Profile of the Kenyan AIDS NGOs Consortium
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NGO Networks for Health (Networks) is an innovative global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by USAID, the project began operations in June 1998.

Networks’ Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that individuals’ perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.

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PATH is based in Seattle, Washington, and has 23 program offices in 14 countries. As part of this global network, PATH advances its mission through a special focus on reproductive health and behavior change communication.

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EXECUTIVE SUMMARY

This document was created for NGO Networks at the request of the USAID Bureau of Africa in order to assess the networking experience of Kenya-based NGOs. The Kenyan AIDS Nongovernmental Organizations Consortium (KANCO) was selected for documentation as an example of a more mature network. Prior to being completed, this report was reviewed at a dissemination conference held in March 2002 in Kenya. This final draft reflects the comments of the partner NGOs at that conference.

Kenya has one of the highest HIV-prevalence rates in the world. In Nairobi, its capital city, HIV prevalence increased from 2.7 percent in 1987 to 6.6 percent in 1990 and by 1995 had reached 25 percent.¹ The number of Kenyans infected with HIV will grow in both absolute and proportional terms despite efforts to reverse the trends. The negative impact of the AIDS epidemic is devastating to those infected and their families, and is catastrophic to their communities and to the country’s economy.

In 1989, a group of seven health and development nongovernmental and religious organizations began meeting to discuss the growing impact that HIV and AIDS was having on development in Kenya. In 1990, meetings were held to establish a formal network of civil society organizations. In 1991, KANCO began its operations as a network of organizational and individual members when its first Advisory Board was elected. It was registered as a nonprofit organization in 1997.

KANCO’s mission is to provide and promote leadership, solidarity, and collaboration among nongovernmental organizations (NGOs), community-based organizations (CBOs), religious organizations, and the Kenyan Government for collective action towards effective responses to HIV and AIDS.

This document describes the development of KANCO and its key projects and programs. It presents key events in KANCO’s development, outlines its mission and roles, and describes how its Secretariat operates.

Achievements

KANCO’s numerous achievements since its inception over a decade ago demonstrate the Consortium’s effectiveness and are part of why its members remain committed to and active in the group’s activities.

Its major achievements include:

- Influencing the content of national HIV and AIDS policy. By strategically engaging its constituency in a process of identifying, prioritizing, and promoting HIV and AIDS-related policy issues, KANCO helped persuade the Government of Kenya to develop a more comprehensive national strategy to fight the epidemic. Members’ findings and positions resulted in a government-led process to articulate a national policy on HIV and AIDS for Kenya.

Winning acceptance of a role for civil society organizations in policy development. The Government of Kenya was not immediately welcoming of KANCO’s initial efforts to engage their officials in a policy dialogue. However, KANCO members were able to have a constructive policy dialogue with the Government, and eventually demonstrated the value of civil society involvement in policy matters related to HIV/AIDS.

Breaking the silence on HIV and AIDS. KANCO has done much to ensure that the President of Kenya, Members of Parliament, and other political leaders are well prepared to speak candidly and confidently on a range of HIV/AIDS issues. In addition, KANCO and its members have helped improve Kenya’s media coverage of HIV and AIDS.

Meeting the information needs of members. The KANCO Resource Centre has become the primary source of information on HIV and AIDS for many Kenyans. The practical and appropriate information and materials in the Centre’s collection are needed to help guide the development and implementation of HIV/AIDS policy and programs. The policy development, advocacy, capacity building, and networking activities of KANCO are strengthened by the existence of the Centre.

Future Challenges
KANCO members identified the following as their major challenges for the years ahead.

1. Understanding and responding to the needs of a diverse membership.
2. Keeping focused on core activities.
3. Diversifying funding sources.
4. Reviewing training approaches.
5. Strengthening the Resource Centre.
6. Responding more systematically to the need for a greater involvement of people living with HIV and AIDS (PLHA).
7. Enhancing the Consortium’s governance.
8. Diversifying KANCO’s Secretariat.

Lessons Learned
In over ten years of operation, KANCO and its members have learned a lot from their experiences in building and sustaining a network. It is difficult to narrow the “collection of experiences” down to just a few. The examples offered below are featured because they are considered to be substantial and relevant to organizations and individuals involved in networking regardless of their geographic location.

1. Networks, by their very nature, involve members in collaborative activities. The process of building trust and good relations between members is an essential ingredient for successful collaboration and thus network development and sustainability. In the early stage of collaboration or network development, members must be given opportunities to discuss their expectations and concerns, to define a collective understanding of the activity’s purpose and agree on future actions.

2. Networks should only undertake activities that member organizations either cannot do, or cannot easily do, on their own. Otherwise, the network risks becoming its members’ competitor, resulting in increased tensions within the network and undermining conditions...
required for successful collaboration. Understanding and adhering to this principle helps networks avoid competition with their members.

3. **Leadership is an important element of network development and KANCO has benefited from the leadership style demonstrated by its Secretariat.** The Secretariat consults its members and works hard to facilitate their involvement in the decision-making process on major issues. However, on certain matters the Secretariat puts forth their own ideas, showcasing appropriate leadership and initiative. The Secretariat has been careful not to impose its ideas on the membership and follows the decision-making procedures of the Consortium.

4. **KANCO’s primary service is providing access to information that enables members to develop and implement policies and programs to prevent HIV/AIDS or mitigate its impact.** It devotes a significant amount of its human and financial resources to providing this service, and recognizes that facilitating access to accurate, timely, and culturally appropriate information is a critical investment.

5. **KANCO’s involvement in policy and advocacy work helps it achieve its overall purpose and strengthens its structure.** KANCO members have demonstrated to the Government and donors alike that they can translate their grassroots experiences into viable national policy. Consequently, the right of KANCO and its members to be involved in policy work is no longer questioned. Moreover, the process of undertaking a national consultation on policy issues put KANCO in touch with many stakeholders, particularly those outside of Nairobi, who were not previously involved in the Consortium. They have subsequently joined the group and this has strengthened KANCO’s reputation as a national network and trusted voice on HIV/AIDS issues.

6. **Monitoring, evaluation, and the documentation of activities enable the Consortium to know what is working as expected and what is not.** This knowledge contributes to informed decisions about workplan modifications and the application of resources (financial or otherwise) in a timely manner. This helps the network be effective and achieve desired results. Members and donors alike need to see results to justify their continued involvement in, or support for, KANCO.

7. **The transparency and accountability of civil society organizations and the Government is a politically sensitive issue in Kenya.** Since its inception KANCO has put in place a number of procedures to ensure accountability to its members and donors. These procedures include: financial audits, administrative operations and procedures, human resource management policies, an Advisory Board elected by members, quarterly meetings for members, regular Board meetings with accessible meeting minutes, an annual meeting, and outside evaluations of activities and projects. By adopting and adhering to high standards for accountability and transparency, KANCO has avoided suspicions of mismanagement and corruption that have hampered many other civil society organizations and the Government of Kenya.
Overview of the HIV and AIDS Epidemic in Kenya

The first indigenous case of AIDS was identified in Kenya in 1984. Although HIV was already firmly present in the country by that time, initial public responses greatly underestimated the possibility of rapid transmission.

