NATIONAL AND COUNTY LEVEL MULTI-SECTORAL PARTNERSHIP PLANS

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CL-M	Community Led Monitoring
CS	Civil Society
CSO	Civil Society Organisation
ICC	Interagency Coordinating Committee
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NMCP	National Malaria Control Program
NTLD	National Tuberculosis, Leprosy and Lung Disease Program
TWG	Tachnicla Working Group

1. PURPOSE OF THIS DOCUMENT

This document establishes a framework for engagement at national and county level multi sectoral partnership forums to enhance discussions and utilisation of CL-M generated data to inform health planning, evaluation and health care financing, and health policy development. The document identifies key activities and approaches that will lead to participation of communities in national and county level multi sectoral partnership forums. The document also identified categories and type of multi sectoral partnership forums to be targeted by CL-M implementing institutions.

2. INTRODUCTION AND BACKGROUND

The National and county level multi sectoral partnership plans are built around the need to enhance generation and utilisation of community data for health policy development, health planning and health resource allocation. The objective of these plans is to align partners' support towards a joint strategy and investment plan that involves communities as users of health services.

The plans recognises the existence of numerous and different types of partners supporting the health sector at national and county levels and in different capacities and proposes of these plans is to maximise on the benefits of coordinated and harmonised investments and joint actions of all partners to ensure that best use is made of all available community data to address health sector priorities and achieve results.

The multi sectoral partnership plans take into account the devolved multisectoral partnership structures at national and county levels, and proposes inclusion of communities that bring on board community knowledge and community generated health data to enhance evidence based health planning and ensure health programmes respond to community needs and are effective in ending the three epidemics.

3. NATIONAL AND COUNTY LEVEL MULTISECTORAL PARTNERSHIP PLANS

3.1. Goals and Objectives

The overall purpose for the development and implementation of the national and county level multi-sectoral plans is to ensure CL-M generated data informs health planning and budgeting processes and decision making at national and county levels. The objectives of this initiative include;

- To secure membership and meaningful participation of communities and community groups in national and county level multi-sectoral partnership forums.

- To present and discuss community generated data, CL-M data including trends, emerging issues, quality of services, human rights and gender issues, in national and county level multi-sectoral partnership forums.

Achieving the overall purpose and objectives targeted under the multi sectoral partnership plans will ensure community are directly engaged and they provided critical evidence in seeking public health solutions as well as in providing innovations in health policy formulation.

3.2. Key Principles and Approaches

Stakeholder engagement for supporting utilisation of CL-M data at national and county levels, will be guided by the following key principles;

- **Rights-oriented inclusiveness** approaches for meaningful engagement and equal participation of all affected populations and communities in decision making processes. Multisectoral engagement should be based on equal partnership, even when external stakeholder are funding the CL-M initiatives.

- **Mutual trust and respect** for all that all parties participating in the multi sectoral partnership will give and get something out of the partnership and information critical to decision making shall be shared and accessible by all parties. Parties to the partnership, including most affected communities should feel comfortable to share and engage in the partnership activities.

- **Transparency** shall guide the activities of the multistakeholder partnership and shall ensure information or data is concise, easily accessible and easy to understand.

- **Accountability** shall form the basic principle of the multi stakeholder partnership and all parties shall ensure deliver on the expectations of to the partnership and of the constituencies they represent. Parties shall comply with the reporting expectation of the partnership.

3.3. Results and Interventions

This section provides a brief narrative description of the three results expected out of the multi-sectoral partnership plans at national and county levels. The section also covers key activities that target to ensure CL-M data is presented at county and national level multi-sectoral platforms. It should be noted that each of the three results will be elaborated upon through the development of detailed workplans.

The multi-sectoral plans will contribute towards enhancing the utilisation of CL-M data for improved health services. Implementation of the multi-sectoral plans is intended to achieve the following three major results;

Result area 1: Formal and structured collaborations (MoUs) between CL-M implementing organisation(s) and national and county level multi-sectoral platforms established: This result area aims to support activities and initiatives towards establishment and strengthening formal and structured partnership between the civil society, state agencies, development partners and the private sector, for supporting utilisation of CL-M generated data. These relationships are critical in ensuring that communities access national and county level policy and decision-making processes. Table 1 captures key activities and outputs, as well as entities responsible under this result area

Table 3-1: Key activities and outputs under result area #1

Key Activity	Output	Responsible
1.1. Map out national and county level multisectoral platforms.	National and county level multi-sectoral platforms mapping report	• CL-M Implementing partners • Community systems working group
1.2. Engage identified multi-sectoral partnership platforms	Multi-sectoral platforms meetings	• CL-M Implementing partners • National networks
1.3. Develop partners' roles and expectations	Signed MoUs between CL-M implementing partner and national and county level multi-sectoral partnership forums	• CL-M Implementing partners • National networks • Community systems working group

Result area 2: CLM data is used to inform decisions on availability, accessibility, accessibility and affordability on HIV, TB and Malaria services: This result area targets to ensure the community generated data is used during health policy development, health planning and resource allocation, at both national and county levels. At operational levels, the activities under this results area target to ensure community data is constantly used to make management decisions in services delivery, both at facility and community levels. Table 2 below captures key activities and outputs under this result area.

