

NGO Malaria Secretariats: Foundations for Advocacy and Impact

A Kenya Case Study

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CORE Group fosters collaborative action and learning to advance the effectiveness and scale of community-focused public health practices. Established in 1997, CORE Group is a 501(c)3 membership association based in Washington, DC that is comprised of citizen-supported NGOs working internationally in resource poor settings to improve the health of mothers, children, and communities.

CORE Group generates new partnerships in which non-governmental organizations (NGOs) can be engaged in information sharing, capacity building, national level advocacy, and innovative, evidence-based programming for malaria prevention and control. CORE Group has been instrumental in the creation of national NGO malaria secretariats in four countries: Kenya, Tanzania, Uganda, and Zambia. In Kenya, the Kenya NGOs Alliance Against Malaria (KeNAAM) was established in September 2003 with the goal to create a forum to bring together non-governmental, faith-based, and community-based organization members to address malaria control and prevention approaches, challenges, and policies. For more information, see <http://www.kenaaam.or.ke>.

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Background

Established in 1997, CORE Group is a membership association of international non-governmental organizations (NGOs) whose mission is to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world. Among its diverse activities that have led to improved health outcomes in the marginalized communities where member NGOs work, CORE Group has contributed to the formation of several country-level networks that provide space for dialogue and joint programming among NGOs working in malaria prevention and control.

In 1999, the desire to support malaria networks grew out of CORE Group's Malaria Working Group, comprised of representatives from CORE Group member organizations and partners. Members were concerned that malaria was an under-addressed killer of children under the age of five. Malaria ranks among the major health and development challenges in the world's poorest nations. Children under the age of five and pregnant women are most at-risk and suffer the greatest rates of mortality from infection.

In recognition of malaria's impact on the health of mothers, children, and communities, CORE Group's Malaria Working Group hosted a series of regional and country "Fresh Air"¹ malaria workshops, which brought together a range of NGO, faith-based, Ministry of Health, academic, private sector, and multilateral representatives to discuss state-of-the-art practices, share programmatic experience, and plan how to work together to achieve the "Abuja Declaration"² targets for malaria.

As an outgrowth of these meetings, by 2003, four high-priority countries (Kenya, Tanzania, Uganda, and Zambia) established national NGO "secretariats" to support ongoing networks to facilitate information sharing, problem solving, and leveraging of resources. The secretariats also sought to create a unified voice for NGO advocacy and participate in national, regional, and global level dialogues on malaria, health, and development. Support for the secretariats was coordinated through CORE Group's Malaria Working Group, which engages in existing national collaborative partnerships and promotes new partnerships in which NGOs can involve national policy formation and innovative programming to scale up malaria prevention and control.

Although there have been important gains against malaria in recent years, mechanisms for civil society engagement in malaria programming have remained limited. To effectively combat malaria, which infected 247 million people and caused nearly a million deaths in 2006, NGOs need mechanisms to share information and program strategies among themselves and to better align their work with government strategies. A coordinated approach involving many partners is needed to fully reach global targets for malaria reduction.

CORE Group's experience and lessons learned in supporting and helping to grow country-level NGO networks serve as a model for other countries and programs interested in organizing similar efforts. This case study focuses on a network model in Kenya, where CORE Group works with the Kenya NGOs Alliance Against Malaria

1 CORE Group members developed the title "fresh air" for national malaria workshops as a counterpoint to "bad air." The word "malaria" is derived from the Italian for "bad air."

2 By signing the Abuja Declaration in 2000, African leaders committed themselves to an intensive effort to halve the malaria mortality for Africa's people by 2010 through implementing strategies and actions for Roll Back Malaria.



(KeNAAM) to implement a locally appropriate civil society partnership for engaging with the private sector, government, and other partners in the national fight against malaria. The purpose of this paper is to describe KeNAAM's evolution and accomplishments, and present lessons learned in Kenya as a case study of a secretariat for a NGO network.