Today, Kenya is among the countries with the highest HIV-prevalence rates in the world, and the number of Kenyans infected with HIV will grow in both absolute and proportional terms despite efforts to reverse the trends. The national average adult sero-prevalence rate is now at 14 percent. The numbers of women and men infected are roughly equal but peak levels of infection among women and men occur in different age ranges. The highest degree of infection is found in women ages 25 to 29 and in men ages 30 to 39. Among young women ages 15 to 19, girls are infected 5 to 6 times more than boys in the same age group. The implications of this are serious: the disease is directly affecting women’s reproductive years. Women are getting infected earlier and dying earlier.

By the year 2000, patients with HIV-related disease occupied more than 50 percent of the hospital beds in the country. The number of children orphaned by AIDS is now estimated at 1.1 million and is projected to be 1.5 million by 2005. In addition, the incidence of HIV-positive children is growing. Children under four years of age accounted for more than 7 percent of all reported AIDS cases in 1997.

The negative impact of the AIDS epidemic is devastating to those infected and their families. It is also catastrophic to the communities and the economy of the country. HIV morbidity and death result in reduced household income, leading to reduced access to health care, schooling, food, clothing, shelter, etc. The loss of men and women in their productive years reduces available labor for agricultural and industrial progress. In addition, HIV and AIDS exponentially increases employment costs due to absenteeism, increased health care demands, funeral costs, and replacement-worker training.

### Estimated Number of Adults and Children Living with HIV/AIDS, End of 2001.

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001:

- Adults and children: 2,500,000
- Adults (15-49)/Women (15-49): 2,300,000 / 1,400,000
- Children (0-15): 220,000
- Adult rate (%): 15.0

Estimated number of adults and children who died of AIDS during 2001: 190,000

“Sex workers tested in Nairobi were found with an HIV prevalence of 60.8 percent in 1985 and by 1992, the rate had gone up to 85.2 percent. HIV prevalence among male STI clinic patients tested in Nairobi increased from 16 percent in 1985 to 28 percent in 1991-92, while among female STI patients, HIV prevalence increased from 33.3 percent in 1991 to 47.2 percent in 1998.”

Government Policy Framework for Addressing HIV and AIDS from the Late 1980s to Early 1990s

In the early 1990s, HIV and AIDS had become widely recognized as a problem in Kenya. By this time most of the Kenyan public had heard about HIV and AIDS and that HIV could be transmitted sexually. However, senior government officials remained quiet about the epidemic. Although Kenya’s National AIDS Control Program (NASCOP) had existed since 1985, it had not instituted the development of national policies on the disease. There was need for a national policy that provided direction on HIV and AIDS interventions. There was growing frustration among program implementers over the absence of a detailed strategy.

As the HIV/AIDS epidemic continued to spread rapidly, NGOs, CBOs, and the media were becoming increasingly concerned and outspoken about the absence of policy direction on both prevention and mitigation measures. Generally speaking, NGO and CBO program staff were concerned about the lack of a national framework because they felt that this policy vacuum constrained their ability to develop responsive prevention and care interventions.

Bilateral and international donors who were funding programs also expressed their concerns about the lack of clear policies and focused interventions from the government. There was even greater apprehension about the quality of relevant information and poor coordination of efforts among groups.

As in many severely impacted countries, the advance of the HIV/AIDS epidemic remained well ahead of public and policy responses until the mid-1990s.

The Evolution of the Kenyan AIDS NGOs Consortium

The origins of KANCO can be traced to a group of seven health and development NGOs and religious organizations that began meeting in 1989 to discuss the growing impact that HIV and AIDS was having on development in Kenya. According to Elly Odoul, the first Chairperson of KANCO, “We needed to step-up our responses to AIDS and meeting as a group helped us share ideas on how to do so effectively.”

The intention to establish a formal network of civil society organizations was put forth in 1990. Several meetings were held that year to produce an outline of what the Network could be for its members and how it should operate. KANCO did not register itself as a nonprofit organization with the Government of Kenya until 1997, but it began its operations as a network of organizational and individual members during 1991, when its first Advisory Board was elected by its members.

In the early years of its operations, KANCO concentrated most of its efforts in responding to the manifest needs of members for information that would help them develop and implement their programs. This included, but was not limited to, high-quality HIV and AIDS-related information, education, and communication (IEC) materials, as well as technical documents on policy and/or program issues. Funds to establish the KANCO Resource Centre were provided by the United States Agency for International Development (USAID) through Family Health International (FHI) in 1994. This support
enabled KANCO to respond more effectively to the information needs of both members and the public alike.

By the mid-1990s, KANCO members began to discuss the role that civil society organizations could play in policy development with respect to HIV and AIDS issues at the national level. These discussions helped clarify what members felt they needed to and could achieve in this area, and the KANCO Secretariat was asked to secure funding to effect the network’s policy and advocacy objectives.

Funding for what is now known as the “KANCO Policy Project” was secured in 1995. By 1996, KANCO members and the Secretariat were involved in policy development and lobbying activities that culminated in the adoption of the Sessional Paper No. 4 of 1997. The Sessional Paper was adopted by the Cabinet and Parliament and is, effectively, Kenya’s national policy on HIV and AIDS.

In addition to information sharing, policy development, and advocacy, a major emphasis of KANCO’s work has been in the area of training. Every year from its inception KANCO has promoted training opportunities to members and has organized numerous workshops to build their technical skills in diverse programmatic areas including, but not limited to, home-based care, counselling, advocacy, resource center management, and networking.

**KANCO’s Mission**

**KANCO’s mission is to provide and promote leadership, solidarity, and collaboration among NGOs, CBOs, religious organizations, and the Kenyan Government, for collective action towards effective responses to HIV and AIDS.**

To achieve its mission, KANCO defines its role as:

- Establishing a networking system among NGOs, CBOs, religious organizations, the private sector, government, and local and international organizations.
- Making available information and IEC materials on HIV, AIDS, and sexually transmitted infections (STIs).
- Providing a forum for sharing experiences and resources, and promoting collaborative effort.
- Building capacity among members to provide quality services in response to the HIV and AIDS epidemic.
- Complementing government efforts to control the spread of HIV and AIDS, and, in a spirit of partnership, contributing to the development of relevant policies and advocacy.

