Category: Coordination

Promising Practice Kenya: NASCOP & MCC, National and Provincial Coordination in Kenya

INTRODUCTION

Key Promising Practices:

- Regular coordination meetings between all major implementers at a national and provincial level.
- Leading implementers participate in sub-committee working groups on a range of technical issues at both a national and provincial level.
- MCC project projects technical support to the NASCOP to enhance coordination, resolve disputes and maintain quality assurance.

Introduction:

There is close coordination between donors, implementers and the Ministry of Public Health (MoPH) in Kenya and it is widely recognized that this has made an important contribution to the achievement of over 600,000 circumcisions since 2008. The coordination is led by the MoPH's National AIDS & STI Control Programme (NASCOP), which convenes quarterly VMMC Task Force meetings that bring together all of the leading implementers, donors and other stakeholders working in the field of VMMC in Kenya. The Task Force is chaired by the head of NASCOP. Three sub-committees on communications, service delivery and monitoring & evaluation also meet each quarter and feed back into the larger Task Force. This structure, with an overarching task force and three sub-committees, is also replicated at a provincial level. While the national task force focuses largely on policy issues, guidelines and objectives, the Nyanza Provincial Task Force and sub-committees meet more often, typically once each month, and focus on local level coordination and implementation. The Provincial Task Force is chaired by Provincial Director of the MoPH.

Target Groups

N/A

Scale and scope

- Nationwide

Organisations Involved

- NASCOP & MCC and all of Kenya's leading VMMC implementers

Lead

- NASCOP

Funding

- MCC is funded by the BMGF

Other partners

- Technical assistance provided by the MCC, all major VMMC implementers attend coordination meetings

VMMC ACTIVITIES

Activities

The National Task Force has been instrumental in formulating policies such as setting standardized fees for social mobilizers across all implementing partners to discourage staff poaching and unhealthy competition and in establishing important internal HR policies to generate additional service capacity, notably by allowing trained nurses to perform circumcisions. The Task Force also made the strategic decision early on to focus on mobile outreach in order to bring service directly to men, which generally do not visit health clinics in Kenya as a result of poor health seeking behavior and a lack of facilities in many areas.

This policy led to the establishment of Rapid Results Initiatives (RRIs), a four to six week outreach drive that occurs three times annually, during school holidays in April, August and November/December. During the RRIs, the MoPH and all implementing partners mobilize all available staff to conduct intensive outreach across the country. The MoPH directs nurses and Clinical Officers to focus exclusively on VMMC during this time and partners recruit surge staff and additional social mobilizers to support these campaigns. Coordination is also intensified during RRIs, spearheaded by a special Joint Planning Committee at the Provincial Task Force. The Communications Sub-Committee maps out demand creation strategy for the RRIs, clarifying who will do what and the level

or resources that will be committed. For example, the committee will discuss the routes taken by road shows during the RRIs and where and when social mobilizers from different partners will connect with the road shows to enhance their impact. This committee also works throughout the year to explore messaging strategies, evaluate scripts and to identify experts for media appearances.

The National Task Force also explored the issue of the optimal balance between mass media and interpersonal communication (IPC), and made the decision to base strategy on the use of mass media to catalyze support for VMMC but to focus predominantly on IPC and social mobilization. This decision was informed by qualitative research conducted by the Male Circumcision Consortium (MCC), led by FHI 360, which highlighted the role of peer influence as a facilitator for VMMC. However, NASCOP indicated that ideally they would have liked to base such a decision on an "optimization model" which would assess the cost per circumcision resulting from different levels of investment in both mass media and IPC to determine the optimal ratio of investment.

NASCOP stated that an important factor in the success of their coordination has been the support that they have had from the Male Circumcision Consortium (MCC). The MCC was established in 2007 with funding from the Bill and Melinda Gates Foundation with the aim of supporting and advising on national and provincial level coordination. The MCC is not involved in service provision nor is it directly involved in demand creation, though it does support both activities through coordination. Government officials at NASCOP and the MoPH are often responsible for very large portfolio of programmes that compete for attention and staff shortages in key areas can result in bottlenecks, particularly when trying to quickly scale up completely new initiatives, such as VMMC. NASCOP credits the MCC, as well as direct support from CDC, as having played a crucial role by enabling the Kenyan government to scale up VMMC quickly.

The MCC in acts as the secretariat of the National and Provincial Task Forces and takes on a wide range of roles to support coordination. For example, staff at the MCC schedule monthly and quarterly meetings for the task forces and sub-committees, follow up on decisions to ensure that they are implemented and identify issues that need to be brought to the attention of the task forces and sub-committees and place these issues on the agenda. The MCC also helps to draft guidelines and writes reports for the relevant provincial task force on

quality assurance, policy and coordination issues. For example, territorial disputes are not uncommon between implementing partners and when these arise the MCC is often tasked with investigating and writing a report for the Chairman of the relevant task force in order to help resolve the dispute. The MCC also has a small budget to support travel for quality assurance trips, stakeholder meetings and other business.

An example of how the MCC helps to support implementation can be found during the annual Stakeholder Consultation Meeting, which is held annually in Nyanza. This meeting brings together about 250 local leaders, CSO groups, parliamentarians, implementing partners and others for a status report by the MoPH on VMMC activities, achievements and challenges in the province. A special sub-committee is set up each year to organize the event and the MCC liaises with Chairman of the Provincial Task Force to confirm what needs to happen, follows up with responsible parties to monitor progress against assigned tasks and requests budgetary contributions to the stakeholder meeting from implementing partners.

The MCC also liaises with the media about VMMC by briefing and helping to arrange interviews for journalists and gathering any information that may be requested as well as by providing logistical support for their trips. The MCC estimates that it has influenced the production of nearly 250 print and electronic media reports on VMMC in this way since 2008. The MCC also produces a monthly newsletter on VMMC for distribution to journalists and relevant stakeholders such as implementing partners. The MCC notes that the Kenyan media has picked up and re-published 34 stories from the newsletter over the years.

LEARNING AND SCALE UP

Successes and Challenges:

The MMC cites the fact that it is not an implementing partner as an important asset in regard to its role in supporting VMMC coordination. The MMC feels that if it were also a service delivery partner that it may be regarded a competitor to other organizations and might not be regarded as neutral, therefore limiting its ability to help resolve territorial disputes or assist quality assurance missions.

The MMC notes that it takes time to set up systems and to establish coordination and that it is important to be realistic about what coordination can achieve; timelines often slip and deadlines sometimes must be adjusted. The MMC stresses the need to be flexible and to make allowances for the fact that VMMC Is not the only programme for many implementing partners or for NASCOP.

Successes:

The MMC indicates that helping to keep issues on the agenda of the Task Forces and Sub-Committees and following up key issues with implementers has been among of its biggest contributions. The MMC notes that it helps to prioritize issues and has been proactive in ensuring that these issues are followed up and maintained as priorities among implementers, who are often juggling many other responsibilities and activities.

Challenges:

The MMC notes that the sustainability of its support to coordination is a concern and that now that the project is winding down toward its end date in October 2013, there are big questions about how coordination will continue in its absence. It is not yet clear which implementers will take on certain roles once the project concludes how gaps will be addressed. The MMC indicates that, in retrospect, this process should have begun earlier to allow more time for the transition.