Table 3-2: Key activities and outputs under result area #2

Key Activity	Output	Responsible
2.1. Analyse CL-M data and develop CL-M reports.	CL-M Reports (quarterly, semi-annually and annually.)	• CL-M Implementing partners
2.2. Present CL-M reports at national and county multi-sectoral partnership forums.	National and county level multisectoral partnerships meeting reports	• CL-M Implementing partners • National networks • Community systems working group
2.3. Document and action key priority recommendations emanating from CL-M reports.	National and county level CL-M action items and plans	• CL-M Implementing partners • National networks • Community systems working group
2.4. Advocate for adoption and inclusion of priority recommendations into national health plans/strategies and budgeting processes.	• National level advocacy plans • County level advocacy plans	• CL-M Implementing partners • National networks • Community systems working group

Result Area 3: The effectiveness of the CL-M mechanisms in influencing decision making and enhance quality of HIV, TB, and Malaria services is established and documented: This result area seeks to establish an inbuilt mechanisms for evaluating the effectiveness of CL-M. This will ensure stakeholders capture lessons learnt, challenges, and best practices, and ensure these lessons contribute to improvements in the overall implementation of CL-M activities. The evaluation results will be disseminated to all stakeholders, including affected communities. Table 3 below captures high level activities under this result area. Table 3 bellow captures key activities and outputs under this result area.

Table 3-3: Key activities and outputs under result area #3

Key Activity	Output	Responsible
3.1. Conduct periodic (annual) assessment of the extent to which CL-M data has informed decision making at national and county levels.	CL-M annual assessment reports.	• CL-M Implementing partners • National networks • Community systems working group
3.2. Capture and document challenges and gaps of CL-M mechanism and develop response and mitigating strategies.	CL-M strengthening strategies and action plans	• CL-M Implementing partners • National networks • Community systems working group

3.3. Relevant Stakeholders

Ending the three epidemics require multi sectoral approaches in planning and implementation of national responses. This includes joint efforts, engagement and contribution of all relevant stakeholders across sectors including, communities affected by the epidemics, the public sector, the civil society, development and technical partners. The design and implementation of CL-M will follow this approach through ensuring communities actively participate in national and county level health planning, management and oversight platforms.

To achieve this goal, the CL-M implementing institution(s) will conduct a comprehensive stakeholder mapping to identify key and relevant stakeholders for engagement. Through preliminary assessments, the following categories of stakeholders have been identified for engagement.

a. **National and County Governments**: this includes state agencies at national and county level and these include –
   - National AIDS and STI Control Programme (NASCOP)
   - National AIDS Control Council (NACC)
   - NACC Regional Offices
   - Multisectoral County HIV Committees
   - National Malaria Control Program (NMCP)
   - Division of Community Health
   - National Tuberculosis, Leprosy and Lung Disease Program (NTLD Program)
   - Community Health Committees
   - County health sector stakeholder forum

b. **Civil Society**: this include nongovernmental organisations including community-based organisations that supporting HIV, TB, Malaria, and human rights programmes at national and county level. This also include community-based organisation of affected and vulnerable populations.

c. **National Networks**; these include networks of affected communities and key and vulnerable populations.

d. **Development Partners**: This includes institutions that support HIV, TB and Malaria programmes through provision of technical support as well as financing. Such institutions include the UN agencies, multilateral and bilateral institutions, regional and global initiatives.

e. **The Private sector**; this will include private investors, charities and foundations that support communities to address public health challenges through financing and technical support.

The CL-M implementing institution will conduct a comprehensive mapping of stakeholders to identify organisations at national and county levels, their level of engagement and areas for engagement. Working with stakeholders, the CL-M implementing institution shall establish modes and level of engagement.

3.4. Implementation of the Plans

The national and county level multi sectoral partnership plans shall be guides by the need to secure space in the multi sectoral partnership platforms to discuss and utilise data emanating from CL-M. Activities under the plans will focus on 1) establishing collaborative partnerships between CL-M implementing institutions and the multi sectoral partnership platforms, 2) disseminating community data as evidence for decision making, health planning and health policy development, and 3) evaluating the effectiveness of community engagement in multi sectoral partnership platforms on CL-M.

