

# ASSESSING A MODEL OF SUSTAINABLE AND COMPREHENSIVE PHE IN THE LAKE VICTORIA BASIN OF WESTERN KENYA

## Introduction

The USAID-funded Advancing Partners & Communities Project (APC) received funding for population, health, and environment (PHE) approaches in East Africa. After a competitive process, the Nyanza Reproductive Health Society (NRHS) received an 18-month grant to pilot community PHE approaches in fragile ecosystems with at-risk populations in the Lake Victoria Basin region of Western Kenya. NRHS is an experienced RH/HIV research organization based in Western Kenya, but at the time that the grant was awarded, it had scant PHE experience. It developed its capacity by recruiting staff with PHE expertise, visiting PHE sites in Uganda, and mentoring from the Lake Victoria Basin (LVB) Commission and other partners.

The NRHS team was tasked with creating a sustainable PHE model that integrates all PHE components—population (community-based family planning); health (linkages with the Kenyan health system); environment (conservation of fragile ecosystems, reforestation, beach management, etc.); and, as have most PHE programs, significant livelihoods components.



A CBD in Homa Bay discusses condom use and environment with community members.

Because of the short time frame, concern for sustainability, and low level of funding, NRHS did not make sub-grants (which create an additional layer of administration) or pay community-based distributor (CBD) salaries or monthly stipends. These constraints mandated finding partners that already had ongoing conservation, livelihoods, and/or other programs as well as functional infrastructures (and

funding) to help conserve the environment. It also meant that partner organizations had to be committed to the introduction and full integration of community-based FP.

At first, it was challenging to find partners that met these criteria, in part because this model goes against customary donor-funded projects, which frequently invest heavily in salaries or CBD per diems, sub-grants and other recurrent costs at the community service organization (CSO) level. The project, named SHAPE-LVB, was lucky to recruit four committed CSOs that accepted the terms of the program (albeit reluctantly) and embraced the proposed activities (enthusiastically).

Including the start-up and a no-cost extension periods, CSO partners implemented activities with NRHS technical support for approximately 18 months. This is a short time, yet results were highly encouraging and indicated positive proof-of-concept for this model.

## The model and its challenges

Key characteristics of the model involve integrating population (and health) into existing, well-developed and mission-driven CSOs that are undertaking successful conservation and livelihoods activities. This is in contrast to a model of integrating environment and livelihoods into health or family planning programs, or starting from scratch to promote all PHE aspects simultaneously. Moreover, partner motivation and activities must be robust, and CSO leadership was committed to community-based family planning. The assumption behind the ‘E’ in PH integration is that groups working on environment and livelihoods almost always identify health as a need as they develop, and doing so generates trust in communities, which makes it easier to introduce relatively sensitive health and family planning topics.

NRHS supported training for a cadre of unpaid CBDs, who work in all PHE areas in their communities. CBDs support rural savings schemes, encourage tree planting and sell seedlings, participate in BMUs, undertake recycling projects, etc. NRHS trained CBDs in counseling, provision of contraceptive pills and condoms, and referral to local health facilities for long-acting or permanent contraception. Based on survey and focus groups, community clients appreciated the multifaceted advice and help CBDs provided. The CBDs helped convince conservative community members

(including men) about FP. For example, the Kakamega Environmental Education Program (KEEP) used agricultural

metaphors— spacing seedlings for maximum resource use—to illustrate the benefits of child spacing. In addition, almost all CBDs accompanied clients to the health centers, which improved their overall experience and ensured respectful care. Data show that almost 25 percent of CBDs’ clients were visiting a health center for the first time ever, indicating that SHAPE-LVB reached a client base that other outlets have not.

