

KENYA COORDINATING
MECHANISM FOR GLOBAL FUND

Resource
Mobilization Strategy

2015 - 2017



REPUBLIC OF KENYA



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Kenya Coordinating Mechanism
for Global Fund**

Resource Mobilization Strategy

June 2015-2017

Table of Contents

1.	Abbreviations	1
2.	Context	2
3.	KCM funding needs	2
4.	Objectives and Strategies	5
5.	Resource Needs Estimation	6
6.	Assessment of Feasibility	7
7.	Action Plan for Resource Mobilization	8
8.	Coordination of Resource Mobilization Activities	9

Abbreviations

CCM	Country Coordinating Mechanism
CIDA	Canadian International Development Agency
CSS	Community Systems Strengthening
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DPHK	Development Partners for Health in Kenya
GAVI	Global AIDS Vaccine Initiative
GIZ	German International Cooperation
GF	The Global Fund to fight AIDS, tuberculosis and malaria
GoK	Government of Kenya
HSS	Health Systems Strengthening
ICC	Inter-agency Coordinating Committee
JICA	Japan International Cooperation Agency
KCM	Kenya Coordinating Mechanism for Global Fund
M&E	Monitoring and Evaluation
NACC	National AIDS Control Council
NGO	Non-Governmental Organization
TCICC's	Technical Committee for Inter-agency Coordinating Committees
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VF	Vestergaard Frandsen
WHO	World Health Organization

Context

The Kenya Coordinating Mechanism (KCM) is mandated to seek, oversee and harmonize the Global Fund grants with other national health programmes. The KCM is a multi-sectoral partnership body comprising of the Government of Kenya, Development Partners and non-state actors. The Country Coordinating Mechanism (CCM) for Global Fund was formed in Kenya in 2002. The KCM comprises 18 members and is aligned to the national health sector coordination framework, consisting of Inter-Agency Coordinating Committees (ICCs) and the National Health Sector Coordination Committee.

The KCM has taken major steps to strengthen its oversight capacity, manage conflict of interest issues and strengthen its secretariat. It has in place a management committee that supports its decision making processes in between KCM meetings; an oversight committee that advises and recommends to KCM actions for improving grant performance and a strong linkage to Inter-Agency Coordinating Committee that provide technical experts to KCM.

The KCM is seeking US\$800,000 to finance its biennial Work Plan for the period 2015-2017. This Resource Mobilization Strategy has been developed to guide KCM in mobilizing resources from Government, Development Partners and Non-State Actors to implement its activities.

KCM funding needs

Funding needs

The funding needs of KCM are for the core KCM functions: management and administration, oversight, harmonization, concept note development and constituency engagement and communication.

(i) Management and Administration costs

Key management and administrative funding needs of the KCM include the operational costs for the secretariat, running KCM meetings, meetings of KCM committees, capacity building and communication. Currently, funding for KCM management and administration costs is from the Government of Kenya and the Global Fund.

(ii) Concept note development

The responsibility for mobilizing resources for concept note development has in the past been split between the disease programmes, development partners and other stakeholders within the KCM. Concept note development funding needs include technical assistance, concept note development secretariat activities, country dialogue meetings and Principal Recipient selection process. In-country development partners have supported the technical concept note (Proposal) development in the past. The KCM will continue to mobilise funding for concept note development from in-country partners and other external sources.

(iii) Oversight

The oversight budget is largely focused on field and PR visits. There is no funding available for KCM commissioned evaluations and reviews. The budget also includes the orientation of the KCM on oversight, capacity building for the Oversight committee, development of relevant tools, field visits and dedicated meetings to plan and draft reports, follow up on recommendations, and feed back to stakeholders.

(iv) Stakeholders engagement

While government and development partners have instituted several structures and meetings to exchange information within their constituencies, non-state actors have traditionally found it difficult to sustain such processes without assistance. Efforts by sections of civil society (particularly NGOs and Communities) to fund their own constituency engagement meetings have been commendable but inadequate. The non-state constituencies require significantly financial and technical support to provide feedback and solicit input from their members. The constituencies have developed their feedback work plans which are part of the overall KCM communication plan. The support for engagement with constituencies on annual basis has been included in the current budget.

