‘very useful’ and 36 percent found it ‘useful’.

**Figure 9: Usefulness of the Portal Components, according to survey respondents**



**Improved and sustained quality of institutional strengthening for CSOs through the development of tools, indicators, and standards (Intermediate Results 3.1 and 3.2)**

*Standardized tools and approaches for CSO decision-making*

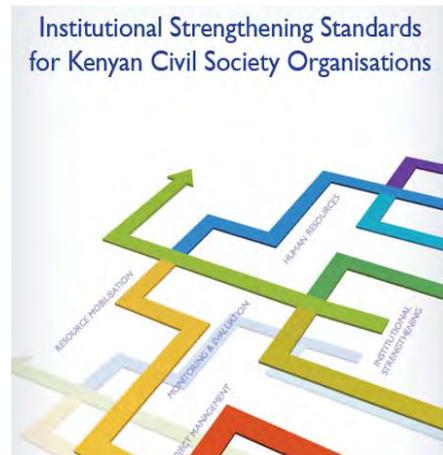
FANIKISHA collaborated with USAID implementing partners under APHIA Plus to develop standardized tools, approaches, strategies, and indicators for assessing, improving, and measuring institutional capacity. This work not only standardized the way CSO capacity is offered in Kenya, but also improved the quality of institutional strengthening activities and results. FANIKISHA achieved the following in results in this area:

“The world is run on standards. These standards will streamline operations and ensure effective delivery of services to the people.”

- Charles Gachahi, Ag Director, Kenya Bureau of Standards

- Through a technical working group, FANIKISHA developed the first institutional strengthening standards and indicators for Kenyan CSOs. The standards, which were launched in 2013, define both what it means to be a strong and sustainable CSO in Kenya and how organizations can deliver quality institutional strengthening services to build CSO capacity.

- Over the project period, each implementing partner, including the APHIAplus partners, applied the standards, with support from FANIKISHA technical advisors and the FANIKISHA institutional strengthening marketplace consultants, to benchmark and improve each CSO's governance, management, and finance and advocacy systems. Even with project closeout, the institutional strengthening standards and indicators for Kenyan CSOs will be a living document (available at [www.csokenya.or.ke](http://www.csokenya.or.ke)) for CSOs in Kenya.
- By the end of the partnership, the nine mentored CSOs and 72 of the 185 APHIAplus local implementing partners (39 percent)—specifically from APHIAplus Kamili, Nairobi/Coast, and Nuru ya Bonde—had been strengthened using the standards in various institutional categories, including project management, governance, advocacy and networking, performance monitoring, administrative functions, and human resource management.



FANIKISHA anticipates that the APHIAplus local implementing partners will continue to take advantage of their strengthened capacity to improve service delivery.

In addition to FANIKISHA's contribution to standardizing and strengthening CSO capacity, the project leaves a very strong foundation in institutional strengthening through numerous products, including the OCAT and ROCAT. FANIKISHA final products also include *The Institutional Strengthening Standards for Kenyan Civil Society Organisations*; mentorship guides on 10 key institutional strengthening areas, including financial management and resource mobilization; strategy documents on institutional strengthening and advocacy; and a project video documentary, *Institutional Strengthening: Investments and Results* (available at <https://www.youtube.com/watch?v=0gw-VVRm4FI&feature=youtu.be>). FANIKISHA developed the Kenya Civil Society Portal for Health ([www.csokenya.or.ke](http://www.csokenya.or.ke)) as well, which includes an institutional strengthening marketplace that connects CSOs to vetted consultants.

## The FANIKISHA Institutional Strengthening Marketplace

To provide quality technical assistance to the mentored CSOs and their affiliates, FANIKISHA developed the FANIKISHA institutional strengthening marketplace ([www.csokenya.or.ke/site/index.php/sp/index](http://www.csokenya.or.ke/site/index.php/sp/index)). The marketplace combined a digital interface and face-to-face events where organizational development consultants and civil society customers engaged directly with each other, exchanged services, and provided feedback on institutional strengthening-related transactions. The marketplace ensured that capacity development service provision was more demand-driven, competitive, sustainable, and locally relevant. FANIKISHA achieved the following results in this area:

- Identified marketplace consultants through expression of interest, vetting, and final approval by a committee of experts. A total of 88 consultants had been vetted and were supporting the CSOs and their affiliates by the end of the project.
- Developed, in consultation with the consultants and mentored CSOs, a quality guideline to govern the practice and ensure the quality of technical assistance was sustained.
- Trained CSOs' staff on "consulting for results course," in order for them to be equipped with the skill to procure, manage, and monitor delivery of technical assistance service from consultants.

- Organized annual face-to-face institutional strengthening marketplace that brought the CSOs and 88 consultants together each year to share learning and also identify partnership opportunities.
- Supported the institutional strengthening consultants to organize themselves into a free-standing entity known as the International Consultants Marketplace (ICM), by the end of the project. As part of the project’s sustainability strategy, the ICM will ensure that CSOs continue to have a centralized source for quality institutional strengthening services, provided by consultants who have been vetted and registered.

## Dissemination and Sustainability of Project Achievements

To showcase achievements prior to project closeout, FANIKISHA organized a results dissemination forum in Nairobi on July 8, 2014. The event brought together the mentored CSOs and affiliates, partners, GoK, donors such as USAID and the private sector, and project staff to celebrate the project’s successes, discuss challenges, and generate recommendations to inform future institutional strengthening programs. The forum showcased how FANIKISHA’s support helped strengthen the capacity of CSOs, including developing accountable governance systems to facilitate oversight roles in organizations and improving project management and monitoring and evaluation systems to promote programming based on quality data.

During the dissemination forum, USAID/Kenya Head of Mission Ms. Karen Freeman noted, “FANIKISHA developed the CSO web portal—a rich resource of information and real time data. This portal will be especially useful as health service delivery devolves to the county level, and can become a platform to link government and development partners with strong CSOs, making a difference on the ground.”

“The project over-achieved its mandate. The CSOs’ capacity was strengthened such that they are now more resilient and sustainable, and can now position themselves to play a broader and greater role in the health response in Kenya.”

- Aaron Sundsmo, Vice President,  
Danya International

As part of FANIKISHA’s sustainability plan, the project supported the mentored CSOs to launch the Local Institutional Strengthening Network (LOISNET), a self-organized entity that will carry forward the vision for institutional strengthening in Kenya. In addition, consultants previously engaged through the institutional strengthening marketplace have launched the ICM—a single platform that brings several professional consultants together to ensure that CSOs have a choice of quality institutional strengthening services.

**Photo 1. Dr. Daraus Bukonya, FANIKISHA Chief of Party, launching LOISNET and ICM at the project dissemination forum, July 8, 2014, Nairobi**



From the start of the project, the MoH collaborated with FANIKISHA on several key areas, including the official project launch, the CSO portal, and the institutional strengthening standards for Kenyan CSOs. FANIKISHA, in turn, supported the government to provide a policy environment that facilitates communities, CSOs, and the private sector to improve access to quality and affordable health care for all Kenyans. During the project dissemination forum, Dr. William Maina, MoH Director of Preventive and Promotion Health Services, noted, “The government recognizes and applauds the support provided by FANIKISHA to the Community Health Strategy, which recognizes communities as health service points. The Ministry commits its support to ensure the Community Health Strategy is finalized and rolled out.”

USAID also recognized the results achieved by the project over the past three years. In her keynote address at the forum, Ms. Freeman publicly acknowledged that FANIKISHA enhanced CSO capacity to represent the needs of their communities and strategically position themselves to partner with and influence government: “As the name ‘FANIKISHA’ implies, we have indeed accomplished a lot...The platforms left behind by FANIKISHA will continue to support the HIV prevention that we are all so passionate about.”

**Photo 2. Ms. Karen Freeman, Head of Mission, USAID/Kenya, giving a keynote address during the FANIKISHA project dissemination forum, held July 8, 2014, in Nairobi**



The investments made by USAID/Kenya through FANIKISHA have achieved significant results that will prevail beyond the project period. As the Kenyan government and development partners continue to sustain and build upon these results, Kenya will benefit from stronger institutions that are effective in achieving the desired mandate of ‘health for all.’

### **Assessment of Performance Monitoring Plan Achievements Against Set Targets**

FANIKISHA developed an elaborate PMP that was approved by USAID/Kenya in 2011. Based on learning during project implementation, the targets of the relevant indicators were reviewed on an annual basis and approved by USAID. The PMP includes indicators related to project management and the results framework. The final PMP (included as Appendix I to this report) outlines the final project results for each indicator, as well as relevant comments to provide more details on the project’s performance in each key result area. The project also developed and used Performance Indicator Reference Sheets that defined further the indicators, their use, and their measurement.

*Project Management:* Project management indicators were included in the PMP to monitor key project management areas related to operational processes, documentation, compliance, and evaluations. FANIKISHA achieved the targets for 28 of the 30 project management indicators (93 percent) as well as 100 percent of the project's milestones, which represented key programmatic achievements and contractual requirements throughout the life of the project. The project did not meet the targets for indicators related to completing the mid-term evaluation and end of project evaluation, due to the project's early closure.

*Result 1: Strengthened leadership, management, and governance of local CSOs.* At the end of the project, FANIKISHA met the targets for 86 percent of the indicators in this result area. FANIKISHA achieved its intended results related to providing demand-driven technical assistance to CSOs in the various institutional strengthening areas, and results indicated that the capacity of CSOs was not only strengthened but also sustained. The project also achieved results related to the number of CSOs reaching a sufficient level of institutional capacity to receive mentored and programmatic grants, demonstrating the impact of the project's technical assistance initiatives, and strong results related to strengthening the capacity of CSOs and affiliates in advocacy. FANIKISHA did not achieve results for indicators related to the CSOs' capacity to pass USAID pre-award assessment at the end of the project and CSOs' achievement of service delivery indicators, as these results were expected later in the project. None of the HIV service delivery programmatic grants indicators were fully achieved, due to the early project closeout; however, results achieved in quarters one and two of year three indicate that the project was on track towards their attainment. All project milestones in this result area were achieved by the end of the project.