**Structure and Governance**

KANCO is registered as a NGO according to the laws of the Republic of Kenya. It is governed by an Advisory Board composed of four members who are elected by KANCO members during the Annual General Meeting plus the Network Coordinator. Board members are elected for a two-year term and can seek re-election for only one additional term.
**BOX 2—EVOLUTION OF KANCO: KEY EVENTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>1989</td>
<td>Ad hoc meetings of health and development NGOs, CBOs, and religious organizations to discuss the growing impact of HIV and AIDS and to explore the need for inter-organizational collaboration. The meetings culminated in the decision to form the Kenyan AIDS NGOs Consortium. First meeting of KANCO held in December 1989 attended by 21 organizations.</td>
</tr>
<tr>
<td>1990</td>
<td>Planning meetings held throughout 1990. KANCO receives funding from Norwegian Church AID and USAID through FHI and the AIDSCAP program.</td>
</tr>
<tr>
<td>1991</td>
<td>First KANCO strategic plan developed and approved. First KANCO Chairperson elected. KANCO initiates quarterly meetings for members.</td>
</tr>
<tr>
<td>1992</td>
<td>Formation of the AIDS Counselling Taskforce to look into existing training services and the development of a unified curriculum. KANCO appoints an Advisory Committee. Key activities undertaken include: preparing a compendium on organizations working in the area of HIV and AIDS in Kenya; compiling and distributing information on policy and programming issues; and fundraising to establish a resource center.</td>
</tr>
<tr>
<td>1993</td>
<td>KANCO joins the AIDS NGOs Network for East Africa to link with other CBOs in the region to share experiences on HIV and AIDS activities from other countries. A national resource center established with financial assistance from USAID through FHI/AIDSCAP, and technical assistance from AHRTAG, a U.K.-based NGO. KANCO establishes a Secretariat; a full-time Coordinator is hired.</td>
</tr>
<tr>
<td>1995</td>
<td>The Resource Centre opens. KANCO receives grant from USAID through FHI/AIDSCAP for the KANCO Policy Project.</td>
</tr>
<tr>
<td>1997</td>
<td>First Annual General Meeting held. First evaluation of KANCO undertaken.</td>
</tr>
<tr>
<td>1998</td>
<td>KANCO begins a process to educate members and other stakeholders on the contents of Sessional Paper No. 4 and to advocate for its implementation. KANCO’s lobbying efforts to sensitize government policy and decision makers about their role in addressing issues related to HIV and AIDS culminates in a declaration by Members of Parliament to break the silence about the disease.</td>
</tr>
<tr>
<td>1999</td>
<td>The President of Kenya, the Honorable Daniel Arap Moi, declares HIV and AIDS a national disaster during his speech at a KANCO-sponsored workshop.</td>
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<tr>
<td>2000</td>
<td>KANCO champions the concept of Constituency AIDS Control Committees (CACCs). KANCO celebrates its tenth anniversary.</td>
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<tr>
<td>2001</td>
<td>KANCO collaborates with the Government of Kenya, through the National AIDS Control Council to provide training to CACC members, enabling them to effectively lead their communities in responding to the HIV/AIDS epidemic. Membership in KANCO stands at approximately 600 civil society organizations and 100 individuals.</td>
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</table>
The Board is considered the policy arm of KANCO and oversees the activities of the Consortium. Its primary roles are to provide advice and guidance on the activities and overall direction of KANCO, to provide financial accountability to KANCO members and donors, and to recruit the senior staff person of the Secretariat.

### Functions of the KANCO Secretariat

The KANCO Secretariat is located in Nairobi, the capital city of Kenya. The primary purpose of the Secretariat is to oversee the development and implementation of the Network’s workplan. It is staffed by a Coordinator, three senior managers, and a few administrative and support staff. Consultants and facilitators for various activities are hired by the Secretariat on an as-needed basis.

The Coordinator is the Network’s senior manager and is responsible for leading, directing and managing the implementation of all aspects of KANCO’s policies, programs and projects. Duties of the Coordinator include, but are not limited to, overseeing strategic planning, workplan development and implementation, fundraising, hiring senior staff, and representing KANCO to the government, donors and other organizations.

The Policy and Advocacy Manager is responsible for the overall development and management of several policy and advocacy initiatives for KANCO. The Policy and Advocacy Manager is assisted by the Advocacy Program Officer, who provides technical support and helps KANCO’s membership develop and implement advocacy strategies.

The Resource Centre Officer oversees the management of KANCO’s Resource Centre and the provision of technical advice and training to district-level Resource Centres that are supported by KANCO.

### Membership

Membership in KANCO is open to organizations and individuals. Members are considered to be in good standing following the payment of an annual membership fee of 1,000 Kenyan shillings (about US$13). KANCO’s current membership stands at approximately 600 civil organizations and 100 individuals.
KANCO’s Main Activities

The main activities of KANCO can be broken down into the following key areas:

- Information sharing
- Training
- Policy and advocacy
- Networking

Information Sharing

Providing members with information relevant to their diverse needs has been a priority for KANCO since its inception. The main activities undertaken in support of this role are: development and maintenance of the Resource Centre; production and distribution of a newsletter; production and distribution of thematic information packs; training of members on HIV/AIDS and STI information management; and maintenance of a database on organizations involved in HIV/AIDS work in Kenya and their activities.

Resource Centre

The idea of setting up the Resource Centre arose shortly after KANCO was formed in 1990. Members realized early on that there was a need for a central place with practical and appropriate information and materials to meet their information requirements.

Funds to establish the Resource Centre were secured in 1994 and doors opened to members and the public in January 1995. The Centre is located within the building that houses the KANCO Secretariat in the Kilimani area of Nairobi. This is a residential area located several kilometers from the main central district. The area is well served with communication facilities, and there are buses and minibuses running to and from the main town center.

The Centre contains an extensive collection of books, journals, training manuals, conference abstracts, research papers, brochures, posters, videotapes, audiotapes, slides, and CD-ROM databases on HIV and AIDS-related topics. The Centre’s collection of over 350 videotapes is a key resource for members. According to James Kimani, who manages the Resource Centre, “Videotapes are particularly popular with our members who are doing educational outreach in areas with a low literacy level. The videos get the messages across and the audiences are much more engaged by watching and discussing the videos than they would be reading a book or a report.”
KANCO members are offered library services including a lending library, database searches, photocopying, and distribution of IEC materials. Resource Centre staff make a concerted effort to collect quality information produced in Kenya, as such materials are particularly valued by members.

The Centre has also served as a clearinghouse for materials for NGOs and CBOs on HIV and AIDS. Many NGOs distribute materials through the Resource Centre, whether for sale or as giveaways.

The KANCO Resource Centre houses one of the largest collections of HIV and AIDS information in Eastern Africa. Its primary users are KANCO members, but it is also frequented by academics, students, researchers, health workers, government employees, donors, and the media. In the first half of 2001, Centre staff responded to over 300 requests for information a month. Most of these inquiries were from members who came directly to the Centre while other requests were made by phone calls, emails, and faxes.

**Partner Newsletter**

The primary way that KANCO communicates with its members is through its newsletter called Partner. It is produced on a quarterly basis and each issue covers a major topic or theme such as treatment issues, working with youth, home-based care, counselling, workplace issues, or condom promotion. Each edition features articles prepared by members and information of particular relevance to members such as training opportunities, conferences, and updates on KANCO projects and activities.

A working committee is responsible for determining the editorial content of the newsletter. The committee has a membership of about five people drawn from staff and member organizations or individuals keen on newsletter production, or those thought to have something valuable to contribute. The print run for Partner averages 2,000 copies per issue and it is distributed to members and a select mailing list of national, regional and international recipients. Copies are also distributed at KANCO meetings and workshops in Kenya and occasionally internationally at events attended by KANCO staff.