KCM should include activities on linkages with counties for harmonization purposes.

(v) Harmonization and alignment

The KCM, with support by the Inter-Agency Coordinating Committees (ICCs) play a critical role in harmonizing Global Fund with other resources and

systems in-country. The KCM budget for concept note development will support the gap analysis and identification of priorities for Global Fund grants. The ICCs will ensure harmonisation of the Global Fund grants at implementation, monitoring and reporting stages. A number of ICC activities are funded under disease specific programmes.

(vi) **Prioritization and utilization of resources**

Resource utilization, due to the absence of a predictable resource structure and strategy, has previously not been prioritized. Among the non-management costs, the bulk of non-Global Fund support has been directed at concept note development. The KCM budget prioritizes funding for the core KCM functions.

Partner	Support the health sector (As an indicator of likelihood to support KCM)	Supported KCM activities directly or indirectly
The Global Fund	Has previously supported Health Systems Strengthening and the operations of the KCM	Global Fund has in place an enhanced financing policy which allows KCM to apply for funding of over \$200,000 with a 20% co-funding
Partners supporting the health sector: Governments of Kenya, Canada, Denmark, the European Commission, Finland, France, Germany, Italy, Japan, The Netherlands, Norway, Spain, Sweden , United Kingdom, United States, African Development Bank, United Nations and the World Bank Group.	CIDA, USG, GIZ, United Nations System, World Health Organization, Netherlands, World Bank, DFID, Italian Cooperation, France and Government of Kenya.	USG, GIZ, Government of Kenya, WHO, UNAIDS, United Nations System, Italian Cooperation have all at various times supported concept note development, KCM management and administration and oversight.
Private sector: private sector partners, especially those listed in the Nairobi Stock Exchange can be reliable sources of funding	Private sector firms fund health activities through their corporate social responsibility programmes.	The KCM has no track record in engaging with the private sector for funding. KCM will use the Kenya Private Sector Alliance (KEPSA) as a platform for engaging with private sector for funding.

Objectives and Strategies

The objective of this strategy is to mobilise resources for KCM in a manner that enables it to perform all its functions efficiently.

Strategies

(i) Mobilize funding from traditional sources of KCM support

The KCM will mobilize funds from partners that have traditionally funded its activities in recent years. These include the Global Fund Secretariat, the Government of Kenya, UNAIDS, WHO, Italian Cooperation, USG, GIZ, and the French Government. The funding gap for the KCM budget for 2015/17 should be identified and a request for funding for specific activities be submitted to these development partners for consideration. The request should be aligned to the overall funding objectives of the development partners. For instance, GIZ can be approached to support short to medium term technical assistance for oversight and constituency mobilization; the USG, Italian Cooperation and French government can be approached to support technical assistance for concept note development including national dialogue meetings and addressing bottlenecks in grant implementation.

(ii) Mobilize funding from the Global Fund Secretariat under its Expanded Financing Policy

Following the development and validation of the KCM budget, the KCM will seek financing for those portions of it that are eligible to receive funding under the Global Fund's Expanded Financing Policy. This will depend on effective performance of the KCM and up to date and accurate reporting on the current Global Fund funding.

(iii) Mobilize proportion of KCM budget from Government of Kenya

The other sources of funding for KCM are the traditional, non-Global Fund partners. This funding will include government and development partners. The government is expected to maintain support for some KCM secretariat staff and provide office furniture, equipment and other support. GoK is also expected to support part of harmonization and proposal development processes. The KCM will ensure that funding request from the Government of Kenya is included in the budget estimates for the Ministry of Health at an appropriate time during the budgeting cycle.

(iv) Mobilize technical support from UN technical agencies and other development partners

In order to significantly lower the KCM funding gap, KCM will request direct technical support from development partners who have in-house expertise that can be utilized to support some of the activities of KCM such as oversight, concept note development and harmonization. Such agencies include UNAIDS, WHO, UNDP and USG among others. This means that KCM should identify aspects of its funding gap that can be met through technical support and make specific requests to these agencies.

(v) Advocate for inclusion of KCM support budget in future Ministry of Health and development partner country assistance plans

A medium to long term funding strategy for KCM should involve inclusion of the KCM funding in the Ministry of Health and development partners' country assistance plans to ensure sustainable funding. This will require that KCM develops long term (3 to 5) years funding requirements.