County Level Multi Sectoral Partnership Plans

The county multi sectoral partnership plans will target to enhance the utilisation of CL-M generated data to inform county health planning, resource allocation and decision making at county level.

a. **Responsible Entity:** The plans will be implemented by CSOs or national networks of affected and key and vulnerable populations with presence in the targeted county(s). The responsible CSOs and Networks will work closely with the CL-M implementing institutions to:
   - Review and analyse county specific CL-M data and generate reports that captures critical trends and issues for presentation at multi sectoral partnership platform.
   - Provide feedback to communities and CS on deliberations and actions of the multi sectoral partnership platform.
   - Advocate for priority community issues at the partnership forum and ensure community issues for part of the partnership forum's agenda.

b. **County Multi-sectoral Platforms**: The most appropriate multi sectoral partnership platform at the respective county shall be identified. The most appropriate platform will be one that; brings together stakeholders from across sectors; influences health planning, financing and health policy development.

Examples of such platforms at county level include:

- **County health sector stakeholder forum**; this forum consists of representatives from county government, faith-based organisations, civil society, private sector and county residents who are stakeholders in the health sector. This forum is responsible for reviewing, monitoring and evaluating the implementation of health policies and programmes, providing an avenue for joint planning and implementation of health policies and programmes at county level. Facilitating a framework and structure for joint funding of county health services by the health stakeholders.

    While the county health sector stakeholder forum presents the best option, not all counties have functional and operational forums. Counties where these forums don't exist, the responsible CL-M entity should identify other multi stakeholder platforms for engagement.

- **Multisectoral County HIV Committees**; these forums are coordinated by NACC at county level, and they bring together stakeholders across sectors, for joint program reviews, planning and decision making.

    These forums are multi sectoral but limited in scope as they are set up around HIV and related responses. The county CL-M responsible entity shall conduct a rapid assessment of these forums and establish their suitability for addressing issues emanating from CL-M.

In the event where a county doesn't have a functional and operational multi sectoral planform, the CL-M responsible CSOs and Network, working with the CL-M implementing institutions, shall explore mechanisms for bring together county stakeholders to discuss issues emanating from CL-M. This include mobilising stakeholders for establishment of operational partnership forums.

c. **County CL-M reports:** The responsible entity at county (CSO or Network) level shall work with CL-M implementing institution to analyse CL-M data and develop periodic reports for presentation at the multi sectoral partnership forum. These reports shall capture critical health trends, health emerging issues and human rights incidences, around HIV, TB and Malaria sub sectors. The county responsible entity shall ensure the reports are presented in a concise manner targeting to present issues and seeking to identify or endorse solutions.

d. **County CL-M Reporting Frequencies**: The county level CL-M reports for presentation to the multi sectoral partnership forums shall be generated following the schedule of the partnership meetings. To ensure effective coordination, the responsible CSOs and Networks, shall establish the schedule of partnership meetings and share the same with CL-M implementing institution, in good time.

National Level Multi Sectoral Partnership Plans
Multi sectoral engagement at national level for discussing and responding to issues emanating from CL-M will be critical to ensure CL-M data inform policy development, national health planning and resource allocation. The CL-M implementing institution shall take leadership in the identification and engagement with the national level multi stakeholder platforms.

a. **CL-M Implementing Entity:** this is the non-state actor, CSOs or National network, that coordinates the development and implementation CL-M mechanisms, on behalf of

communities. The institution is responsible for mobilising communities in designing an appropriate CL-M mechanism and tools; capacity building of communities in the application of CL-M tools; data analysis and reporting and data management and hosting.

While the CL-M implementing institution is responsible for the coordination and implementation of CL-M intervention, it is supported and multi stakeholder platform that provides overall leadership and oversight. With this regard, the Community Systems working group shall play this role.

b. **National multi sectoral platforms:** the CL-M implementing institution shall identify the most appropriate multi sectoral partnership platform for engagement on CL-M data. The most appropriate national platform shall be the one that; bring together stakeholders across sectors; has capacity to influence health planning, review, and resource allocation.

Examples of such national partnership platforms include:
- o **Interagency Coordinating Committee on Health Information, Research and Monitoring and evaluation**
- o **Relevant ICCs and their respective TWGs**

4. ADVOCACY STRATEGY

The activities and decisions at national and county multi sectoral partnership forums emanating from CL-M data shall be prioritised for advocacy and included in the unified civil society advocacy strategy. The CL-M implementing institution shall work with community representatives and CSO leaders and link with counterpart sector wide ICCs and TWGs through shared membership and opportunities for join consultation and discussion on implementation of community priorities informed by CL-M.