*Result 2: Increased access and use of quality CSO data for decision-making.* FANIKISHA met targets for 18 of the 19 indicators (95 percent) in this result area before the project closed. The project achieved key results in the areas of developing a CSO database based on identified needs, taking actions to promote its sustainability, and engaging CSOs to use the database for decision making. FANIKISHA was not able to complete all handover activities with the NGOs Co-ordination Board, the entity identified to take over management of the database, before the project closed. FANIKISHA reached all other major milestones in this result area.

*Result 3: Improved quality of institutional strengthening for CSOs.* FANIKISHA accomplished significant achievements under this result area. Out of the 14 indicators, 11 were achieved, while the remaining three were in the process of being achieved, since they depended on ongoing outputs that were planned to run throughout the project period. Only one milestone out of seven had not been achieved.

Despite the fact that FANIKISHA ended early, the project achieved the large majority of the expected results. For those results that the project did not achieve, FANIKISHA made significant progress towards achieving them. Many of these results depended on the achievement of others, for example, service delivery indicators depended on graduation and approval of CSOs by USAID to receive service delivery grants, which were not possible to complete before the end of the project. These strong results clearly illustrate FANIKISHA's impact on strengthening the institutional capacity of CSOs in Kenya and the influence that the project's interventions will continue to have on the ways that CSOs in Kenya conduct business, aimed at sustainability and resilience in the long term.

## **IV: SUDDEN PROJECT CLOSEOUT, CHALLENGES, AND OPPORTUNITIES**

In March 2014, USAID/Kenya requested that the FANIKISHA Project begin project closeout due to PEPFAR budget cuts that resulted in insufficient funding to complete the planned five years of implementation. Early project closure prompted the rearrangement of project plans and implementation for closeout. The project prioritized key activities that would help safeguard the investment and sustain a legacy that the project established in local capacity building. As a result, several planned activities could not be achieved given the need to shift from project implementation to project closeout. This programmatic shift affected the CSOs and their affiliates, in particular those who had just started implementing their service delivery grants. FANIKISHA worked closely with the CSOs, providing mentorship support during the closeout processes, a first time experience for most CSOs and affiliates. This process was a learning experience for the project, as well as the CSOs.

The closeout process proved especially challenging for the recipients of the programmatic grants, given that the four Phase I graduated CSOs had to quickly engage their 30 affiliates to close the service delivery sub-grants and ensure all documentation was in place by April 30, 2014. As the CSOs' affiliates had begun providing community-based services only in October 2013, they faced a challenge of how to cease services and to identify where to refer program beneficiaries. FANIKISHA supported the CSOs to identify opportunities to link their clients to other existing programs, such as community-based interventions funded by USAID and other development partners.

The early closeout also affected momentum to complete the Community Health Strategy. The CSOs participating with the MoH on this effort were affected, especially because FANIKISHA had to terminate the memorandum of understanding between the project and HENNET, the platform that brought the CSO/MoH partnership together on this effort. Nevertheless, FANIKISHA continued to engage with the MoH until the Community Health Strategy was finalized, published, and officially launched by the Cabinet Secretary of the MoH on February 23, 2015.

Due to early closeout, it was no longer feasible to carry out the previously planned mid-term project evaluation by USAID. In this regard, FANIKISHA and USAID lost an opportunity to assess and identify key achievements, lessons, and future opportunities for the project moving forward. Nevertheless, in mid-April 2014, FANIKISHA conducted final OCATs among the mentored CSOs to document changes in organizational capacity. The project presented its findings in July 2014 to the CSOs and other stakeholders. The results of the final OCAT were also a subject at the dissemination forum that took place on July 8, 2014.

## V. KEY LESSONS LEARNED

After USAID informed FANIKISHA to plan for early closeout, the project reviewed and compiled a document on successful practices and lessons learned during implementation. This document will be included with the submission of this final report, as noted in the appendices. Opportunities exist in Kenya for CSO capacity building to ensure sustainable health service delivery. The following key lessons learned in project implementation and institutional strengthening, excerpted from *Successful Practices & Lessons Learnt: Building Local Capacity for Civil Society Organizations—Experience from the FANIKISHA Institutional Strengthening Project*, may strengthen those efforts going forward.

### Project Implementation

**Focus on the key priorities first.** Despite FANIKISHA closing out two years earlier than planned, the project achieved some key results sooner than anticipated. Effective planning and organizational skills of the project team made these achievements possible, including ensuring that the CSOs developed and institutionalized systems. The project demonstrated during the early closeout process its success to support CSOs to put systems in place that are essential for any organization to be sustainable and capable of contributing to improved health.

**Create understanding of the importance of CSO institutional strengthening over time.** FANIKISHA offered institutional strengthening planning to CSOs because of their low capacity in planning and budgeting. Consequently, the planning and budgeting process took more time to finalize than originally anticipated, as CSOs needed to internalize the requirements and expectations of institutional strengthening for sustainability and how that differs from service delivery. FANIKISHA ensured that the project did not design the plan and budgets for CSOs, but instead built CSOs capacity to do it themselves. CSO orientation and post-award meetings, also attended by board members, enabled FANIKISHA to clarify the goal and importance of institutional strengthening, thereby creating a deeper understanding of expectations and obligations.

**Identify and manage grants and sub-awards as an institutional strengthening capacity building strategy.** One of the multiple ways that the FANIKISHA institutional strengthening project built CSO capacity was to provide CSOs with mentored and programmatic grants. These grants not only provided CSOs with hands-on experience on grant management, but also enabled them to contract external technical assistance for their own capacity building activities; build the capacity of their local affiliates; and provide direct grants to their CSO affiliates. These grants enabled the CSOs to support health and social services activities carried out by their CSO affiliates at the county, district, and community levels. However, many of the CSOs FANIKISHA mentored were not able to define who their affiliates were or clearly define their relationship with their listed affiliates. Some CSOs confused their branches and their affiliates, and this resulted in some CSOs not being qualified. The project also observed that grant making is one of the least understood domains by local CSOs and it carries a high risk to the organization and the project. Therefore, identifying and managing grants is an area where further growth must be prioritized for all local CSOs.

**Prepare strategically for rapid start-up.** For CSOs who clearly identified their affiliates, the organizations were able to sub-award to their affiliates and noted the quickness in which affiliates began successful implementation of community interventions. Several of the CSOs reported that rapid start-up of implementation by their affiliates would not have been possible without the institutional capacity that they had acquired. In addition, national CSOs such as KANCO and NOPE also seemed prepared and gained the confidence to transfer institutional strengthening skills to their affiliates/sub-awardees. These

CSOs were able to mentor their affiliates who, when CSOs provided them with sub-awards, were able to successfully carry out service delivery within a matter of weeks.

**Link capacity building to programmatic results.** In the absence of a mechanism that links local capacity building to programmatic results, such as health outcomes, the usefulness of local capacity continues to be questioned by participating CSOs, governments, and the development community. Since FANIKISHA recognized that programmatic grants would be issued much later in the project, the project took steps to link institutional strengthening to outcomes that it might have affected. Therefore, FANIKISHA was on track towards establishing a link between capacity building and programmatic results if the project continued for years 4 and 5. Nevertheless, this linkage should be built in to project designs so that projects can monitor it from the outset of implementation.

**Be clear to ensure the quality of institutional strengthening marketplace services.** As most of the institutional strengthening consultants worked primarily in the private sector, they also benefited from guidance by the CSOs and institutional strengthening experts, such as FANIKISHA, to deliver quality products. Developing clear terms of reference, agreeing on the product(s) and delivery milestones, and reviewing regularly the progress and quality parameters to determine the ultimate product proved critical.

## **Institutional Strengthening**

**Integrate institutional strengthening with daily CSO work.** FANIKISHA noted that institutional strengthening should not be isolated from programmatic activities of an organization. Actually integrating institutional strengthening with the CSOs ongoing projects ensures the systems are used regularly to improve the practices within the organization. If isolated, staff may not find the time for it. One of the mentored CSOs, Omega Foundation, highlighted success in institutional strengthening as follows: “We have improved availability of institutional strengthening services, CSO visibility...appreciation of institutional strengthening as an integral part of the organization processes is taking hold. New practices have emerged in all the institutional strengthening categories, notably governance improvement, where boards are taking up more of an oversight role. Collaboration and networking have improved. Some have bid for new business together, in consortia or shared opportunities and lessons learned. CSOs have been emboldened to bid for bigger business opportunities.”

**Recognize that institutional strengthening cannot be attributed to one domain.** Institutional strengthening comes from improvement in multiple domains or categories. For example, an improved financial management system necessarily involves improvements in a number of other institutional strengthening domains, including governance, organizational planning and resource mobilization, human resource management, and project management. The associated domains are critical when working with CSOs to help them address their capacity gaps. Similarly, linking the various domains during institutional strengthening delivery gives the best option for sustainable institutional capacity.

**Use communications strategies effectively to share CSOs IS process and positively affect resource mobilization.** CSOs that prioritized and demonstrated commitment to their communication strategies increased the resources available to their organizations. Resource mobilization and communications are intertwined, particularly in profiling an organization for potential donors. Some CSOs with a concise and effectively used communications strategy were able to facilitate documentation and dissemination of their institutional strengthening process and shared these with their stakeholders and potential donors, and thus received positive donor consideration.