(vi) Mobilize resources from private sector and other non-traditional sources

KCM will develop links with and mobilise resources from non-traditional sources, such as the private sector and non-governmental organisations. These organisations can support KCM through in-kind contributions and by sponsoring KCM activities. For instance, through private sector KCM members, KCM can seek a platform to sensitize private sector firms on its role and the contribution of the Global Fund to the health sector in Kenya. This will be a marketing strategy to request such firms to fund its activities. The KCM could target the private sector corporate responsibility programmes as a key funding source for its activities. This funding can be triggered by providing incentives such as recognition and publicity.

Resource Needs Estimation

A KCM budget has been developed covering the financial years 2015-2017. The total resource needs for year two (based on current KCM budget) is estimated at about US\$800,000. The Government of Kenya is providing US\$100,000 leaving a funding gaps of US\$700,000.

Assessment of Feasibility

The below table summarizes findings of a rapid feasibility assessment on potential sources of funding that could be approached. This assessment shows that KCM should approach resource mobilization in a phased out manner – with short, medium and long term approaches.

Strategy	Advantages	Assumptions
<p>Traditional Sources (Global Fund, GoK, DPHK and other donors supporting joint financing or assistance strategies).</p>	<ul style="list-style-type: none"> Funding for CCMs is available from the Global Fund upon submission of an eligible budget The government and development partners have a track record in funding many KCM gaps in the past 	<ul style="list-style-type: none"> Global Fund funding depends on the KCM achieving the set requirements. This is a reliable funding source but has limitations of what can be funded. Some partners have limits and conditions tied to items/activities that they could fund. Government funding to KCM for staff, office space is likely to continue
<p>Non-traditional sources (e.g. civil society and private sector and non-traditional development partners).</p>	<ul style="list-style-type: none"> These sources offer an opportune way to fill gaps in the short term Where such funding comes from non-traditional partners with limited conditions, it enhances the neutrality of the KCM's functioning. Can develop into a significant source of funding in the long term 	<ul style="list-style-type: none"> Private sector firms are responsible for supporting KCM and the health sector in general KCM develops a strategy that includes incentives for private sector funding Funding from private sector requires innovative approaches that yield a win-win situation for both parties

Action Plan for Resource Mobilization

Based on the above strategies and feasibility analyses, the table below summarizes the prioritized actions recommended to the KCM to mobilize resources.

Strategy and Activities	Implementer	Timelines/ Deadlines
Strategy 1. Mobilize funding from the Global Fund Secretariat under its Expanded Financing Policy:		
1.1.1 Update the KCM work plan and budget for 2013/2015 and submit Global Fund version of the first KCM two-year budget (2015/2017) to the Global Fund secretariat	KCM Secretariat	June 2015
1.1.2 Prepare and submit a funding request to Global Fund	KCM Secretariat	July to September 2015
Strategy 2: Mobilize proportion of KCM budget from other traditional funders		
1.2.1 Review KCM funding gaps with development partners especially UN Joint Program Kenya.	KCM Management Committee, DPHK and UN Joint Programme on HIV	June 2015
1.2.2 Mobilize technical support from technical partners and development partners including UNAIDS, WHO, GIZ, and USG technical support agencies.	KCM Management Committee	July-December 2015
1.2.3 Advocate for inclusion of KCM support budget in future Ministry of Health and development partner country assistance plans	KCM management committee	July - December 2015
Strategy 3. Mobilize resources from non-traditional sources		
1.3.1 Hold at least 1 meeting with private sector firms annually to market KCM and seek funding opportunities	KCM Secretariat and KCM management committee	July-December 2015

Coordination of Resource Mobilization Activities

Resource mobilization for KCM will be led by the KCM management committee with assistance of the KCM secretariat. The secretariat will prepare funding requests to various funding sources and the management committee will lead the meetings with prospective funding agencies.



THE CHAIR

Kenya Coordinating Mechanism

Afya House | P.O. Box 30016 - 00100 Nairobi

Tel: +254-20-2738702/04 | Website: www.globalfundkcm.or.ke