

## **EXECUTIVE SUMMARY**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund to Fight AIDS, Tuberculosis and Malaria was started in 2002 and has now become a major source of financial assistance in the fight against these diseases throughout the world. However, CSO participation has been limited, and only a small proportion of these groups have been reached by the GFATM. Of the civil society groups, the Community Based Organizations have probably faced the biggest challenge in terms of applying for Global Fund grants and to implement GFATM projects to control malaria.

A Capacity Needs Assessment (CNA) among civil society organizations was initiated vigorously in representative districts of Kenya. The focus of the assessment was on all areas in Kenya that are classified as malaria endemic, highland malaria epidemic, or arid malaria epidemic. The strategy and approach of the assessment was based on several methods, including face to face interviews, telephone interviews, postage of questionnaires, emails, or a combination of postage and telephone interviews to support organizations that need guidance in responding to the questionnaire. The majority of the CBOs interviewed indicated advocacy and community mobilization as their main areas of malaria control activity. About 90% of the 201 organizations said that their organization works in the area of advocacy and community mobilization, while 58% said they work in the area of training and capacity building for malaria control. About 52% of the CBOs said they work in the area of ITN/LLIN distribution, 51% in the area of malaria treatment and case management. Another 41% worked in vector control area.

The membership and ownership of the organizations interviewed were mainly local; about 95% of the organizations interviewed were local community owned organizations. Only 2.5% were either nationally or internationally owned. Almost half, (48.8%) of the organizations that participated in the study had a target population of less than 10,000 people, 44% had a target population of between 10,001 and 100,000. Another 5.7% had a target of between 100,001 and 1 million but only 1% said they had a target population of more than 10 million people.

Most CBOs expressed inability to cover their intended project areas. Out of the 210 organizations only 1.4% were able to cover over 75% or more of their planned target population with their malaria activities. 32.4% of the organizations was able to cover only 25% of the planned target population. More than 51.9% of the organizations were able to cover between 25 and 50% of the planned target population while 14.3% covered 51 – 75% of the population.

At organizational level, 94.2% of all the organizations interviewed said that the major challenge in the implementation was a lack of training and project funds. 71.5% of all the organizations interviewed said that a major challenge in the implementation was a lack of equipment. 63.3% said the main challenge was the low level of staff training. For 61.4% the biggest challenge was the lack of transport, and 44% said it was poor infrastructure.

To be able to effectively run their projects, the CSOs pointed out the importance of strengthened capacities of the CSOs to apply for funds, effectively run programs and report on the outcomes of their malaria control projects and the financial status. International organizations agreed on technical assistance by participation in training programs for strengthening CSOs at country level.

This review has brought out the precarious situation in which the Kenyan CBOs find themselves today. Several factors stand out clearly:

- CBOs are low in capacity in most areas - including financial resources, trained personnel, materials and equipment.
- CBOs lack knowledge in specific areas of project management, including application processes, monitoring and evaluation, financial management skills, and reporting.
- CBOs are keen to learn new techniques and methods on malaria control, and how to manage the disease
- CBOs are enthusiastic and ready and willing to participate in community development, and lifting the standard of living of their members and their communities.
- CBOs do not get sufficient contact and information from relevant authorities that would enable them to apply for and acquire the funds for running their projects.
- Some CBOs have taken the initiative to apply for GFATM funds, but the lack of support from the local authorities discouraged them to a point of never seeking to apply again.

The capacity of personnel in the CBOs to fully implement malaria programs has affected their ability to apply for Global Fund grants and to implement malaria projects. It is clear from the assessment that a majority of CBOs have limited qualified personnel to effectively run field programs, especially in resource mobilization, monitoring and evaluation and assessment of project progress. CBOs also lack effective presentation in the CCM. There are only few resources for CBO projects and the information flow to the CBOs is slow and often inefficient. There is the need for capacity strengthening among these grassroots organizations.