**Diversify donors for strong, resilient organizations.** Overreliance on one source of donor funding is risky to the organization's institutional strength. Organizations can more likely sustain themselves and the programs they implement over a longer period of time if they diversify resources, especially through an institutionalized resource mobilization process. Among the 10 mentored CSOs, those that possessed a diversified resource base—such as KANCO, ICL, and Omega Foundation -- were much less affected by the early project closeout.

**Build organizational systems first, then competencies.** FANIKISHA supported the CSOs to develop the different institutional strengthening systems within their organizations. The project then followed this support by building the organizational competences to apply those systems. This approach allowed CSOs to apply systems already in place and, therefore, engendered on-the-job practical learning through mentorship. FANIKISHA supported the CSOs to address the critical gaps/needs that would enhance adherence to the organizational systems. Building organizations' systems first followed by addressing competencies and capacity building meant that organizations could let the systems guide improvement.

**Empower staff and organizations.** Institutional strengthening of CSO staff, such as at WOFAK, led to the staff gaining more confidence to challenge leadership positively. This act was new, but essential to the organization to bring about desired internal change. The leadership also responded and took actions to meet expectations. The project paired the WOFAK Executive Director with other CEOs who had faced similar challenges and who could provide peer support to WOFAK leadership, which resulted in a stronger organization.

**Change entrenched perceptions in government through collaboration and partnership in civil society advocacy.** The rejection of the proposed amendments to the PBO Act 2013 revealed to FANIKISHA how the Kenyan CSO sector has the capacity not only to reach the highest levels of leadership, but also to change entrenched perceptions on priorities by those in power. While many CSOs agreed on certain advocacy issues, a few passionate and strategic organizations led the rest in the collective effort. The advocacy by CSOs demonstrated that governments can take action to change positions without being prompted by street demonstrations, and funding organizations can play an active and strategic role in influencing local, sensitive issues while still remaining behind the scenes.

**Create a demand-driven capacity development process to help address actual need.** As the project's institutional strengthening process began, it became clear that CSOs needed to be ready for institutional strengthening, and that project staff must understand the concept of demand-driven technical assistance. While providing technical assistance, technical advisors needed to focus on the critical needs of the organization. Addressing the most critical needs motivated recipients and thus accelerated progress in organizational change. In some instances, the project instituted internal support mechanisms for project staff to remain motivated, even when particular CSOs did not seem to meet the demand-driven expectations.

**Engage stakeholders for ownership and sustainability.** Stakeholder engagement and buy-in was important and relevant in FANIKISHA's implementation. Technical Working Groups (TWGs) provided the main channel for focused stakeholder engagement. Engaging stakeholders throughout the development, review, and dissemination process ensured buy-in, adoption, and sustainability of project products beyond the life of the project. For national level products, such as the institutional strengthening standards and indicators, the project needed to secure high-level stakeholder engagement that resulted in the broader buy-in of the GoK, CSOs, academia, the private sector, and development partners.

**Accelerate rapid service delivery through national CSOs issuing sub-awards to local affiliates.** The grants not only provided CSOs with hands-on experience in grant management, but also enabled them to contract external technical assistance for their own capacity building activities; build the capacity of their local affiliates; and provide direct grants to their CSO affiliates. The project observed that CSOs with adequate sub-awarding capacity were able to sub-award and provide technical support to their local affiliates with rapid start-up of activities. Sub-awarding was also an important mechanism through which the project rapidly scaled up service delivery across the country. Nevertheless, the project observed that capacity in grant making remains very low among local CSOs, and should continue to be strengthened.

## VI. RECOMMENDATIONS AND NEXT STEPS

Building on the lessons learned during the implementation of the FANIKISHA Project, below are recommendations and next steps to continue institutional strengthening of CSOs by similar projects, both in Kenya and globally.

**Define institutional strengthening/capacity development.** Projects and CSOs need to have a common, agreed-upon definition of institutional strengthening/capacity development. This mutually understood definition will make the development of approaches and the measurement of results easier.

**Develop a realistic Results Framework.** It is critical to project success to develop a realistic project design with a clear monitoring and evaluation framework. Measuring institutional capacity can prove difficult and, if not carefully determined, projects can easily define measurements as outputs, without establishing the behaviors that will result from the capacity building interventions.

**Utilize capacity assessment tools.** Develop relevant and contextualized capacity assessment tools to meet the needs the focus organizations. The tools should be customizable since contexts are different and a “one size fits all” approach will not work.

**Focus on CSO’s governance and leadership to enable organizational capacity strengthening.** The OCAT results showed that governance and leadership have multiplier effects on the overall performance of an organization; they are the glue that binds the other categories. Organizational governance and leadership are critical pillars and enablers for the successful provision of technical assistance to CSOs. In the area of leadership, the project found it important to understand organizational personal interests and fears and devise locally suitable solutions to ensure that capacity building is not hindered. CSOs that had inspiring leadership demonstrated a passion in organizational development that infiltrated the entire organization. Such leadership saw early results from FANIKISHA’s mentorship, while those struggling with governance and leadership did not make as much progress in all of the areas.

**Incorporate results-based capacity development.** Integrate capacity development into service delivery, to incentivize the implementing organization. Projects and CSOs should implement both aspects simultaneously, and not relegate capacity development and service delivery to separate projects.

**Tailor technical assistance approaches.** When working with CSOs, remember that one size does not fit all, since each organization works, and therefore must be treated, differently. The findings of the initial assessments should focus on addressing the key gaps. Likewise, the approach to capacity building for each organization should be tailored to fit its needs. While capacity strengthening is a long-term

process, quick and long-term wins exist. Projects need to maintain focus on the long term—specifically the sustainability of the systems—which will produce more lasting outcomes over time.

**Integrate award and sub-award management technical assistance.** Most institutional strengthening interventions focus on financial management, leaving out award and sub-award management. Future interventions should focus on helping organizations prioritize strengthening their skills in management of awards and how to cascade the competences to their affiliates.

**Focus on partnerships for capacity development to improve service delivery.** National mechanisms play a critical role in managing partnerships, especially when one donor funds national mechanisms. Future programs—for example, programs similar to the APHIAplus programs—should have national mechanisms that, in return, make management of partnerships with the project partners easy.

**Continue to build CSO capacity for improved service delivery.** As FANIKISHA closes, CSO capacity remains a major gap hindering service delivery in Kenya. Therefore, donors and other resource providers still need to integrate institutional strengthening in their development assistance as articulated in the Paris and Accra declarations.

## VII. CONCLUSION

In 2011, FANIKISHA had a clear vision of Kenyan national CSOs that are strong, sustainable, efficient, and have a lasting impact on the health of all Kenyans, serving as an integral part of a functional Kenyan health system. To make this vision a reality, the FANIKISHA Project created a clear project design and measurement framework and operated under the premise that institutional strengthening is, at its core, about change. Such change enables CSOs and their affiliates to improve their competencies and capabilities to implement quality programs, develop resilience, and sustain themselves in the long term. However, the project also understood that institutional strengthening is a process; and it takes place over time and requires a number of strategies and activities to be owned and sustainable.

Over the course of the project, FANIKISHA developed an array of tools, frameworks, and products to assess CSOs, tailor technical assistance, and strengthen CSO capacity. By the end of the project, FANIKISHA made achievements in each of the three result areas: strengthened leadership, management, and governance for CSOs; increased access and use of quality CSO data for decision-making; and improved quality of institutional strengthening for CSOs. The project successfully prepared nine national CSOs to be effective organizations, ready and able to play a larger and bolder role in Kenya's health sector. The many achievements within each result area over the project's three years of implementation provide evidence that even more contributions to the health and well-being of Kenyans would have been made if the project continued for the initially planned five years.

## VIII. APPENDICES

### Appendix I: FANIKISHA Products

FANIKISHA will submit the following key products from the project with the final report:

1. FANIKISHA Organizational Capacity Assessment Tool (OCAT)
2. FANIKISHA OCAT Checklist
3. FANIKISHA OCAT Technical Brief
4. FANIKISHA Advocacy Strategy
5. FANIKISHA Institutional Strengthening Standards and Indicators for Civil Society Organisations in Kenya
6. FANIKISHA Successful Practices and Lessons Learnt Booklet
7. FANIKISHA Success Story Compendium
8. Kenya Civil Society Portal for Health Technical Brief ([www.csokenya.org](http://www.csokenya.org))
9. Institutional Strengthening Marketplace Technical Brief
10. FANIKISHA project documentary: <https://www.youtube.com/watch?v=0gw-VVRm4FI&feature=youtu.be>

### Appendix II: Performance Monitoring Plan (PMP)

### Appendix III: Papers and Abstracts Developed and Accepted for Presentation

The following papers and abstracts were developed and accepted for presentation/publication in different conferences and journals.