Secretariat Model

The idea for malaria secretariats was first discussed at a Fresh Air Malaria Conference in East Africa in 2001, organized by CORE Group and the African Medical and Research Foundation (AMREF) with funding from the U.S. Agency for International Development (USAID). The conference was part of an effort by CORE Group to strengthen linkages, collaboration, and networking among NGO, government, private sector, and multilateral partners in malaria and child health for more effective efforts. One of the action steps resulting from this regional workshop was the organization of national malaria workshops in five countries to mobilize NGO and partner participation to reduce the incidence and impact of malaria. In four of these countries—Kenya, Tanzania, Uganda, and Zambia—NGOs came together following the national workshop to develop a mechanism to enhance collaboration amongst themselves and between the NGO and public sector.

The secretariats requested funding and technical assistance from CORE Group to support collaboration and organizational development. Although each secretariat matured in different ways in response to local opportunities, each hired a coordinator and developed a workplan of key initiatives.

While the first activity often involved one or more workshops to exchange information related to malaria, activities eventually progressed to involve Roll Back Malaria (RBM), the Global Fund, the ministries, and partners in Integrated Management of Childhood Illness (IMCI) programming and advocacy. In each country, the malaria secretariat was originally “hosted” by a CORE Group member organization and reported to a steering committee of NGO and partner representatives.

CORE Group provided limited financial support and organized technical assistance and workshops to enable the secretariats to mentor each other, sharing lessons learned and organizational and management experience. Beginning in 2003, secretariat staff met periodically to jointly problem solve in areas including building organizational capacity, setting up monitoring and evaluation systems, establishing strong relationships with national Ministries of Health, documenting network achievements, and strategizing for fundraising. CORE Group also provided training in advocacy and facilitated strategic relations with global partners.



The KeNAAM Secretariat

- Facilitates information sharing, problem solving, and leveraging of resources
- Seeks to create a unified voice for NGO advocacy and participate in national, regional, and global level dialogues on malaria, health, and development



KeNAAM's Evolution and Growth

In 2002, Kenyan civil society organizations working in malaria decided they needed to speak with a unified, authoritative voice to the Ministry of Health. Specifically, they wanted to use advocacy to improve the delivery of malaria control and prevention programs to underserved communities. They decided they needed a central entity, or network, that could map out and coordinate civil society resources, skills, and programs, as well as translate government policies into actionable interventions for local community-based organizations, enabling civil society to participate more in the national fight against malaria.

Kenya-based members of CORE Group's Malaria Working Group established a steering committee to form such a network, including a broad mix of international and local NGOs. The network's original founders included:

Sustainable Healthcare Enterprise Foundation	MERLIN
AID Africa Concern	AfriAfya
African Medical and Research Foundation	Population Services International
Academy for Educational Development/Netmark	Catholic Relief Services
World Vision Kenya	Kenya Red Cross Society
Plan International	International Medical Corps
Christian Children's Fund Kenya	National AIPCA Health and Welfare Organization
Vestergaard Frandsen	International Center for Insect Physiology and Ecology
	JHPIEGO

To get KeNAAM off the ground, CORE Group provided a seed grant for first-year activities, with funding from USAID's Africa Bureau. Members drew up a budget and workplan, and signed a hosting agreement with AMREF's Kenya office because KeNAAM had not yet formally registered as an NGO and had limited capacity. By November 2003, KeNAAM's steering committee had hired a chief executive officer to build and engage the network's membership, and represent civil society concerns related to malaria before government, multilateral, and private sector bodies.

The hosting arrangement with AMREF, under which KeNAAM was able to share both AMREF's office space and financial and human resources staff, was key to KeNAAM's early growth. The secretariat benefited from AMREF's good standing in government circles and a reputation for sound operational systems, but the relationship also benefited AMREF by strengthening the organization's relationship with Kenyan civil society and solidifying its reputation as a valued partner in malaria programming in Kenya. KeNAAM benefited from global malaria information, contacts, and guidance from the CORE Group, which it could disseminate to its members and use for national advocacy purposes. CORE Group benefited from and was able to use data and information from KeNAAM members to spotlight need for new innovations, guidance, and global advocacy.