**Information Packs**

To meet the need for comprehensive, factual, easy-to-read, and up-to-date information on a variety of topics, the Resource Centre began to compile and distribute information packs on topics identified by members as priorities. The packs are folders or a single publication containing carefully selected, pre-tested, and re-packaged information. The aim of the packs is to “provide a targeted, user-friendly and cost-effective overview of a particular topic by selecting practical inserts, which can be easily photocopied or adapted for use in training or self-education.”

*Information packs produced to date include:*

- HIV/AIDS and Adolescents
- Home-based Care
- HIV/AIDS and the Workplace
- Media and HIV/AIDS
- HIV/AIDS and Counselling
- HIV/AIDS and Condoms
Once a pack is finalized, free single copies are sent to all KANCO members involved in the subject area (e.g., counselling, condom promotion, home-based care). Distribution outside of this group is at a cost of US$5.50 for Kenyans and US$50 for non-Kenyans. Free copies are sometimes exchanged with other key African and international NGOs.

In addition to targeted distribution of packs, their availability is announced in the Partner newsletter and during quarterly KANCO meetings.

**Training on HIV, AIDS, and STI Information Management**

A needs assessment conducted by KANCO in 1997 concluded that respondents felt that continued dissemination of HIV and AIDS information to the community was required for organizations working in the topic area to encourage and promote behavior change. Establishing resource centers at the district level was seen as a way of ensuring a continuous flow of HIV and AIDS information to communities, particularly those outside Nairobi.

KANCO has been involved in establishing resource centers in the following districts: Busia, Suba, Siaya, Kisumu, Kakamega, Embu, and Mombasa. Initially members provided the space to house the resources and recruited volunteers and staff to run them while KANCO provided the information materials and capacity-building services (workshops, regular visits, correspondence, etc.) to the staff and volunteers on how to effectively run a resource center. In 2000, however, KANCO received funding from USAID through FHI to scale up the operations of the centers in Kisuma, Kakamega and Mombasa. KANCO now runs the resource centers in these three cities directly but continues to provide technical training and information materials to centers that are still operated by members.

**AIDS Information System**

The AIDS Information System (AIS) is a computer database of information on organizations involved in HIV, AIDS, and STI activities, their addresses, geographic sites of activity, target groups, and services offered. Its purpose is to provide accurate information about the numerous projects throughout Kenya that work on HIV, AIDS, and STIs in order to help planners, donors, the government, and other NGOs avoid duplication, identify gaps, and encourage collaboration.

The database is updated regularly and provides an accurate mailing list for the distribution of materials and other correspondence from the Secretariat. Moreover, the database is frequently used to help KANCO achieve its objective of promoting networking by putting organizations working on similar projects in touch with each other and/or referring users to organizations offering specific services.

KANCO used the database to produce and distribute a directory of organizations working in HIV and AIDS in 1998 and produced an update of the directory in 2002.

The database currently holds information on over 650 organizations. Full and specifically tailored printouts are produced regularly, on average a total of five per week. Users of the printout services
include local and international NGOs working in Kenya, religious organizations, researchers, government workers, and donors.

**Training**

KANCO members have expressed a strong desire for training opportunities. The Secretariat has tried to respond to this need in a manner that complements rather than duplicates or competes with its members who also offer training.

For example, KANCO serves as a conduit for information about training courses. Information on training workshops is kept on file at the Resource Centre and staff refers members and other users to appropriate training. The availability of training opportunities is also publicized through the KANCO newsletter *Partner* and during quarterly meetings.

KANCO also administers training workshops on an occasional basis in response to member requests. In select instances KANCO will organize and implement the training itself, but it prefers to ask a member organization with the required skills to undertake such activities.

**Examples of workshops offered in the past four years include:**

- Vancouver Conference Dissemination
- Project Design and Development Training
- Resource Center Management
- Home-based Care
- Participatory Program Design and Implementation Skills
- Participatory Monitoring & Evaluation
- Small-scale Entrepreneurship
- Training of Trainers in Counselling
- Advocacy Training

In addition to the workshops, KANCO has also undertaken projects to build the capacity of its members to provide quality services and responses to HIV and AIDS. These projects include:

- a collaboration with the United Kingdom’s Department for International Development through the Futures Group International on a pilot project in Nyanza province. The aim of the project was to identify gaps and build the capacity of NGOs, CBOs, and religious organizations to manage prevention and care activities; and

- a project with the United Nations Development Program and the Ministry of Planning and National Development to strengthen NGOs and CBOs working in three districts—Busia, Siaya and Suba—along Lake Victoria. The aim of the project was to provide NGOs and CBOs with the skills to understand and respond more effectively to the “beach culture” and transport industry that makes the communities in these districts more vulnerable to HIV infection.
KANCO’s first endeavor at involving their members in policy development and advocacy started in March 1995. With funding from USAID through AIDSCAP, the KANCO Policy Project was initiated to stimulate greater involvement by civil society organizations in national policy issues concerning HIV and AIDS.

In the first phase of the Project (March 1995 to April 1997), KANCO staff developed and implemented a process to engage members and other key community leaders in the development of HIV and AIDS policy. The following steps were then followed to facilitate the process:

- a series of workshops were held in the provinces to provide HIV and AIDS workers and potential policy makers with skills and knowledge in policy development and advocacy; and
- the provincial policy issues were brought to a national forum for further discussion and prioritization.

During the first phase of the Project, a senior staff member of KANCO was invited to participate in the committee drafting the national policy on AIDS. This gesture provided a means for bringing the results of the KANCO-led policy work to the attention of the drafting committee for consideration. In June 1997, the Government adopted the Sessional Paper No. 4 of 1997: AIDS in Kenya. The Sessional Paper, which provides broad policy guidelines in developing HIV and AIDS interventions, reflects many of the issues and concerns raised during the KANCO policy development workshops and background papers.

Following the passage of Sessional Paper No. 4, it soon became apparent to KANCO staff and members that just having the document was not enough to ensure its effective implementation. Consequently, KANCO has undertaken a number of activities to help get the document used for its intended purpose. These activities include:

- organizing symposiums throughout Kenya to build the capacity of key players (Members of Parliament; civic, provincial, and district level government officials; NGOs, CBOs, religious organizations and their collaborators; the donor community; and the media) to understand the contents of Sessional Paper No. 4 and generate ideas and plans to have it implemented;
- encouraging political leaders to "break the silence" on HIV and AIDS and other related issues such as drug abuse, and adolescent reproductive health;
- encouraging Members of Parliament to provide leadership for HIV and AIDS responses at the constituency level; and
- producing a briefing package on HIV and AIDS issues for Members of Parliament to develop their capacity to address HIV and AIDS and other related issues in their communities.