1. Kilonzo, H. & Bukenya, D. (2013). Ownership of Local Capacity Development: Creating Tools to Close Capacity Gaps in Civil Society Organisations in Kenya presented at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa.
2. Kilonzo, H. & Bukenya, D. (2013). Graduation Indicators as Accelerators of Demand Driven Capacity Building of Civil Society Organisations in Kenya presented at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa.
3. Njagi, P. & Kilonzo, H. (2013). Analysis of institutional capacity gaps of local health CSOs in Kenya; Challenges and Lessons learned presented at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa.
4. Kilonzo, H. & Bukenya, D. (2014). Sustaining Health Focused Organizations: The Critical Success Factor for Sustainable Organizations' Systems, Accepted for presentation at the Third Global Symposium on Health Systems Research, September 30-October 3, 2014, Cape Town, South Africa.
5. Kilonzo, H. & Juma, C. (2014). Improving Shared Learning Among HIV/AIDS Focused CSOs in Kenya through Access to Quality Data for Decision Making. Accepted for presentation at the 20<sup>th</sup> International AIDS Conference, Melbourne, Australia July 20-25, 2014

6. Kilonzo, H. & Bukenya, D. (2013). Building Local Capacity for Scaling up and Sustaining Quality HIV/AIDS Response in Kenya. Accepted for presentation at the 20<sup>th</sup> International AIDS Conference, Melbourne, Australia, July 20-25, 2014.
7. Kilonzo, H. , Bukenya, D. & Mwangi, J. (2015). Measuring Organizational Capacity: Developing Tools to Measure Civil Society Organizations Capacity to Receive Grants for HIV/AIDS Response in Kenya, Published in the International Review of Management and Business Research Journal, Volume 4, Issue, Part 2, 2015.

## Abstract 1:

**Title: Ownership of Local Capacity Development: Creating Tools to Close Capacity Gaps in Civil Society Organisations in Kenya - Accepted and Disseminated at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa**

**First Author:** Mr. Henry Kilonzo – Email: hkilonzo@msh.org

**Second Author:** Dr. Daraus Bukenya – Email: dbukenya@msh.org

**Background:** The USAID-funded FANIKISHA Institutional Strengthening Project, implemented by a consortium led by Management Sciences for Health (MSH), is strengthening the capacity of health focused national civil society organizations (CSOs) in Kenya to deliver sustainable community health programmes.

FANIKISHA developed and pretested an organisational capacity assessment tool (OCAT) and a systems review checklist to establish CSO capacity. The tool evaluated 10 key capacity categories and subcategories. FANIKISHA also developed and pretested a simplified rapid organisational capacity assessment tool (ROCAT) focusing on eight key organisational capacity building categories and subcategories to assess achievement of capacity building.

**Methodologies:** FANIKISHA trained CSOs on the OCAT and ROCAT. OCAT was used at baseline while ROCAT was used six months later. Through a participatory- self assessment process involving systems review, focus group discussions and a consensus workshop, CSOs assessed their capacity. Score of 1 was lowest (no capacity) and 4 highest (significant capacity).

**Evidence of success:** Both tools facilitated self and participatory of organisational capacity assessment. The OCA took two days while the ROCA took one day to assess CSOs. At baseline, no CSO had significant capacity (a score of 3 out of 4) in the different capacity areas. Six months later, four CSOs demonstrated significant capacity (score of 4), one CSO demonstrated satisfactory capacity (score of 3) while one CSO demonstrated evidence of some capacity (score of 2).

**Challenges:** Distilling the OCAT risked omitting or combining key capacity building subcategories hence affect CSO capacity building. Review and pretesting of the tools by CSOs, partners and experts within the consortium eliminated the risk.

**Learning:** Good capacity building results are not based on how complex a tool is but on ownership by users, comprehensiveness and user friendliness.

**Conclusions:** The ROCAT is an effective tool to assess the capacity of civil society organisations.

## Abstract 2:

**Title: Graduation Indicators as Accelerators of Demand Driven Capacity Building of Civil Society Organisations in Kenya** - Accepted and Disseminated at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa

**First Author:** Mr. Henry Kilonzo – [hkilonzo@msh.org](mailto:hkilonzo@msh.org)

**Second Author:** Dr. Daraus Bukenya – [dbukenya@msh.org](mailto:dbukenya@msh.org)

### **Background:**

The USAID-funded FANIKISHA Institutional Strengthening Project, implemented by a consortium led by Management Sciences for Health (MSH), is strengthening the capacity of health focused national civil society organizations (CSOs) in Kenya to deliver sustainable community health programmes. The project developed an organizational capacity assessment tool (OCAT) with 10 capacity building categories comprised of 76 indicators; and a rapid organisational capacity assessment tool (ROCAT) with eight categories and 32 “graduation” indicators. The indicators measure when a CSO’s capacity is sufficient to receive and manage programmatic grants.

**Approaches:** FANIKISHA conducted a participatory CSO baseline capacity self-assessment with the OCAT to identify the capacity needs of the CSOs; CSOs demanded technical assistance from FANIKISHA based on the identified capacity gaps with priorities given to areas which the graduation indicators focused on. FANIKISHA provided the needed support through trainings, mentorships, learning exchange, peer support and also used institutional strengthening experts. Six months later, FANIKISHA conducted a participatory rapid capacity assessment, using the ROCAT.

**Achievements:** At baseline, no CSO had significant capacity (a score of 3 out of 4) in the different capacity areas. Six months later, four CSOs demonstrated significant capacity (score of 4), one CSO demonstrated satisfactory capacity (score of 3) while one CSO demonstrated evidence of some capacity (score of 2). The graduation indicators helped CSOs to be: results based from the start, pinpoint specific capacity needs and facilitated prioritization of demand driven capacity building interventions. Focusing on the graduation indicators in a category improved CSO performance in the entire category. This saved CSO time and financial resources, while freeing staff time to deliver on other service delivery projects.

**Challenges:** CSOs may focus only on the graduation indicators, leaving out other project indicators necessary for capacity development. Training and joint planning; use of a demand driven process in capacity building reduced the risk.

**Learning:** Results oriented, demand driven capacity building, CSOs participation, and building on existing CSOs capacity is critical for early results in capacity building.

**Conclusions:** Identifying capacity building graduation indicators, developing necessary capacity assessment and development tools; and approaches fast tracks CSOs uptake of capacity building.

### Abstract 3:

**Analysis of institutional capacity gaps of local health CSOs in Kenya; Challenges and Lessons learned - Accepted and Disseminated at the 2<sup>nd</sup> Capacity Building Summit, March 18-21, 2013, Johannesburg, South Africa**

**First Author:** Purity Njagi, FANIKISHA Project; Management sciences for Health (MSH)

**Second Author:** Mr. Henry Kilonzo, hkilonzo@msh.org

#### **Background:**

The growth of CSOs in Kenya has been rapid. A significant proportion of community health grants have been allocated to CSOs. However, most of these funds are channeled through international NGOs due to their institutional strength in accountability and managing large grants. The institutional capacity of the local CSOs remains vague due to challenges in national coordination and regulation structures. Conversely, capacity gaps are an eligibility criterion for funding to local CSOs.

The USAID FANIKISHA Institutional Strengthening Project aims to strengthen the capacity of national Civil Society Organizations (CSOs) in Kenya to deliver sustainable community health programmes. This is done through technical assistance, mentored grants and stakeholders' engagement.

#### **Approaches**

FANIKISHA conducted an assessment to provide a benchmark for the project on CSOs' capacity needs. Thirteen national level CSOs participated in the assessment. CSOs were guided through a participatory self-assessment involving document and systems review coupled with focus group discussion. The CSOs ranked their capacity on a scale of 1- 4 (where 1 was evidence of no capacity) through a plenary workshop that included CSO staff and relevant stakeholders.

#### **Findings**

Institutional strength varied amongst CSOs and across the capacity categories with grant management being the weakest; where all CSOs scored 1 or 2. Challenges and lessons were noted in areas such as administration of the tool, CSOs perception on capacity assessments, dynamics and systemic issues within the organizations, and organization culture.

#### **Conclusion**

Despite the challenges, the participatory approach stimulated ownership of the assessment findings and has facilitated positive uptake of technical assistance and mentorship to CSOs.

#### Abstract 4:

**Title: Improving Shared Learning Among HIV/AIDS Focused CSOs in Kenya through Access to Quality Data for Decision Making** - Accepted for presentation at the International AIDS Conference, Melbourne, Australia July 20-25, 2014

**First Author:** Mr. Henry Kilonzo – Email: hkilonzo@msh.org

**Second Author:** Charles Juma – cjuma@fanikisha.org

#### **Background:**

Kenya has more than 15,000 civil society organisations, most of which implement HIV/AIDS and health-related programmes. While these programs collect and store health data, they do not share this information with their respective stakeholders.

The USAID-funded FANIKISHA Institutional Strengthening Project is strengthening the capacity of Kenyan CSOs and the Non-Governmental Organisations Coordination Board to improve access to quality health information for decision making. FANIKISHA developed an online database known as the Kenya CSO Portal for Health ([www.csokenya.or.ke](http://www.csokenya.or.ke)), the first of its kind, to overcome the challenge of disseminating programme data and outcomes. The portal's design included a sustainability plan to transfer ownership to the NGO Coordination Board in the project's final year.

#### **Methods:**

A dual-method study comprising qualitative and quantitative methods was used to examine the benefits of the Portal for the registered users. Quantitative data on 240 users was collected and analyzed on monthly basis using Google Analytics; while qualitative data was also collected from a sample of 240 registered users using Survey Monkey on a quarterly basis for 15 months.

#### **Results:**

Quantitative data showed that 240 CSOS registered in the database, uploading their profiles, achievements and outcomes. 50 percent (120) accessed capacity building resources and 35 percent (81) accessed expertise from capacity building experts. 7 percent (17) of the CSOs were contacted by potential funders for possible collaboration. 100 percent (240) felt the database was either a very useful or a useful tool for decision making. In 15 months, use of the portal increased by 200 percent. Qualitative data showed that CSOs were known by their stakeholders, meaning stakeholders understood the organisations' work, knew who the CSO was serving and the CSO's achievements.

#### **Conclusions:**

CSOs in Kenya that are implementing HIV/AIDS interventions have low visibility due to limited initiatives to share their outcomes. Developing simple web-based HIV/AIDS data sharing tools and strengthening the capacity of the users at the community level improves their visibility, increases the sharing of information and lessons learned. The innovation of a national web-based platform can be applied to other countries in similar situations. Ensuring the involvement of a national organization increases the chances for long-term sustainability.