Vision, Mission, and Values

KeNAAM became a legally registered entity in 2006. To guide the organization's development and reflect its formal status as a legal NGO, the steering committee set forth the following vision, mission, and values statement.

Vision: Within the broader context of public health in Kenya, KeNAAM aims to facilitate collaboration amongst stakeholders for effective delivery of malaria control and related interventions.

Mission: KeNAAM is committed to supporting the equitable realization and sustainability of resources in Kenya through synergistic scaling up of effective malaria and control tools towards the achievement of Millennium Development Goals.

Values:

- Establishing a close working relationship with the Ministry of Health and Education;
- Promoting and fostering evidence-based malaria interventions;
- Securing higher compliance among members for the National Malaria and Health Sector Strategic Plan;
- Supporting and strengthening use of monitoring and evaluation systems among all members within the framework of the National Malaria and Health Sector Plan;
- Promoting high-quality performance among members;
- Developing advocacy policies and creating malaria intervention awareness; and
- Enhancing transparency through open communication and feedback to the public and all other stakeholders.

KeNAAM Objectives

In 2006, the steering committee also crafted organizational objectives, including:

1. To conduct and carry out malaria advocacy among all stakeholders and the public in Kenya;
2. To provide an opportunity to integrate malaria interventions into health and other related development interventions through proactive social and administrative mobilization of the civil society;
3. To mobilize additional resources for scaling up malaria prevention and control activities;
4. To enhance greater engagement of non-governmental organization and private sector actors as players in the Roll Back Malaria initiatives at community, district, provincial and national levels by increasing the voice of civil society in relevant forums;
5. To provide leadership and coordination of the non-governmental, community-based, and faith-based organizations, and the private sector, in scaling up evidence-based malaria control and prevention activities;

6. To facilitate dialogue and better domestic understanding of national and global health policies and tools;
7. To enhance coordination amongst different stakeholders in the fight against malaria; and
8. To facilitate accelerated implementation and scaling up of best practices.

Key Activities

In its early years, 2003-2005, KeNAAM developed its organizational structure and launched a suite of basic activities that became more complex over time. These included building a membership base, organizing civil society representation in national and regional policy forums, and coordinating with the Global Fund.

With a start-up grant of \$65,000 from CORE Group (for the first year), KeNAAM brought members together to brainstorm on how to engage government and private sector partners; supported the salary of a part-time coordinator; hosted a national Fresh Air conference with its partners; and conducted a mapping exercise to identify members' resources and programs. Other start-up activities included holding monthly steering committee meetings, quarterly member meetings, and an annual general meeting.

CORE Group funding for KeNAAM continued in 2005 and 2006 via two \$15,000 contracts for workshops and civil society coordination.

KeNAAM coordinated members' Global Fund Round 4 submissions and built member capacity and recognition through participating in malaria forums held by USAID, World Health Organization, U.K. Department for International Development, RBM, JHPIEGO. and other groups. KeNAAM members also began joint work planning with the East African Regional Network-Roll Back Malaria and the Global Fund during this period.

In 2006, CORE Group secured a three-year, \$414,000 subcontract with KeNAAM, from the Johns Hopkins Bloomberg School of Public Health Center for Communication Program, to implement the VOICES for a Malaria-Free Future project. Under VOICES, KeNAAM's objectives included increasing community access to ACTs; increasing the Ministry of Health's malaria budget; increasing community access to the Global Fund; and promoting better quality data on malaria morbidity and mortality.

Through the VOICES project, KeNAAM built on its representational strengths to become a major advocate for malaria. Continued funding enabled KeNAAM to increase its staffing levels, develop communication tools such as a website and newsletter, develop an advocacy agenda to improve community access to treatment and preventive interventions, work with journalists, and become a national civil society representative for malaria.

Specific activities included advocating for the removal of barriers that affect the delivery of essential malaria interventions, and building the capacity of malaria advocates to implement targeted communications and mobilization efforts. KeNAAM held advocacy workshops for members and the media, and recruited malaria "champions" in schools, through sporting events and Boy Scout troops. KeNAAM recruited local legislators, village chiefs, imams and religious leaders to disseminate key malaria advocacy messages, and introduced the subject of malaria into school curricula.