The model called for sourcing contraceptives via the Ministry of Health (MOH) system. Two challenges immediately arose. One was frequent stock-outs and irregular contraceptive supplies. This problem continues but supplies have improved. A second challenge was establishing an ongoing relationship with the MOH, which has its own Level I community health strategy. That strategy involves compensated (largely by partner NGOs) community health volunteers (CHVs) who conduct outreach and report to community health extension workers (CHEWs) at health centers. CHVs are trained in health and FP outreach, but not often in environment or livelihoods. Health authorities’ initial reaction varied from enthusiastic and supportive to outright hostile. Over time, however, CBDs, CHVs, and MOH staff in target sites overcame reservations. MOH staff, as verified in interviews and data collection, realized that the CBDs’ work complemented the health system, provided broader livelihoods and social



KEEP staff explain how they use tree planting to explain healthy spacing of children.



A woman in Siaya makes an energy efficient stove that she will sell to community members.

support, and had better access to communities, including hard-to-reach clients. CBDs, in turn, valued the health staff support and faithfully reported on their activities. Since many SHAPE-LVB clients are HIV positive, the extra support served a multitude of purposes, including high contraceptive continuation rates, condom use (dual protection), and adherence to ARV regimens.

NRHS staff provided a great deal of hands-on technical assistance, training on FP and health, supportive supervision, small items to encourage CBDs (bags, T-shirts, etc.), and monitoring and evaluation technical support. NRHS also emphasized full integration, and monitored/tracked this. Partners were encouraged to participate in regional PHE forums and to become PHE champions. The partners recruited an impressive number of FP users, especially considering the short length of the project. To date, the 48 CBDs in the four CSOs have served more than 5,500 FP users, in addition to other integrated activities. This is approximately 115 FP clients per CBD, a significant case load, especially considering that this is not their only activity.

By a variety of programmatic metrics—client satisfaction (addressed via survey), partnership, success of individual P, H, and E components and other criteria, the project achieved a lot in a short time. One of the most important criteria, however, was sustainability of this activity.

## Sustainability of NRHS CSO partners

The SHAPE-LVB project ends May 31, 2016. At that time, CSO partners will be essentially on their own. In the next two months, NRHS will provide intensive TA to close knowledge or practice gaps, foster external partnerships, and otherwise prepare CSOs for the project's end. The following CSO profiles give a context for sustainability and point to why sustainability is possible.

### I. KEEP (Kakamega Environmental Education Program)

KEEP works to preserve and protect, through sustainable utilization, the Kakamega Forest, and local wildlife, which is rapidly declining because of unsustainable (and illegal) harvesting of high value timber and loss of habitat. KEEP teaches communities surrounding the park about conservation, tree nurseries, energy saving strategies, and alternative income generation activities (such as eco-tourism). This learning organization adapts new information and enthusiastically adopted PHE approaches, which it has incorporated fully into its community education schemes. Although it currently generates little income from its activities and has minimal outside funding, KEEP will continue implementing PHE approaches. It needs a contraceptive source (from MOH); supportive supervision and mentorship, especially for referrals; and more input in other

health areas and commodities. PSI is being approached to help KEEP with social marketing of health commodities. KEEP has a strong client base, has incorporated PHE into its strategy and vision, and is good at cross sectoral thinking. Some organizational capacity building, especially financial management, would be useful.

## **2. CISS (Community Initiative Support Services)**

CISS is a faith-motivated, multi-faceted, dynamic CSO operating in several counties, including Siaya, where SHAPE-LVB activities are being implemented with ongoing funding from German Bread for the World. CISS promotes participatory community initiatives in environmental management, sustainable agriculture, food security (health/nutrition), family management, and poverty reduction. Interventions include development of woodlots, bee keeping, and community finance. CISS embraced PHE, and its 12 CBDs promote a wide variety of CISS initiatives and competencies. CISS has a specific component addressing HIV-positive clients, and many of their clients fall into this category. CISS is fairly sophisticated. It requires an ongoing source of contraceptives from the MOH (they currently have a good relationship), supportive supervision, and more environment commodities (seedlings, etc.). CISS needs to explore whether Bread for the World can be convinced to support PHE approaches, including FP.