## Abstract 5:

**Title:** Building Local Capacity for Scaling up and Sustaining Quality HIV/AIDS Response in Kenya-  
*Accepted for presentation at the International AIDS Conference, Melbourne, Australia, July 20-25, 2014*

**First Author:** Mr. Henry Kilonzo – Email: hkilonzo@msh.org

**Second Author:** Dr. Daraus Bukenya – Email: dbukenya@msh.org

### **Background:**

The majority of Kenyan civil society organisations (CSOs) have a low capacity to deliver on the HIV/ AIDS response due to gaps in organisational capacity that limit the quality, scale and reach of their interventions. The USAID-funded FANIKISHA Institutional Strengthening Project is working with 10 national CSOs in Kenya to deliver sustainable community health programmes.

To establish whether strengthening CSO capacity improves the quality of programming, this study began with a participatory organisational capacity assessment to identify priority capacity gaps inhibiting the delivery of HIV programs and services. Technical assistance was then provided through mentorship, coaching, training, supportive supervision and peer support, to strengthen the CSOs' systems to enable them to deliver quality programming, in areas that included monitoring, evaluation and reporting. CSOs that demonstrated improved capacity were given grants to implement interventions related to HIV/AIDS care and treatment, HIV prevention, orphans and vulnerable children, and systems strengthening.

### **Methods:**

Qualitative research methods were applied to quarterly CSO data (document review, focus group discussions and key informant interviews) collected over 15 months. Thematic content analysis and data triangulation were used to analyse the data with a focus on speed of provision of services and timeliness and completeness of reporting.

### **Results:**

After 15 months of capacity building interventions, four of 10 CSOs demonstrated improved capacity and were given service delivery grants. Within three months of receiving the grant, they commenced service delivery and reporting improved from 50 percent (2/4) to 100 percent (4/4). Mentoring, coaching, training the CSOs and setting up the necessary systems for program implementation contributed to the quality provision of services. CSOs credited their improved capacity to their ownership, prioritization and commitment to the technical assistance received from FANIKISHA and their integration of best practices in organisational capacity within their programming.

### **Conclusions:**

Weak organisations deliver limited, unsustainable and poor quality community-based HIV/AIDS programmes. Developing the right capacity for national level CSOs based on their priorities positions them to design, implement and manage quality programmes with potential for sustainability. Improved CSO capacity contributes to accelerated programme startup without compromising the expected quality and results.

## Abstract 6:

**Sustaining Health Focused Organizations: The Critical Success Factor for Sustainable Organizations' Systems** - Accepted for presentation at the Third Global Symposium on Health Systems Research, September 30-October 3, 2014, Cape Town, South Africa.

**First Author:** Mr. Henry Kilonzo – Email: [hkilonzo@msh.org](mailto:hkilonzo@msh.org)

**Second Author:** Dr. Daraus Bukenya – Email: [dbukenya@msh.org](mailto:dbukenya@msh.org)

**Background:** Health focused civil society organisations in Kenya have undergone and are undergoing systems strengthening based on their capacity gaps. Some have demonstrated sustainability, while others have stagnated. Each organisation system is important for sustainability. The study identified the critical success factor in sustaining an organisation. Its intention was to provide the understanding on which organisational systems should be prioritized in technical assistance. Eight hypotheses were developed to find out the areas that most determine organisational sustainability. 10 national level CSOs supported by the USAID-funded FANIKISHA Institutional Strengthening Project in Kenya to deliver sustainable community health programmes, participated.

**Methods:** Longitudinal quantitative study was used. A cohort of 10 CSOs was followed for 15 months. Data was collected on quarterly basis using a questionnaire on eight technical areas namely: governance, organisational planning and resource mobilization, advocacy, financial management, sub-grants management among others. Eight hypotheses were developed.

**Results:** Eight hypotheses based on eight organisational system development categories were successfully tested with SPSS. Six of the eight hypotheses were accepted (p-values less than 0.02). Descriptive analysis shows that CSOs (10) had all necessary systems in place. Their operationalization was at different levels ranging from 40 percent - 90 percent. Regression analysis result showed that governance (p-value =0.01) was the most significant factor determining organisational sustainability followed by organisational planning and resources mobilization. Correlations analysis also showed that governance was the most significant of all the technical areas related to sustainability correlating at 4 percent. There was no relationship between organisational sustainability and advocacy systems (p-value=0.08); and sub-grants management (p-value=0.06)

**Discussion/conclusions:** Governance is the most critical success factor in organisational sustainability. It is the glue that holds the other systems together for effective health service delivery. Other systems are important but need the support of a strong governance system.

## Abstract 7:

### **Measuring Organizational Capacity: Developing Tools to Measure Civil Society Organisations Capacity to Receive Grants for HIV/AIDS Response in Kenya;** *Published in the International Review of Management and Business Research Journal, Volume 4, Issue 1, Part 2, 2015*

Authors: Henry Kilonzo, Daraus Bukenya, and Judy Mwangi

Civil Society Organization's capacity is critical for quality implementation of programs and overall sustainability of the organization. Several capacity tools have been developed by experts in the development sector. However, uptake of these tools is sub-optimal. The FANIKISHA Institutional Strengthening Project, implemented by Management Sciences for Health, Pact Inc., Danya International and the Africa Capacity Alliance developed a rapid organizational capacity assessment tool to facilitate measuring civil society organisations institutional capacity to manage grants. The aim of this study was to document the effectiveness of the rapid organisational capacity assessment tool.

In 2011, Management Sciences for Health/FANIKISHA identified 10 national level civil society organisations through a competitive process. Using two existing tools, the institutional strengthening standards and indicators for civil society organisations in Kenya; and the FANIKISHA organizational capacity assessment tool the project developed a rapid organizational capacity assessment tool through a participatory process involving staff, civil society organisations and their affiliates. A checklist for each of the rapid organisational capacity assessment tool categories and a reporting template were also developed. The tool was pre-tested while additionally automation was done and a dashboard developed to facilitate analysis and presentation of results. Using site organisational systems review and feedback & consensus building fora, rapid organisational capacity assessment and financial risks assessments were conducted amongst the civil society organisations six months following engagement. The final determination criteria took consideration of both the rapid organisational capacity assessment and financial risk assessment scores. Use of the capacity building standards and indicators for civil society organisations in Kenya ensured that the tool was specific and focused on civil society organisations behaviours not just outputs. Seven of the 10 civil society organisations demonstrated adequate organisational and financial management capacity to manage grants. These were graduated and recommend to USAID to receive grants. The real-time analysis and reporting of the results ensured the process was transparent, hence ownership of the results.

The rapid organisational capacity assessment tool is a simple tool, developed through a participatory process that can help organizations easily establish their capacity while establishing the financial risk. Capacity building should continue to further develop the organisational, financial and grant management capacities. There is a need to standardise capacity building indicators and capacity assessment methodologies in order to make measurement of civil society organisations capacity easier and increase rigor of results.

# FANIKISHA

Accomplishments in  
Local Capacity Building  
for Civil Society  
Organizations in Kenya



**USAID**  
FROM THE AMERICAN PEOPLE



**FANIKISHA**  
Institutional Strengthening Project



# SAVING LIVES AND IMPROVING THE HEALTH OF THE WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND ACTION IN PUBLIC HEALTH

*This collection of stories represents the work of the FANIKISHA Institutional Strengthening Project to strengthen the capacity of national-level civil society organizations to ensure and sustain their contribution to improvements in the health and well-being of all Kenyans. FANIKISHA was funded by USAID/Kenya and implemented by Management Sciences for Health (MSH), in partnership with Pact Inc., Danya International, and the Regional AIDS Training Network (RATN). The twelve stories highlight achievements in leadership and governance capacity building, improvements in strategic communication, sustaining local capacity improvements, and successful strategies in delivering high quality local capacity building.*

## ACKNOWLEDGMENTS

We acknowledge the many stakeholders and partners who contributed to the various project tools and to project implementation. In particular, we acknowledge the funding and technical support from USAID/Kenya as well as the technical collaboration with all the USAID-funded APHIA-plus projects. We would like to acknowledge the technical collaboration of the Government of Kenya through the Ministry of Health and other governmental departments, including the National Bureau of Standards.

FANIKISHA is grateful for the contribution of Kenyan civil society organizations, including both individual organizations and networks such as the Kenya Health NGO Network (HENNET). In particular, the efforts of the ten national organizations (Abantu for Development, HERAF, I Choose Life, IRCK, KANCO, KeNAAM, Omega Foundation, NEPHAK, NOPE, and WOFAK) and their affiliates made it possible for FANIKISHA to learn the lessons in this document and leave behind civil society organizations with an improved ability to manage larger, more effective health interventions.

It is our hope that the success stories in this compendium will inspire similar initiatives in local capacity building to aim for direct impact on the health of communities.

Daraus Bukenya  
Chief of Party, FANIKISHA Institutional Strengthening Project  
Management Sciences for Health

## 1 FANIKISHA INITIATIVE ENERGIZES CSO BOARD

For 10 years, I Choose Life—Africa (ICL) has been leading HIV prevention efforts among youth at Kenyan universities. After a successful debut at the University of Nairobi in 2003, the Commission for Higher Education recommended ICL to all Kenyan universities. Since then, the program has expanded to more than 24 universities in six provinces. But in 2011, ICL found itself struggling to attract funding and retain employees, jeopardizing its viability.