KeNAAM coordinated NGO applications for Global Fund Round 8 funding based on member requests, and consulted on development of guidelines for the distribution and importation of anti-malarials in Kenya.

From 2006 to 2008, CORE Group continued to provide technical assistance and support to KeNAAM to link the secretariat with other international advocates and forums, to enable two-way sharing of information, and to promote KeNAAM's accomplishments. CORE Group supported KeNAAM to attend global and regional Roll Back Malaria meetings and CORE Group membership meetings in the United States, and to present on the roles and need for secretariats at malaria conferences in other countries.



KeNAAM Activities

- Organizing civil society representation in national and regional policy forums
- Increasing community access to ACTs, increasing the MOHs malaria budget,
- Increasing community access to the Global Fund
- Promoting better quality data on malaria morbidity and mortality
- Building the capacity of malaria advocates to implement targeted communications and mobilization efforts

Accomplishments

Civil Society Coordination

Since its founding, KeNAAM has grown from 18 to 72 organizational members. This expansion reflects the secretariat's success in meeting civil society needs for stronger advocacy and information sharing.

For example, KeNAAM secured civil society representation in each technical working group within the Kenyan Ministry of Health Divisions of Malaria Control, Reproductive Health, and Child Health. These working groups address information, education, and communication; drug policy and case management; insecticide-treated nets; monitoring and evaluation; IMCI; and parasitic disease. KeNAAM also sits on the Malaria Interagency Coordinating Committee and the Joint Interagency Coordinating Committee, and is a member of the Global Fund's Country Coordinating Mechanism (CCM).

Furthermore, KeNAAM is seen as a valuable advisor to civil society groups outside of Kenya. In August 2008, the President's Malaria Initiative Communities Program in Malawi invited KeNAAM's chief executive officer to participate in a national workshop on NGO coordination. He shared KeNAAM's experience in forming a secretariat and strengthening relations with Kenya's National Malaria Control Program.

As an extension of these activities, KeNAAM's steering committee chairs have been influential in representing Kenyan civil society in national and international forums and in providing technical input on activities such as the RBM technical working groups and Global Malaria Action Plan.

Malaria Advocacy

KeNAAM successfully advocated to deregulate artemisinin-based combination therapies (ACTs); national policy is expected to be changed as a result in 2009. Secretariat members provided evidence for deregulation to the Ministry of Health and ensured civil society participation in pilot projects. The effort included production of a DVD entitled "Voices Kenya: Success in the Fight Against Malaria."

In 2008, KeNAAM received an early warning from the World Health Organization of a looming ACT drug stock-out. KeNAAM staff raised the issue in the Malaria Interagency Coordinating Committee and with the Global Fund CCM. Partially through KeNAAM's prompt action, procurement was facilitated to avert a stock-out.

KeNAAM influenced the Malaria Interagency Coordinating Committee decision to switch from insecticide-treated nets to long-lasting insecticide treated nets in net distribution campaigns. When members reported that the long-lasting nets were not reaching some communities, KeNAAM discussed the issue with the Malaria Interagency Coordinating Committee, and the problem was resolved. KeNAAM promoted the scale-up of intermittent preventive treatment for pregnant women through representation on relevant technical working groups.

Additionally, during visits to Washington, D.C., KeNAAM's chief executive officer briefed U.S. Congressional staff and President's Malaria Initiative staff on the malaria situation in Kenya.

Linkage with the Global Fund

The Global Fund Country Coordinating Mechanism (CCM) has contributed to more effective resource allocation and consistent coverage of interventions by assessing the gaps in Kenya's National Malaria Strategy. As the civil society representative to the Global Fund's CCM, KeNAAM identified geographical gaps and supported organizations to close those gaps.