## **3. BAMATO (Baba Mama Toto) Environment and Sanitation Project**

Based in the Nyalenda urban slum in Kisumu, and serving a poor clientele of whom many are HIV positive, BAMATO addresses the dilapidated status of the environment and deteriorating health situation through solid waste management, water and sanitation, HIV and AIDS prevention, gender mainstreaming, and now, family planning. BAMATO recycles plastics to make bags, household items, and building materials, and to generate income. BAMATO has funding from the Lake Victoria Environmental Management Program. It needs an ongoing source of contraceptives (MOH); supportive supervision; and its CBDs need more FP training and ongoing support.

## **4. YOFAK (Youth Fighting AIDS in Kenya)**

The mission of YOFAK is to alleviate poverty among vulnerable populations, particularly those affected by HIV. YOFAK is an HIV-oriented CSO that has added livelihoods and FP and is undertaking elements of PHE. After an unfunded period, it recently received a grant from the Global Fund to mitigate TB in youth. Although YOFAK is competent in livelihoods work and works with some BMUs, it has not achieved full PHE integration, and may be the least motivated to do so because it is mainly focused on health outcomes. Nevertheless, it is a competent organization and would benefit from supportive supervision and additional training, as well as an ongoing supply of contraceptives (MOH). YOFAK might be spun off to a program that does not insist on full PHE integration, e.g., the AFIA program.

## Sustainability quotient & ongoing needs

Overall, the four NRHS-supported CSOs are about 80 percent sustainable. If one assumes that MOH-provided contraceptives continue to flow, their sustainability is even higher. Ongoing needs include partnerships with the PHE community, access to supportive supervision and punctual technical assistance, notably in monitoring and evaluation. NRHS staff and APC have discussed having existing NGOs absorb some of these CSO's TA needs. These CSOs are motivated to continue to provide services—with or without additional help.

## Comparing NRHS CSO activities with other LVB partners

A positive component of PHE in the LVB is the support of the LVB Commission and the high level of collaboration and sharing among PHE entities. These groups collaborate to influence policy, such as their recent input on the Siaya County Integrated Development Plan, which includes PHE approaches. Apart from courtesy visits and document review, no extensive visits to major partner field programs were made. However, based on published data, the following are some attributes of partner programs that contrast with SHAPE-LVB's model.

### 1. HOPE-LVB

HOPE-LVB is in its second phase, in which it is working via a major sub-contractor and multiple CSOs to scale its program to multiple sites. HOPE-LVB works with the MOH via community health volunteers (CHVs), whom it compensates. It is unclear whether the CHVs also do comprehensive PHE, but a recent Pathfinder report expressed frustration at ongoing “siloeing” of activities. No published data is available on the “carrying costs” of this model of PHE, but it appears to be effective, particularly in generating FP users.

### 2. PAMBAZUKO

Pambazuko is a large Danish Government-funded PHE project implemented by a consortium of NGOs led by Family Options Kenya. It takes a “rights-based” approach, encouraging community members to stand up for their rights and needs. This project is only about eight months old, and does not focus heavily on FP services, so it is hard to determine if and when it will be sustainable. It does, however, have approaches to community-led services that could inspire local PHE efforts. Similar to the frustrations expressed in Pathfinder's report, PAMBAZUKO PHE activities are reportedly delivered in siloes.



A client in Kakamega stands in front of her pig pen. Since being visited by a CBD she has begun pig rearing to pay for her children's school fees, and is using family planning.

## Recommendations

The NRHS and APC teams think that an additional allotment of time would have helped bring the various activities together, and the teams have an ambitious TA agenda for the next two months. In addition, exchange visits among the CSOs for targeted mutual learning are planned. We hope that additional funding from the CSOs' traditional donors or other sources will emerge. However, APC believes that with or without additional funding, the CSOs that have been supported are on the path to including FP in their integrated activities.

The model could obviously benefit from additional testing and more time. However, it is a promising practice going forward. APC recommends that all PHE partners thoroughly plan out the recurrent costs of activities before funding to avoid overly large "mortgages" on programs when funding ceases.

Going forward, the LVB Commission will have an important role in ensuring the technical support and sustainability of PHE activities.