One of the key outcomes of the symposiums was the recommendation that Constituency AIDS Control Committees (CACCs) be established to coordinate, supervise, and monitor HIV and AIDS at the constituency level. The recommendation to establish CACCs had been adopted by the National AIDS Control Council in 2000. Since January 2001, KANCO has developed, organized, and facilitated training workshops to build the capacity of CACCs to effectively implement their mandates.
Policy and Advocacy

KANCO began its policy and advocacy work in the mid-1990s when it received funding from USAID through AIDSCAP to undertake what is now known as the KANCO Policy Project. The primary objective of the project was to ensure a greater involvement of NGOs, CBOs, and religious organizations in the development of policy related to HIV and AIDS issues. KANCO’s Policy Department continues to work in this area. In addition, it undertakes initiatives to ensure the greater involvement of the media in national HIV and AIDS policy development and advocacy and builds the capacity of adolescents to advocate for their own issues to strengthen reproductive health services for young people.

KANCO’s Work with the Media

In Kenya, as in many countries, the media plays a major role in shaping public opinion about HIV and AIDS. In the early days of the epidemic it would be fair to say that much of the reporting on HIV and AIDS-related issues was often ill-informed and negative. Since its inception, KANCO and its members have recognized the need for a well-informed media that accurately reports HIV/AIDS issues. It has worked to help ensure this outcome by:

- developing and distributing an information package on the media and HIV/AIDS that provides basic and essential information to promote accurate and sensitive reporting on these issues and people living with and affected by the disease;
- actively promoting the involvement of the media as participants in policy development initiatives; and
- establishing a committee that responds to inaccurate, misleading, or inflammatory media reports.

Promoting Youth Participation

In many of the countries most heavily impacted by AIDS there is an increasing rate of infection in young people ages 14 to 24. Younger people are becoming infected earlier in much of sub-Saharan Africa, including Kenya.

KANCO and its members are concerned about this pernicious trend and believe that more can be done to reduce the rate of HIV transmission and its impact among young people by empowering them to participate in the development of HIV/AIDS and reproductive health policies.

In 2000, KANCO organized three workshops with young participants from key youth-serving organizations throughout Kenya. The workshops were designed to increase participant knowledge of HIV/AIDS and reproductive health issues, provide training on policy development and advocacy skills, identify priority issues for policy development and advocacy, and develop and implement advocacy plans at the district level.
Follow-up meetings were held to identify the successes, challenges, and lessons learned by the youth participants regarding the implementation of their advocacy plans. The meetings resulted in numerous ideas about how to advance the policy development and advocacy work of the young participants. The KANCO Secretariat continues to provide technical assistance to the youth participants and is currently facilitating a process to determine how it can best support the ongoing policy and advocacy work of the youth participants and the youth-serving organizations involved in this initiative.

**Feature—KANCO’S Approach to Policy Work and Advocacy**

When KANCO started to involve its members and other stakeholders in the Policy Project it became clear that two sets of attitudes inhibited their effectiveness in policy development and advocacy. The first was that many participants regarded “policy” as exclusive to central government actions and reserved for senior members of government and Parliament. The second was that participants felt that advocacy was risky and required a set of skills not readily available to them.

The KANCO Policy Project approached both of these issues in a similar way by:

- engaging participants in hands-on activities that broke “policy” down into several components; and
- demystifying both policy and advocacy.

Participants already had some experience and understanding in these kinds of activities that facilitated the Project’s work.

**Policy**

The term policy was broken down into five recognizable components:

- issue identification;
- issue prioritization;
- preparation of options;
- refinement of one or two top options into policy recommendations; and
- building support and understanding for the recommendation(s).

KANCO compared the policy development process to the project planning process, which was familiar to many participants (see table).

<table>
<thead>
<tr>
<th>Policy Development</th>
<th>Project Planning Process</th>
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<tbody>
<tr>
<td>Identify issues</td>
<td>Problem identification, data gathering and analysis</td>
</tr>
<tr>
<td>Prioritize issues</td>
<td>Developing options</td>
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<tr>
<td>Select most viable option</td>
<td>Project design</td>
</tr>
<tr>
<td>Inform and sensitize constituents and policy makers</td>
<td>Engaging target group(s)</td>
</tr>
<tr>
<td>Conduct advocacy</td>
<td>Implementation</td>
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<tr>
<td>Monitor implementation</td>
<td>Monitoring and evaluation</td>
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</tbody>
</table>

Participants were encouraged to view policy development as a process and its components as activities in which their individual or institutional skills could be used. No one was expected to be an expert on every aspect of policy analysis. For example, some participants could collect information for issue identification and testing of options, while others who were more skilled at writing could develop recommendations. Those who were good at public speaking and had the ability to contact influential people could advocate. A diversity of skills is important for the policy development process.
Advocacy
To reach a common understanding, the KANCO group had to clarify what was meant by the term advocacy and the extent to which advocacy did or did not carry a degree of risk for its practitioners.

The commonly agreed to definition of advocacy was "activities designed to influence decision-making processes and outcomes." Participants were also encouraged to see advocacy as something they did every day as an effort to influence and persuade others to hear and follow a particular point of view. When the participants realized that advocacy could be carried out in a non-threatening way without intentionally antagonizing others, it became more acceptable as a strategy in influencing policy development.

KANCO then adopted four guiding principles for its advocacy work:
1. Issues must be clarified.
2. Accurate information must be presented to support a point of view.
3. Policy recommendations or recommended actions must be realistic.
4. Issues must be communicated to policy makers in a clear and focused manner.

Networking
The primary intent of KANCO’s work in networking is to establish and facilitate a system to provide forums for sharing resources and enhancing collaborative efforts among KANCO members and other interested parties, including government, at both the national and district levels. Some of the activities that KANCO undertakes to achieve its networking goals have already been described in the section on information sharing, namely: production and distribution of the Partner newsletter, maintenance of the AIS database containing member profiles, production of a networking guide for members, and the compilation and distribution of a directory of HIV and AIDS organizations in Kenya. Other networking activities are outlined below.

Quarterly Meetings
As the name of this activity suggests, KANCO holds an open meeting of its members four times a year. The main goal of the meeting is to update members on progress made with respect to KANCO activities and administrative issues and to provide an opportunity for members to get to know one another and exchange information. The meetings typically include at least one or two sessions intended to inform members of important news and events, or build skills in particular areas to help prepare members for their involvement in specific activities. Quarterly meetings also provide an opportunity for

LESSONS LEARNED ABOUT POLICY DEVELOPMENT AND ADVOCACY

- Policy makers are willing to listen and act, but often lack appropriate information and a sense of expected action. They are often dependent on others to generate appropriate movement and direction.
- Quiet advocacy, rather than demonstrations or issuing demands, is effective and appropriate in an environment where policy activities might be seen as political.

the Secretariat staff and Board to meet with KANCO members and get feedback. Donors, politicians, civil servants, members of NASCOP, and representatives of the media also frequently attend these meetings.