Recognizing the need for outside support, ICL responded to an Expression of Interest from the USAID-funded FANIKISHA Institutional Strengthening Project, which is working to identify and strengthen the institutional capacity of up to ten national Kenyan civil society organizations (CSOs) to play a more active role in the country's health sector.

Working together, FANIKISHA and ICL conducted a participatory assessment to better understand ICL's existing institutional capacity, assisting ICL to rank its own strengths on a numeric scale of 1 to 4 through focus group discussions with its staff, partners, donors and stakeholders. The assessment revealed that the ICL board lacked commitment, clear objectives and deliverables, and a performance management framework.

"We used to meet quarterly but even then it was often difficult to raise the required quorum," explains Mr. Mike Mutungi, ICL's chief executive officer.

Following the assessment sessions focusing on governance, leadership and management, the board has been awakened. Consequently, ICL has developed clear plans of action, objectives



PHOTO: I CHOOSE LIFE - AFRICA

*Peer educators from I Choose Life – Africa during an outdoor team building session.*

and an appraisal system for the board, including a primary emphasis on resource mobilization, which was previously neglected.

"The board is now energized and focused," Mr. Mutungi reports, adding that since the assessment's conclusion, the board has already met twice. He reckons that this level of participation was inconceivable just a few months ago, and attributes the rejuvenation to FANIKISHA's participatory assessment approach, engagement with the team, and orientation to action and results.

**"The board is now energized and focused."**  
—Mr. Mike Mutungi,  
ICL's chief executive officer

## 2 PARTNERING TO ENSURE THE SUSTAINABILITY OF ORPHANS' SCHOOL

There is an African proverb that says it takes a village to raise a child. Judith Akoth, age 7, lost both her parents in April 2006, one of thousands of children orphaned by HIV/AIDS in Kenya's Homa Bay County. Today, young Judith's "village" is a collection of development partners—a school, two Kenyan organizations, a British-based charity, and USAID—that are ensuring she and other vulnerable children are educated and well-fed.

After losing her parents, Judith continued her education at the Kobala Nursery School, which was managed by a local community based organization (CBO), Badiilika Wings of Hope. Under the CBO's management, the school had evolved from just a plastic canvas thrown over some wooden poles, to three small classrooms with brightly colored plastic chairs for the youngest students, and a feeding program which provided nourishing meals.

Over the last year, however, Badiilika Wings of Hope faced myriad challenges crippling its operations and these problems trickled down to the school, disrupting the feeding program, leaving Judith



*Young students at the Kobala Nursery School.*  
PHOTO: MANAGEMENT SCIENCES FOR HEALTH

and other students hungry. The school's main funder, the UK-based Kenya Orphans Fund and Uganda Project (KOFUP), was considering pulling its financial support from the school, jeopardizing the students' futures.

That is when the Omega Foundation stepped in. A Kenyan organization with more than a decade's experience in supporting community development and health, the Omega Foundation worked with the CBO's staff to develop and implement sound financial management systems and improve the school's governance. Badiilika has been mentored for a few months now by Omega staff and KOFUP has monitored its progress and agreed to continue funding the school, which currently has 129 children enrolled.

The Omega Foundation's ability to help Badiilika Wings of Hope came from its own partnership with the USAID-funded FANIKISHA Institutional Strengthening Project, which is building the capacity of national Kenyan organizations to support a strong community health response.

"We are glad that Omega Foundation has salvaged our school; we promise to work with the organization to make this school and the lives of the children better."

—Mr. Joseph Okua,  
*Badiilika's vice chairman, at a meeting with the Omega Foundation*

### 3 FANIKISHA REKINDLES BOARD'S PERFORMANCE AT HERAF

Boards of Directors play an important role in civil society organizations (CSOs). An effective board helps set strategy and promotes the CSO's efficiency, effectiveness, adaptability and sustainability. The organization is then better able to fulfill its mission and help the people it serves.

This was not the case at the Health Rights Advocacy Forum (HERAF), a non-governmental organization that brings together health professionals and CSOs to advocate for health as a fundamental human right in Kenya. HERAF's seven-member board was not effectively contributing to the organization. Board meetings were not regularly scheduled, attendance was irregular—with some meetings falling even to have a quorum—and the quality of the board members' engagement was low. This affected HERAF's overall performance, especially in the areas of decision-making, resource mobilization, staff motivation and visibility. Consequently, funding continued to decrease one year after the other.

“The board's improved performance has led to increased resources from other donors, a trend which is expected to continue...”

—Mr. Edwin Miano,  
Executive Director, HERAF



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*HERAF board members participating in a workshop to develop their institutional strengthening strategy in Nairobi in February 2013.*

board, and helped HERAF to develop and orient board members on their operations and function, through the creation of a new governance manual that defined the standard practices of a governance body.

The outcome of FANIKISHA's timely and participatory technical assistance: HERAF now has a knowledgeable board that is results-based, fully engaged, accountable and responsive to the strategic needs of the organization.

“FANIKISHA's efforts rekindled the board,” said HERAF Executive Director Edward Miano. “The members adhere to their performance targets, providing timely strategic direction to HERAF as stated in the manual. Thus, we have become more focused and efficient, which has improved staff morale. The board's improved performance has led to increased resources from other donors, a trend which is expected to continue.”

With funding in place, HERAF looks forward to better advocating for health rights in Kenya.

## 4 NEW COMMUNICATIONS STRATEGY PAYS OFF FOR KANCO

Effective communications are vital for a successful organization. For the past 23 years, the Kenya AIDS NGOs Consortium (KANCO) has been operating without a definitive communications strategy. This changed in 2013, as a result of KANCO's collaboration with the USAID-funded FANIKISHA Institutional Strengthening Project, which is enhancing the leadership, management, and governance of Kenyan CSOs that deliver health services at the community level.

Allan Ragi, the executive director of KANCO notes, "We have not been very effective in the way that we engaged with our publics over the years. The organizational communication, branding and marking training organized for KANCO board and staff with support from FANIKISHA has been an eye opener. We now appreciate that branding and differentiating ourselves is critical."

"As a result of our mentorship from FANIKISHA, we are getting more strategic partnerships..."

—Mr. Allan Ragi,  
Executive Director, KANCO

According to Mr. Ragi, "The skills learned will go a long way in transforming communication in the organization towards achieving the organization's goals. Since the training, I carry KANCO branded business cards and the new KANCO publicity package. As a result of our mentorship from FANIKISHA, we are getting more



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*Participants exchange ideas during the communication, branding and marking training at KANCO.*

strategic partnerships with organizations like Danish International Development Agency, Internews and Children's Investments Fund Foundation, which will in turn help us expand our scope of work."

The facilitation from FANIKISHA also encouraged KANCO to revamp its website. A full-time communications manager is now engaged to better manage the newly revitalized communications function.

*Established in 1990, KANCO is a national membership network of not-for-profit organizations, private sector actors and research and learning institutions that have interest in HIV and AIDS and TB activities in Kenya. KANCO's mission is to provide leadership, promote collaboration and enhance capacity among civil society organizations (CSOs) and other stakeholders to achieve improved outcomes for HIV, AIDS and TB prevention, treatment, care and support programs.*



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

ICL CEO Mike Mutungi, at left, presents a copy of ICL's strategic plan to Kenya's Vision 2030 Director General Mugo Kibati.

## 5 | CHOOSE LIFE – AFRICA GAINS NEW FUNDING SOURCES

Civil society organizations (CSOs) play a critical role in delivering health services to the marginalized, poor, and underserved populations in resource-constrained countries. International donors, including USAID, increasingly seek to promote sustainable development programs by directly funding these types of organizations. However, many CSOs lack the financial management and strategic planning capacities to manage funds well and do not know how to mobilize sources of national funding that will make them truly sustainable.

Kenyan CSO I Choose Life – Africa (ICL) has been a leading HIV prevention organization since 2002. Realizing the need to strengthen their systems to qualify for international funds and create new partnerships, ICL responded to an Expression of Interest from the USAID-funded FANIKISHA Institutional Strengthening Project, which is working to build the capacity of Kenyan CSOs to play a more

active role in the country's health sector. As a FANIKISHA partner, ICL was eligible to compete for a FANIKISHA mentored grant that would help it further its mission.

FANIKISHA's mentorship has helped ICL put in place sound financial management procedures and project reporting mechanisms over the last year. These were complemented by technical assistance that focused on governance, organizational planning, resource mobilization, networking and alliance building. These efforts have yielded demonstrable key improvements and successes at ICL that include better project coordination and improved management and technical capacity.

According to Mr. Mike Mutungi, ICL's CEO, "By the time FANIKISHA came on board, ICL was at cross roads. We knew that to get to the next level, we urgently need to build our capacity.

Thanks to FANIKISHA, we have strengthened organizational sustainability through broadened partnerships and resource mobilization." These efforts have translated into increased and diversified funding from the corporate and government sectors as well as individual donors. Notable new partnerships include: the

United Kingdom's Department for International Development (DfID), Kenya's Vision 2030 Secretariat, Nakumatt Holdings, Eriks International and Commercial Bank of Kenya.

Mr. Mutungi is pleased, saying, "We have grown admirably from a budget of 138 million Kenya shillings when we joined with FANIKISHA in 2012, and this year, ICL is currently running programs worth 307 million Kenya shillings. Our next year's approved budget is 600 million Kenya shillings!"

"Thanks to FANIKISHA, we have strengthened organizational sustainability through broadened partnerships and resource mobilization."

— Mr. Mike Mutungi,  
CEO, I Choose Life – Africa

## 6 IMPROVING NEPHAK'S FINANCIAL MANAGEMENT FOR SUSTAINABILITY

Civil society organizations (CSOs) are accountable to multiple constituencies, especially donors, who fund most organizations. CSOs that demonstrate transparency and accountability with their resources are more likely to enhance donors' confidence, improve community engagement, and gain support from volunteers and other stakeholders.