KeNAAM served on the Malaria Interagency Coordinating Committee technical review of the CCM to identify priority areas for all Global Fund rounds except Round 1. KeNAAM staff then established a working group to coordinate the submission of civil society concept notes, managed the bundling of proposals among KeNAAM members, and exercised oversight on proposal quality. As a result, the number of KeNAAM sub-recipients increased to 14 in Round 4, up from eight in Round 2.

When the Kenyan government delayed the release of NGO funds for phase one of Global Fund Round 2, KeNAAM acted on behalf of its members. In part due to KeNAAM's persistent communication with the government, funds were eventually released. Now KeNAAM talks directly with the Global Fund focal point in the Ministry of Finance—the Kenya principal recipient—when there are problems with disbursements. KeNAAM has been advocating for an NGO to act as the principal recipient for civil society. CARE Kenya is the principal recipient for HIV for Global Fund Round 7, but there is not yet an NGO principal recipient designated for malaria.





Lessons Learned

1. Networks can be highly effective in facilitating country, regional, and global collaboration and advocacy.

Some of KeNAAM's greatest successes have come through expanding civil society's profile within the Ministry of Health, the Global Fund and regional networks such as East Africa Regional Network for Roll Back Malaria. KeNAAM's advocacy efforts and representation in these bodies has led directly to increased funding for members (through freeing up Global Fund Round 2 monies that had been stalled); allocation of Global Fund monies to areas critical for malaria prevention and control, as identified by NGOs; avoidance of a national drug stock-out for ACTs; and a change in national policy to deregulate ACTs. KeNAAM has strengthened its alliances with related government ministries, including ministries for education and local government, in order to promote synergy and sustainability of NGO coordination. KeNAAM has demonstrated the positive impact that a secretariat can play in ensuring civil society ownership in national malaria plans and harmonization between the public, private, and non-governmental sectors. Overall, the secretariat has played a key role in advocating for greater focus on the equitable delivery of malaria interventions.

2. Networks thrive when underpinned by a strong secretariat.

A secretariat is essential for development and achievement of a network's goals and objectives. Without a supporting structure, a network is likely to drift into inaction. KeNAAM's staff have succeeded in cementing and maintaining a strong relationship with the Kenyan government and private sector and multilateral partners. This kind of advocacy would be difficult without a unifying structure to coordinate civil society in deciding on key messages and policy goals. A strong secretariat consists of full-time dedicated staff responsible to an active and supportive Board of Directors or Steering Committee.

3. Adequate staffing is critical to a network's organizational development.

Sufficient staffing guards against the chief executive officer and staff members having to perform duties that do not fall within the realm of their individual technical competence. When staff are pulled in several directions, it undermines the secretariat's ability to complete key programmatic and/or organizational development milestones. Secretariats need, at a minimum, a full-time national coordinator, staff assistant, and at least one communications specialist to be effective in carrying out program activities. A fundraiser or development officer is critical to maintain an institutional funding base. In KeNAAM's case, additional staff in the first two years (including one person dedicated to fundraising) would have balanced the workload and afforded the secretariat time to establish control systems, write a constitution, develop a strategic plan, and look for alternative funders, while implementing activities crucial to establishing the network's reputation.

4. Keeping board members engaged and motivated is key to organizational growth and stability.

For the most part, KeNAAM's steering committee members have been stalwart in their dedication and volunteer time commitment to the secretariat. However, some have moved on to different fields or positions since their original involvement with KeNAAM; others have become less involved with secretariat activities over time. Recruiting new committee members who are committed to growing the network, and reinvigorating the interest of current members continues to be a challenge. A motivated steering committee is essential to guide the organization effectively,

particularly in cases where the secretariat's actions might conflict with the interests of individual members.

5. Start-up funding should be sufficient to institutionalize activities on a sustainable basis.

One year is too short a time to complete the procedures required to establish a network (i.e., completing formal registration, assembling a board of directors, hiring staff, etc.) and implement enough activities to give a secretariat credibility with its members and partners. Ideally, initial funding should be provided for a three- to five-year period, with a minimum of 24 months dedicated to start-up activities. During this start-up period, full staffing support is necessary to enable organizational development and malaria program activities to take place simultaneously. Prospective donors often want to see a performance score card or a strategic plan that they can appraise, so it is critical for networks to ramp up activities quickly, without financial worries, so that they can provide evidence of their work.