**Building Networks at the District Level**

KANCO’s involvement in the areas of policy and advocacy had the unforeseen effect of boosting Network involvement by organizations and individuals from outside Nairobi. Attendance at policy development workshops by district and provincial participants provided a forum for sharing experiences that had not previously existed. Many participants wanted to keep the dialogue active and were encouraged to do so by creating network branches at the district and provincial levels. From informal contacts the KANCO network grew to more than 20 branches, or district networks. The level of activity varies from district to district, partially reflecting the commitment of the elected or volunteer organizers. Nearly two-thirds of the branches hold regular meetings and most of the network convenors keep the KANCO Secretariat informed of their deliberations, constraints, achievements, and needs.

KANCO has been able to help strengthen networking at the district level in a number of ways. Many organizations operating at the district level offer care and support to an increasing number of persons infected with or affected by HIV and AIDS. KANCO has played an important role in building the capacity of these organizations by: 1) setting up resource centers with information relevant to user needs; 2) organizing training workshops on home-based care, small-scale entrepreneurship, and network development; 3) involving the networks in policy development work; and 4) providing ongoing technical support on how to build and sustain the networks.

**International Networking**

The KANCO Advisory Board and the Secretariat recognize that there are many benefits for members from networking with organizations in other countries. For example, through contacts between KANCO and international organizations, the Resource Centre’s document collection has vastly improved. Through KANCO’s participation in the International Council of AIDS Service Organizations (ICASO), KANCO has been able to contribute to and benefit from the production of ICASO resources, such as the HIV and AIDS Networking Guide, the Advocacy Guide, and information sheets on issues such as vaccine development.

International organizations are also interested in learning from KANCO’s experiences. In the past few years KANCO has hosted at least half a dozen delegations from non-Kenyan organizations who wanted to learn from their experiences in network building, policy development, and advocacy.

KANCO is a co-founder and member of the AIDS NGOs Network of East Africa, a member of AfriCASO and ICASO, and works closely with the Southern Africa AIDS Service Organization, the United Kingdom AIDS NGOs Consortium, and the Canadian AIDS Society, among other international and national networks.
ACHIEVEMENTS

Influencing the Content of the National Policy on HIV and AIDS

When KANCO began its work in the area of policy and advocacy in the mid-1990s, frustration about the Government of Kenya’s ineffectual response to the AIDS epidemic was growing among civil society organizations, the media, donors, and the public. Despite mounting evidence of the accelerating spread and deleterious impact of HIV and AIDS in communities and families throughout the country, Kenya lacked the political leadership and a national strategy required to recognize, prioritize, and coordinate efforts and commit resources to deal with what was clearly a massive public health challenge.

KANCO played a major role in convincing the Government of Kenya of the need for a more comprehensive national strategy to fight HIV and AIDS and engaged its constituency in a process to identify, prioritize, and promote HIV and AIDS-related policy issues of greatest concern to them. These findings helped the government-led process to articulate a national policy on HIV and AIDS for Kenya.

Winning Acceptance of a Role for Civil Society Organizations in Policy Development

The first barrier that KANCO and its members had to overcome when they sought to influence the content of Kenya’s national policy on AIDS was that the majority of KANCO members did not see policy development as a legitimate role for NGOs, CBOs, and religious organizations to be playing. Many KANCO members regarded “policy” as exclusive to central government actions and reserved for senior members of government and Parliament.

The KANCO Secretariat and Advisory Board knew they had to be in step with their members and therefore organized a series of meetings to discuss the role of NGOs in policy work. Most KANCO members involved in these deliberations came to see the legitimacy of their role in policy development and gained an appreciation of the need for national policy to be informed by the needs and perceptions of those working at the district level.

The second barrier that KANCO faced in trying to influence national policy on HIV and AIDS was the hesitation of the Government of Kenya. Relations between civil society organizations and the Government were strained, with each side viewing the other with mistrust and hostility. Given these conditions, the Government of Kenya was not immediately welcoming of KANCO’s initial efforts to talk with them about policy.

To overcome the Government’s reluctance to work with NGOs on policy issues at this time, KANCO engaged government officials in its policy work in a transparent manner. KANCO briefed the NASCOP (the Ministry of Health body that was primarily responsible for HIV and AIDS-related policy matters) on their intended policy work, and actively identified and invited government officials to attend KANCO-facilitated policy development workshops along with its members and other stakeholders. KANCO also developed guiding principles for its policy development work that sought to identify solutions to policy issues that were realistic and feasible, thereby increasing the likelihood that government officials considered the proposals seriously.
Moreover, in the development of its policy analysis and recommendations, KANCO consciously tried to avoid the use of language that would unnecessarily blame or provoke the Government. Although not all members agreed with this approach, they decided that given the current conditions of distrust and animosity between the government and NGOs that it would likely be more successful than approaches that brought KANCO into direct conflict with governing officials.

KANCO’s strategy of engaging the Government of Kenya in a spirit of partnership and being as nonconfrontational as possible helped break down feelings of mistrust and ill will that had hitherto marred relations between civil society organizations and the country’s leaders.

Today, policy and advocacy work is well understood, appreciated, and supported by KANCO’s membership. Moreover, the Government of Kenya also values the input of civil society organizations on HIV and AIDS-related policy issues.

**Breaking The Silence**

Fear of political and economic repercussions, and misplaced pride or indifference, inhibited many governments from highly impacted countries from acknowledging the threat of AIDS until very recently. Kenya was no exception.

In December 1999, the President of Kenya declared HIV/AIDS a “national disaster,” thus breaking the silence about the seriousness of the disease and its impact on the country. Since then KANCO has helped to ensure that Members of Parliament and other political leaders are better able and prepared to speak openly and confidently about HIV/AIDS with their constituents and to the media by preparing and distributing background and briefing materials on a range of HIV and AIDS-related topics.

KANCO also brought Members of Parliament and other key stakeholders together for two different regional meetings and a series of national follow-up meetings to deliberate on issues contained in the Sessional Paper No. 4 of 1997: AIDS in Kenya, and to agree on necessary actions to effectively implement the policy. The regional and national meetings gave KANCO the opportunity to discuss and sensitize Members of Parliament on a range of HIV and AIDS issues.

Senior government officials are now speaking out about the threat HIV/AIDS poses to the country and its people. The Government of Kenya, through the National AIDS Control Council, has recently taken steps to ensure that more attention is paid to HIV and AIDS issues by Members of Parliament and other government officials at all levels through the formation of CACCs. The role of the CACC is to “coordinate, supervise and monitor HIV and AIDS at the constituency level.” CACCs are also expected to “become the public advocacy team and change agents against all factors including the socio-cultural factors fueling the spread of AIDS” and to “play a leadership role in the mobilization of all types of resources at the local level and ensure proper utilization.”
KANCO played a key role in helping to develop implementation plans, guidelines, and terms of reference for the CACCs and is currently involved in providing training to help CACC members understand and fulfill their roles.

KANCO and its members have worked to improve coverage of HIV and AIDS issues by the media in Kenya by holding educational workshops for them and producing and distributing background and reference materials. KANCO also includes the media in its policy development work and has encouraged journalists to play a greater role in HIV and AIDS policy development. KANCO members have also put together a committee to monitor press coverage of HIV and AIDS issues that can respond to misinformation and negative coverage. The committee writes letters and/or contacts the media outlet directly to raise concerns with the editors, managers, reporters, etc.