The National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) was struggling to meet donor expectations, due to weak financial and operation systems and staff who lacked expertise in managing donor funds. For NEPHAK, a national network founded to unite and enhance the skills of people living with HIV and AIDS to participate meaningfully in policy and programming initiatives, this struggle had real financial ramifications. Of the CSO's annual budget of Kshs. 28 million (approximately US\$333,000), NEPHAK managed only 30%. The majority of their funds were managed by other organizations because donors were not confident in NEPHAK's systems. Potential donors would not commit funding, because they felt their investments would not be secure. This kept NEPHAK's funding stream low.

While struggling with this situation, NEPHAK applied and qualified for mentored grants from the USAID-funded FANIKISHA Institutional Strengthening Project, which works with Kenyan CSOs to strengthen their institutional capacity. Through a participatory organizational capacity assessment in 2012, FANIKISHA helped NEPHAK to identify their weaknesses in financial management,

“We now have the systems in place, and we are seeing the results... donor confidence in NEPHAK”

—Nelson Otwoma, CEO, NEPHAK

operations, and resource mobilization. FANIKISHA supported NEPHAK to establish and use efficient financial management and operations systems, develop guidelines, and recruit staff, who were then trained on the systems.

The result: improved adherence to financial management and operations practices that have led to renewed interest by donors.

When six donors who had stopped funding NEPHAK learned of the improvements—and FANIKISHA's role in the change—they resumed funding by extending their grants. NEPHAK CEO Nelson Otwoma recalls that one of the donors said, “If NEPHAK is benefiting from FANIKISHA, we know their systems will be improved. We do not have to worry, our money will be safe.”

In 2013, NEPHAK's annual pipeline increased from Kshs. 28 million to Kshs. 71 million. “Donors felt their money was now safe at NEPHAK and we could now demonstrate value for their money,” says Otwoma.



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

NEPHAK team members participate in a group assignment during an institutional strengthening workshop organized by FANIKISHA in May 2013.



*Everlyne Wafula, shown here with her husband and child, disclosed her HIV status after a 10-year silence.*

PHOTO: THE OMEGA FOUNDATION

## 7 INCREASING ACCESS TO HIV CARE AND SUPPORT BY STRENGTHENING CIVIL SOCIETY

While AIDS-related deaths have been reduced by one-third in Africa between 2006 and 2012, stigma and discrimination are still widespread, and access to health services can be difficult for individuals living with HIV or AIDS. Many people hide their status, fearing the reactions of their loved ones.

Everlyne Wafula lives in Bungoma County in Western Kenya. A decade ago, when her husband and child died due to AIDS related illness, her neighbors linked their deaths to a curse. Everlyne, who knew her HIV status was positive, opted not to disclose her illness in her community and kept her silence for the next 10 years, even as she remarried and bore another child. Recently, however, she took part in a discussion forum organized by the Soy AIDS Resource Centre (SARC), an affiliate of the Omega Foundation, which changed her life.

SARC is an affiliate of the Omega Foundation, which is supported by the USAID-funded FANIKISHA Institutional Strengthening Project. FANIKISHA is building the capacity of national-level Kenyan civil society organizations (CSOs) to improve the health and well-being of all Kenyans. FANIKISHA specifically focuses on enhancing capacity for national organizations, and then works with these CSOs to help them mentor their affiliates in the same way. FANIKISHA collaborated with Omega to ensure that its affiliate organizations—including SARC—developed improved project management and monitoring and evaluation plans that enabled them to strengthen their organizational capacity. With these plans in place, the Omega Foundation made a programmatic grant to SARC to improve their service delivery and enhance their efforts in HIV and AIDS counseling, testing, treatment and care, to better reach people like Everlyne.

It was at the SARC discussion forum that Everlyne decided to break her decade-long silence. Following an education session on status disclosure, Everlyne realized that the best way to protect her husband's health was to inform him of her status and encourage him to be tested. "I was worried and expected the worst but I also wanted him to know his status," she said. Luckily, her husband was supportive of her situation, and both he and her three-year old son tested negative. Now she and her husband are one of the discordant couples who attend sessions at SARC to encourage others to know their status so as to protect their partners and children; they also advocate for people living with HIV to access health services at SARC.

SARC is just one of eight affiliates of the Omega Foundation that is benefitting from the FANIKISHA Institutional Strengthening Program.

"I was worried and expected the worst but I also wanted him to know his status..."

*—Everlyne Wafula, who found the courage to disclose her status after a 10-year silence*

## 8 MILESTONE REACHED AS INSTITUTIONAL STRENGTHENING STANDARDS ARE LAUNCHED

On February 18, 2014, Dr. John Masasabi, Director of Policy, Planning and Health Care Financing in Kenya's Ministry of Health, took part in the launch of the *Institutional Strengthening Standards for Kenyan Civil Society Organizations* in Nairobi. "As a government we cannot work alone. However, it is important that those contributing to achieving the government's vision of a healthy Kenya be guided by standards that encourage them to provide a certain level of quality that is acceptable and desirable," Dr. Masasabi said.

The need for standardized institutional strengthening indicators became evident in Kenya in recent years, as the size and number of civil society organizations (CSOs) delivering community health services grew. Despite the wide range of institutional strengthening initiatives undertaken by donors and CSOs in Kenya during this time, there were no clearly agreed upon indicators to measure or evaluate this work. The standards were designed to ensure a common understanding of what it means to be a strong CSO as well as the requirements for delivering high quality institutional strengthening services to CSOs. Work on the standards began in 2011, under the USAID-funded FANIKISHA Institutional Strengthening Project, which is building the capacity of national Kenyan organizations and their affiliates to provide a strong community health response.

FANIKISHA convened a technical working group (TWG) as the first step towards the development, acceptance, adoption, and roll out of evidence-informed standards for institutional strengthening tools, approaches, and indicators in Kenya. The TWG consisted of 41 experts drawn from the CSOs, government, the private sector, and academia. The TWG met with a variety of stakeholders to gain

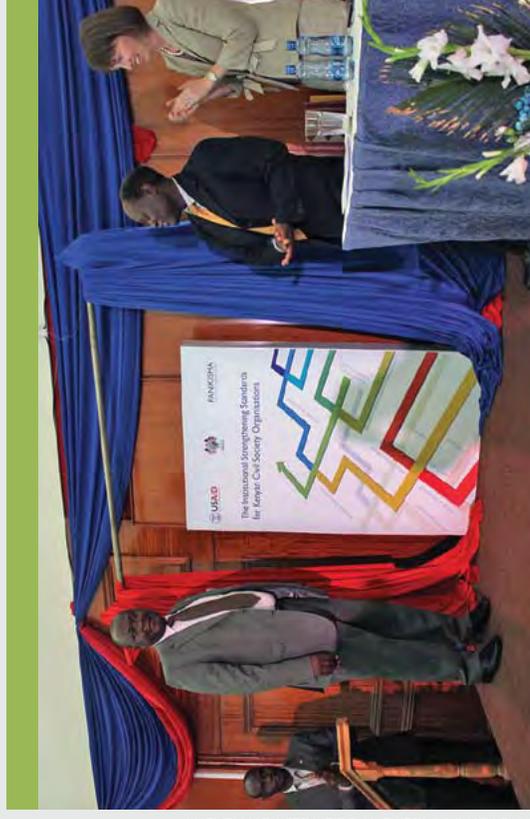


PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*Dr. John Masasabi presents the Institutional Standards document as FANIKISHA Chief of Party Darius Bukonya and USAID Deputy HIV/AIDS Team Leader Tara Simpson applaud.*

a comprehensive understanding of the definition, measurement, and application of standards, as well as how to share the standards in Kenya and beyond to help CSOs be effective, efficient, results-oriented, and sustainable.

Application of the standards and indicators will strengthen transparency, accountability, and trust among CSOs, providers of institutional strengthening services, and those who partner with CSOs—including the government and funding agencies. Ms. Tara Simpson, Deputy HIV/AIDS Team Leader at USAID/Kenya stated, "It is our hope that the institutional strengthening standards become the gold standard by which capacity building across all sectors is measured. USAID will continue to partner with the Government of Kenya to institutionalize the standards and hold all local organizations to the highest level of accountability. Only then will the full potential of the Kenyan civil society be realized."

## 9 MASTERING EFFECTIVE GRANTS MANAGEMENT, KANCO NOW SUB-GRANTS TO ITS AFFILIATES

“Transitioning from being a grant recipient to a sub-donor is not easy,” said Denis Wali, Community Systems Strengthening Manager at the Kenya AIDS NGOs Consortium (KANCO). Wali was speaking of KANCO’s transition from a grant recipient to a grant-maker under the USAID-funded FANIKISHA Institutional Strengthening Project.

FANIKISHA is building the capacity of Kenyan civil society organizations (CSOs) to play a more active role in the health sector. One of FANIKISHA’s strategies is to give CSOs the skills they need to manage donor funding and, once they can do this effectively, provide them with grants that they can then sub-grant to their affiliates to support service delivery.