6. New funding should be managed in a way that supports the network's vision and mission.

When it secured new funding under the VOICES project in 2006, KeNAAM found itself in the position of theoretically implementing two parallel programs—one generated by its members to improve their knowledge and quality of malaria interventions, and another focused on advocacy, including assuming a watchdog role over government. Secretariat staff felt a confused sense of identity regarding who their main clients were, in part rooted in a narrow funding base. KeNAAM steering committee members assuaged their concerns by aligning VOICES activities within the parts of KeNAAM's strategic plan focused on communities and policy advocacy. A diversified funding base may have afforded the network sufficient staffing to better manage different types of programs.

7. Flexibility and openness enable a secretariat to respond to changing network member needs.

Over the past decade, most countries have seen a major increase in the number of non-governmental and civil society organizations working in global health and development. Many of these groups need technical, administrative, and coordination assistance to harmonize their missions more strategically with the dialogue surrounding planning and implementation of Roll Back Malaria national programs. KeNAAM clearly addressed this unmet need by promoting better NGO and civil society coordination with government for malaria prevention and control. KeNAAM demonstrated that secretariats can synchronize efforts and resources amongst and between their members and other partners. As trust and capacity of members grow through dialogue and collective action in the network, views, and needs also change, and the secretariat must respond in a flexible manner. For example, KeNAAM was not initially envisaged as a fundraising arm of civil society. However, given the large funding flow from the Global Fund, the steering committee decided to take on this role, serving as a neutral facilitator to enable civil society to develop collaborative proposals for the Global Fund. This function has been given high priority and has enjoyed great success within KeNAAM's membership but also takes up a large amount of the secretariat's time. Since it established its initial role in sharing information amongst civil society groups, the secretariat has been both pushed by its members and pulled by changing global health forces to respond to new opportunities. Secretariat staff had to adjust roles and responsibilities to balance raising awareness and networking with fundraising, advocacy, and capacity building.

8. Networking among secretariats is a necessary source of support and strength.

Ongoing collaboration between KeNAAM and other similar secretariats has been mutually beneficial. Through its partnership with CORE Group, KeNAAM was connected with malaria secretariats in Tanzania, Uganda, and Zambia, and through the VOICES project, with malaria advocacy projects in Ghana, Mali, and Mozambique. These relationships have strengthened all parties' knowledge and created a valuable international forum for problem-solving. As KeNAAM evolved as a civil society network organization, it became better able to make demands on government in terms of services, rights, access to resources, desired priorities, and public policies. But popular pressure for change can sometimes outpace the ability of government authorities to respond. CORE Group, together with other similar malaria networks, was an important source of support and advice as KeNAAM evolved and became more active in global and national advocacy dialogues.

Conclusion

As funding for malaria control and prevention programs increases, so does the need for better coordination and sharing among civil society organizations, and between civil society and government. Coordinating bodies like KeNAAM and similar secretariats enable non-governmental organizations (NGOs) to effectively contribute to the acceleration of malaria control while strengthening an infrastructure that addresses other linked health priorities. The secretariats provide a mechanism for 1) uniting the community-level expertise of the NGOs with the national and international expertise of the government and multi-lateral organizations; and 2) promoting communication among NGOs, the Ministry of Health, and other ministries and partners. The secretariats serve as a link for collaborative planning, implementation, assessment, and advocacy with multiple partners. Yet, secretariats struggle to secure funding and sustainable support, even though their collective benefits are undeniable to its members and partners. Although each secretariat collects membership fees, these fees do not afford a sufficient nor sustainable funding base. Secretariats require core funding support to enable them to fairly represent the experience and needs of its members to policy makers, and to support its members to scale-up quality programs. As malaria and health programs become more diverse and complex, a secretariat is a proven successful model of a mechanism that can significantly contribute to country, regional, and worldwide health goals.