KANCO and its members have also succeeded in getting civil society organizations that did not initially have HIV and AIDS on their agenda to work in this area (i.e., sports organizations, youth organizations, women’s organizations).

**Meeting the Information Needs of Members**

The KANCO Resource Centre has become the primary source of information on HIV and AIDS for many Kenyans. According to a 1996 evaluation, close to 50 percent of respondents—members and non-members alike—described the KANCO Resource Centre as their number one source of information on HIV and AIDS. The practical and appropriate information and materials in the Centre’s collection is needed to help guide the development and implementation of HIV and AIDS policy and programs.

The policy development, advocacy, capacity building, and networking activities of KANCO are strengthened by the existence of the Resource Centre. Thus, it plays a pivotal role in helping KANCO achieve its goals and objectives. Data from a recent evaluation found that 94 percent of service users found the Resource Centre to be a convenient and satisfactory source of information.
KEY CHALLENGES FOR THE FUTURE

Since its inception KANCO has achieved a great deal with limited resources in a difficult political environment. Part of its success may be attributed to its results-based programming, monitoring and evaluating their core activities, and building on lessons learned. Key challenges for the future include:

1. Understanding and responding to the needs of diverse members. KANCO’s membership has increased dramatically in the past two to three years. KANCO now has many more members from outside Nairobi than ever before and many more “rural” than “urban” members. Some members and donors feel that KANCO could do more to serve rural-based members.

2. Keeping focused on core activities. In the face of growing demands from members and donors, it will be difficult to resist the temptation to expand services and operations if funds can be accessed for this purpose. However, before considering expansion, the group must determine how they can grow and still remain effective, and if the additional activities clearly reflect the needs of members and KANCO’s mission.

3. Diversifying funding sources. KANCO derives a high percentage of its funding from the same donor—both directly and through institutions also funded by the same donor. Additional sources of support would enhance KANCO’s institutional autonomy and contribute to its sustainability.

4. Reviewing training approaches. While members highly valued the training workshops facilitated by KANCO, they were not long enough to cover the subject matter effectively. Moreover, members felt that their staff needed additional training opportunities.

5. Strengthening the Resource Centre. The rapidly increasing number of KANCO members has created a demand for services that exceeds the capacity of the Resource Centre. Members valued the information packages produced and/or distributed by KANCO but they could not obtain an adequate number of copies. Members also expressed the need for a larger Resource Centre with an expanded collection of technical documents related to policy and/or programming issues. Some members and donors also suggested that the Resource Centre make greater use of electronic communications (i.e., the Web, Internet, email, listserves) to respond to users’ information needs.

6. Responding more systematically to the need for a greater involvement of people living with HIV and AIDS. Some member organizations representing PLHA felt KANCO could do more to implement the “GIPA principle”—the need for a greater involvement of PLHA. They also supported educating and sensitizing all KANCO members about the need to implement the GIPA principle. The Association of People with AIDS in Kenya’s Executive Director suggested that KANCO reserve a place on its Advisory Board for a PLHA.

7. Enhancing governance. The current Advisory Board is comprised of only five members. KANCO’s governance could improve if the Board was expanded to include additional members with varied strengths and diverse backgrounds.

8. Diversifying the Secretariat. Several members and donors emphasized that they want the KANCO Secretariat, particularly at the senior management level, to more fully reflect the diversity of present-day Kenya.
LESSONS LEARNED

In over ten years of operation, KANCO and its members have learned a lot from their experiences in building and sustaining a network. It is difficult to narrow the “collection of experiences” down to just a few. The examples offered below are featured because they are considered to be substantial and relevant to organizations and individuals involved in networking, regardless of their geographic location.

1. Networks, by their very nature, involve members in collaborative activities. The process of building trust and good relations between members is an essential ingredient for successful collaboration and network development and sustainability. In the early stage of network development, or when members begin to collaborate on a new project or activity, it is important to provide opportunities for members to discuss their expectations and concerns, and to find a collective understanding of the activity’s purpose and agreement on future action.

2. Networks should only undertake activities that member organizations either cannot do, or cannot easily do, on their own. Otherwise, the network puts itself at risk of becoming a competitor with some or all of its members. This increases tensions within the network and undermines conditions required for successful collaboration. Understanding and adhering to this principle helps networks avoid competition with their members.

3. Leadership is an important element of network development and KANCO has benefited from the leadership style demonstrated by its Secretariat. The Secretariat has been consultative with its membership and has worked hard to facilitate the involvement of members in the decision-making process on major issues. However, on certain matters the Secretariat puts forth its own ideas, demonstrating appropriate leadership and initiative. The Secretariat has been careful not to impose its ideas on the membership and follows the decision-making procedures of the network consortium.

4. KANCO’s primary service is providing access to information that enables members to develop and implement policy and programs to prevent the spread of HIV/AIDS or mitigate its impact. Given the importance of this service, KANCO devotes a significant amount of its human and financial resources to providing this service. Providing members with, or facilitating their access to, accurate, timely, and culturally appropriate information has proven to be a sound investment.

5. KANCO’s involvement in policy and advocacy work helps it achieve its overall purpose and strengthens the structure of the network. KANCO members have demonstrated to themselves, the Government, and donors that they can translate their experiences at the grassroots level into viable policy options at the national level. Consequently, the right of KANCO and its members to be involved in policy work is no longer questioned. Moreover, the process of undertaking a national consultation on policy issues put KANCO in touch with many stakeholders, particularly those outside of Nairobi, who were not previously involved in KANCO. They have subsequently joined and this has strengthened KANCO’s efforts to be a truly national network and voice on HIV and AIDS issues.
6. Monitoring, evaluation, and the documentation of network activities can strengthen commitment to the network. Monitoring activities enable the network to determine what is working as expected and what is not. This information contributes to informed decision making for work-planning and applying resources (financial or otherwise) in a timely manner. Similarly, evaluations help KANCO learn from and build on their experiences. Documenting experiences and sharing this information allows the network, donors, and others to understand what the network does, why it does it, and what its overall impact has been. KANCO has devoted considerable resources to monitoring, evaluation, and documentation because it helps achieve results and creates an awareness that the network is effective. Members and donors alike need to see results to justify their continued involvement in, or support for, KANCO.