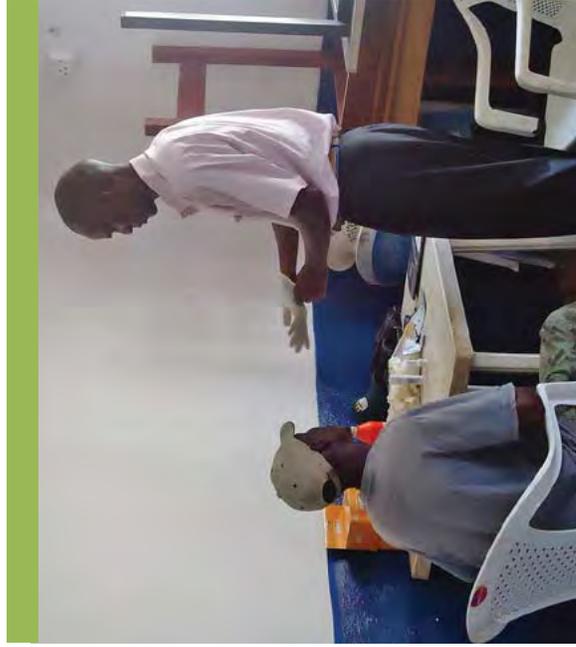


PHOTO: COURTESY OF KANCO

*HIV testing and counseling in Ndiani, Kwale County during a community outreach activity organized by Teens Watch, a KANCO affiliate.*

FANIKISHA provides technical assistance in areas such as grants and sub-grants management; project management; and monitoring and evaluation. KANCO noted that many of its eight affiliates in this program had low organizational capacity in these specific areas.

“We had to intensively work with all the affiliates to build their capacity in budgeting and work plan realignment to eliminate areas where they over- or under-budgeted,” Wali explained, noting that FANIKISHA staff supported them in every step of this endeavor: “Once we were satisfied that our affiliates’ capacity was sufficiently built, we were able to officially begin sub-granting in November 2013.”

KANCO is now managing a \$2.5 million grant from FANIKISHA, which it is sub-granting to eight affiliates in three counties. This ability to sub-grant to its affiliates has enabled KANCO to actually reach more beneficiaries in the Coast, Nairobi, and North Eastern regions of Kenya. One affiliate, Teens Watch, provided HIV testing and counseling for 195 individuals among key populations, and also reached 811 adults and 4,228 youths with evidence-based HIV prevention interventions in Mombasa.

Another affiliate, Sisters Maternity Home, focused more on women and families. “Of the affiliates we sub-granted to, Sisters Maternity Home has moved with speed in rolling out their high quality interventions for HIV and AIDS that meet the set government guidelines. It has managed to provide health services to close to 10,000 people,” said Wali.

KANCO’s experience demonstrates that Kenyan CSOs can sub-grant and do so remarkably well once their capacity and confidence is comprehensively built. The collaboration between FANIKISHA and KANCO is just one example of how FANIKISHA is working to strengthen Kenya’s civil society organizations to improve service delivery.

“We had to intensively work with all the affiliates to build their capacity in budgeting and work plan realigning...”

—Denis Wali, Community Systems Strengthening Manager, KANCO

## 10 COMMUNITY HIV TESTING LEADS TO DIAGNOSIS AND CARE FOR YOUNG BOY

Nine-year-old Martin's mother passed away when he was just two years old. Unknown to the family, she died of HIV-related complications. Following her death, Martin (not his real name) began getting sick. For nearly five years, the young boy, who lives with his grandfather in Kirinyaga County, had to deal with multiple bouts of illnesses. "The illness sometimes made him too weak and stopped him from going to school," notes Martin's father, James.

James and Martin's grandfather discovered Martin's status when the Anglican Development Services of Mt. Kenya East (ADSMKE) supported community health workers to conduct a household medical mobilization outreach in December 2013 in Ngomongo village, Kirinyaga County.

ADSMKE is an affiliate of the National Organisation of Peer Educators (NOPE), a civil society organization receiving institutional support from the USAID-funded FANIKISHA Institutional Strengthening Project. NOPE, through an HIV service delivery sub-grant given by FANIKISHA, has helped ADSMKE to

improve the uptake of quality clinical care services among adults and children at its health facilities, and strengthened the capacity of ADSMKE healthcare workers to effectively deliver HIV services at the county level.

A visit by an ADSMKE community health worker prompted Martin's father to take his son to the ADSMKE clinic where, to his shock, Martin tested positive for HIV. "It was devastating to find out that

"It was devastating to find out that my son was HIV positive. In hindsight, I am happy I did, as it meant that ADSMKE clinic was able to immediately enroll Martin in ARV treatment."

—James, father of a young HIV patient



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*Counseling and testing at an ADSMKE clinic.*

my son was HIV positive. In hindsight, I am happy I did, as it meant that ADSMKE clinic was able to immediately enroll Martin in antiretroviral (ARV) treatment and as a patient who can receive free treatment for opportunistic infections," says James.

By February 2014, just a few months after starting his treatment, Martin's health had significantly improved as a result of the services offered by the ADSMKE clinic. "He is my source of pride and joy! He has been attending school and he was position two in his last examinations. I am glad that we found out about his status in good time and that ADSMKE could provide him the best care to enable him to stay in school," says Martin's proud father.

## 11 CONSULTANTS MARKETPLACE OFFICIALLY TRANSFORMS AND GOES INTERNATIONAL

Kenyan civil society organizations (CSOs) have received significant institutional strengthening in the form of financial and technical support from USAID. The requirement that CSOs operate as efficiently and as effectively as possible sometimes requires that they seek and obtain support from specialized consultants. Unfortunately, not all consultants meet professional standards and some of them may be of questionable reputation or competency. The result is disappointed clients and wasted time and resources. In addition, searching for consultants is often a time-consuming exercise that places more stress on already overburdened CSOs. In the past, when CSOs have found consultants to work with, there have been no standards or ethical guidelines to evaluate their services or govern their practices.

It is these gaps that led the USAID-funded FANIKISHA Institutional Strengthening Project to establish an institutional strengthening consultants' marketplace. The FANIKISHA marketplace consists of a

pool of 80 consultants who have passed stringent vetting criteria established by the project. The marketplace also has an online platform, where CSOs can select consultants through a competitive process. Consultants who provide services follow the recently developed 'FANIKISHA Institutional Strengthening Standards and Indicators for Kenyan CSOs'; a reference document of evidence-informed standards to benchmark CSOs capacity.

To support the marketplace long term, FANIKISHA provided the consultants with technical assistance to establish a sustainable institution; the legally recognized International Consultancy Marketplace (ICM). ICM was launched on July 8, 2014, during the FANIKISHA Project dissemination forum held at the AMREF International Training Centre in Nairobi.

"ICM has established a clear vision, strategic objectives, and leadership," says Ochieng Oloo, an ICM member. "The consultancy plans to ensure that its clients have access to a wide range of independently vetted professional consultants under one roof—a 'one-stop shop'—and receive timely and quality technical assistance. The use of the standards and indicators will make benchmarking easy and facilitate CSOs to achieve their goals."

As the FANIKISHA Institutional Strengthening Project comes to an end in 2014, ICM will play a vital role in ensuring that the FANIKISHA dream of quality institutional technical assistance continues.

"ICM has established a clear vision, strategic objectives, and leadership."

—Ochieng Oloo, ICM member



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*Dr. Darius Bukonya of the FANIKISHA Project introduces the International Consultancy Marketplace.*

## 12 CIVIL SOCIETY ORGANIZATIONS MOVE TO SUSTAIN INSTITUTIONAL CAPACITY BUILDING IN KENYA

Since 2011, the USAID-funded FANIKISHA Institutional Strengthening Project has facilitated the strengthening of organizational systems and provided mentorship and training in areas such as governance, finance, and project management to 10 national civil society organizations (CSOs) in Kenya. FANIKISHA used assessment tools to establish the baseline capacities and training needs of these organizations, and developed mentorships, coaching, and peer support programs to enhance staff capacity. The project has strengthened the CSOs' capacity to the extent that some are now able to absorb large-scale grants for community health response programs.

“We have been mentored by FANIKISHA and we commit, through LOISNET, to carry on the good work...”

—CEO Mike Mutungi,  
*I Choose Life - Africa*

The peer support program has been instrumental in bringing together the 10 CSOs' chief executive officers (CEOs) to exchange ideas on their organizations' best practices and share opportunities in both institutional strengthening and service delivery. With the closeout of FANIKISHA in 2014, the CEOs—through the peer support program—have come together to establish an entity that will carry on the institutional strengthening work.

This peer-to-peer consortium, created with the support of FANIKISHA, has its own vision, constitution, and mandate. Under the name Local Organisations Institutional Strengthening Network (LOISNET), the consortium will carry on the vision of enabling Kenyan CSOs to have lasting health impact. LOISNET's main focus areas include resource mobilization, knowledge and network exchange platforms, advocacy, and institutional strengthening.



PHOTO: MANAGEMENT SCIENCES FOR HEALTH

*Team members from the Omega Foundation, a member of LOISNET*

“We have been mentored by FANIKISHA and we commit, through LOISNET, to carry on the good work FANIKISHA leaves behind,” says Mike Mutungi, CEO of I Choose Life – Africa. “LOISNET will carry on the vision of building Kenyan CSOs' institutional capacities, and will function as an essential link between CSOs, donor organizations, and the Kenyan government.”

Ms. Karen Freeman, the head of the USAID Mission in Kenya, sees a role for the new network in Kenya's health sector: “LOISNET will be an important component in the continued fight against HIV and AIDS,” she notes. “It is encouraging to see a continuation of the work FANIKISHA has begun.”

# TAO OF LEADERSHIP

---

Go to the people  
Live with them  
Love them  
Learn from them  
Start with what they have  
Build on what they know.

But of the best leaders  
When their task is accomplished  
The work is done  
The people will all remark  
We have done it ourselves.

—Lao Tzu

MANAGEMENT SCIENCES FOR HEALTH  
200 Rivers Edge Drive, Medford, MA 02155 USA  
Tel +1 617.250.9500  
communications@msh.org  
Visit us at: [www.msh.org](http://www.msh.org)