7. The transparency and accountability of civil society organizations and the Government of Kenya is a politically sensitive issue in Kenya. Since its inception KANCO has put in place a number of procedures to ensure accountability to both its members and donors. These procedures include: financial audits, administrative operations and procedures, human resource management policies, quarterly meetings of members, an Advisory Board elected by members, regular Board meetings with accessible meeting minutes, an annual meeting, and outside evaluations of activities and projects. By adopting and adhering to high standards for accountability and transparency, KANCO has avoided suspicions or perceptions of mismanagement and corruption that have hampered many other civil society organizations and the Government of Kenya.
## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>AIDSCAP</td>
<td>AIDS Control and Prevention Project</td>
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<tr>
<td>CACCs</td>
<td>Constituency AIDS Control Committees</td>
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<tr>
<td>CBO</td>
<td>community-based organization</td>
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<tr>
<td>FHI</td>
<td>Family Health International</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>IEC</td>
<td>information, education, and communication</td>
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<tr>
<td>KANCO</td>
<td>Kenyan AIDS NGOs Consortium</td>
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<tr>
<td>NAC</td>
<td>National AIDS Committee</td>
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<tr>
<td>NASCOP</td>
<td>National AIDS and STD Control Program</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>PLHA</td>
<td>people living with HIV/AIDS</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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</table>
The Association of People With AIDS in Kenya

The Association of People With AIDS in Kenya (TAPWAK) was founded in 1990 by 15 people living with HIV and AIDS to address their health needs, share personal experiences, and give each other support and encouragement while striving to raise awareness among the general public of issues affecting PLHA. TAPWAK’s main office, located in Nairobi, is the hub from which it offers many services. It operates a drop-in center for clients and those “worried or affected by HIV and AIDS in some way,” and offers a range of services, including a clinic, person-to-person counselling, group counselling, training for counsellors and home-based care volunteers, and provides education outreach in schools, colleges, and churches. Their long-established home-based care program recently began a project to address the needs of orphans.

TAPWAK has been a member of KANCO for almost ten years and notes this involvement in their organizational brochure. “We have gained a lot through our involvement with KANCO,” says Rowlands G. Lenya, the Executive Director of TAPWAK, who tested HIV positive in 1989. “We are able to access a lot of good information through the KANCO Resource Centre and we meet many people involved in HIV and AIDS work at the quarterly meetings. This would not have been possible without KANCO.” Mr. Lenya added that in the near future he would like KANCO to increase the size of its Board of Directors and that at least one position should be reserved for a PLHA.

When asked about the benefits of belonging to KANCO, Sarah Mbithi, a Counsellor/Educator at TAPWAK indicated that she particularly values the training courses offered by KANCO, and that she attends as many of them as her schedule allows.

Kibera Community Self-Help Project

Nairobi’s Kibera slums are home to an estimated one million people. But despite the area’s close proximity to the country’s best hospitals, most Kibera dwellers facing HIV and AIDS can’t afford care and support.

The Kibera Community Self-Help Project, or KICOSHEP, was established in 1991 to help Kibera residents cope with HIV and AIDS. The project features a range of health services, including home-based care for PLHA, counselling, and accessible health care such as treatment, immunizations, tuberculosis management, STI management, and family planning. Other KICOSHEP activities include: the promotion of income-generating activities for people infected and affected by HIV and AIDS; youth education and entertainment; a nonformal school for orphans and other children; and vocational training in needlework, tailoring, and carpentry. The project also works to raise the community’s awareness of HIV and AIDS, STIs, tuberculosis, and environmental sanitation.

Though its focus is on people dealing with HIV and AIDS, KICOSHEP works with the whole community. Through its involvement in KANCO, KICOSHEP has both benefited from and contributed to KANCO’s development. According to Anne Owiti, KICOSHEP particularly benefits from the networking opportunities that are available through membership in KANCO. "I go to as many of the quarterly meet-
ings as I can. I always meet somebody at these meetings that I can share information and ideas with.” Ms. Owiti added that KICOSHEP’s involvement in KANCO also “helped to put us in touch with a funder. There was an article on us in the KANCO newsletter and the funder read about us there. Now they are contributing to our feeding program for children.”

**Hope Africa Women Organization**

Hope Africa Women Organization is a new NGO. It was formed in 1998 when a “group of women felt the need to set up an environment for women where they could pop in anytime and have brainstorming sessions on women and business development.”

Hope Africa Women Organization works with women in the informal sector to help them start and sustain income-generating projects. While HIV and AIDS is not the primary focus of the organization, the impact of HIV and AIDS on the women it works with is so pervasive that it was imperative to respond to the needs of their clients in this area.

Hope Africa joined KANCO in 2000 to learn more about the epidemic in general, to learn about the experiences of KANCO members working in income generation and microfinancing, and to find other organizations to whom they could refer their clients.

When asked about the benefits of belonging to KANCO, Catherine Kamuyu, Executive Director, commented that “everyone knows KANCO. We went there because we are a small organization and we needed a partner to help us.” Gloria Ndeki, Project Coordinator, added that “KANCO provides us with a lot of practical help when we undertake an AIDS activity. We recently organized a day-long event on HIV, AIDS, and drug abuse. We gathered a number of NGOs that we met at the KANCO quarterly meetings to help us. The day was a great success and KANCO helped bring us together.”

When asked what activities they would like KANCO to be doing more of, Ms. Kamuyu and Ms. Ndeki both replied that they hoped that KANCO would offer more training in the area of counselling and that KANCO needed a bigger Resource Centre.

**Kenya Network of Women With AIDS**

The Kenya Network of Women With AIDS (KENWA) was formed in 1998 by a group of HIV-positive women. It serves as a forum where women can empower one another, and provides prevention and support services to women living with HIV and to infected and affected children.

KENWA’s drop-in center serves as an information dissemination center for the general public and as a walk-in counselling center. Video shows on HIV and AIDS can be viewed any time during the day and a resource library is available with periodicals, videos, and relevant literature. The center also serves as a practice space for KENWA’s puppetry, choir, and drama groups.

Group therapy sessions are also offered twice a month at the drop-in center. This coming together of women living with AIDS is “an important activity during which the women learn about their health, opportunistic infection management, and personal care” and positive living with AIDS.

KENWA also offers its clients counselling services by trained women counsellors who are themselves HIV positive, and conducts a number of field activities including educational outreach, hospital visits, and home-based care.
Their orphans project assesses the problems and needs of orphans and seeks applicable solutions and support. KENWA has established a trust for orphans to support their education and vocational training. It also offers material support, medical care, legal advice, and shelter. KENWA engages older children in drama, choir, and puppetry to help create HIV/AIDS awareness and raise funds.

Asunta Wagura, the Executive Director of KENWA, is an enthusiastic supporter of KANCO. She explained that “we started off with KANCO. They gave us technical support, advice and guidance, and even lent us some office equipment and supplies to get started with.”

Ms. Wagura thinks that KENWA’s greatest accomplishment is the capacity training it has provided to grassroots organizations and even leaders within those organizations. “KANCO really helped us in capacity building as an organization by providing training in office management and the running of our organization. KANCO also helped us develop our first proposal, and I even learned about our first funder from information in the KANCO Resource Centre.”

Ms. Wagura credits KANCO with trying hard to be supportive of people living with HIV and AIDS, but feels that they must try even harder. “KANCO should have a place on its Board for a woman with AIDS,” she suggested.

Another area of possible improvement at KANCO would be the Resource Centre. Ms. Wagura explained that “the Resource Centre is not big enough. At times you go there and there is a meeting, so you can’t access what you want. We get a lot of our educational materials from the Resource Centre and that is a great help, but they also need more specialized materials.”
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