

ADVANCING PARTNERS & COMMUNITIES

Population, Health, and Environment Efforts
in the Lake Victoria Basin: The Next Phase
April 2019



Advancing Partners & Communities

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Photo credit: Jigger treatment and prevention in an integrated PHE program area.

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BACKGROUND

In 2014, the Advancing Partners & Communities (APC) project awarded a 21-month grant to the Nyanza Reproductive Health Society (NRHS) to implement the Sustainable Health and People's Environment in Lake Victoria Basin (SHAPE-LVB) intervention. SHAPE-LVB built the capacity of local partners to integrate community-based family planning (CBFP) into their ongoing population, health, and environment (PHE)-related activities. This report describes how these local partners were able to continue PHE activities and achievements after NRHS/SHAPE-LVB funding ended. It also provides an example of how APC's support in capacity building helps small local organizations become resilient and sustain their focus on sexual and reproductive health.

POPULATION, HEALTH, AND ENVIRONMENT PROGRAMS IN WESTERN KENYA

PHE is “at its core, a development approach that addresses the complex inter-relationships between population, health, environment, and economic dynamics to improve the well-being of people who depend on ecosystems for food, income, and other goods and services. According to recent studies, interlinked PHE activities promote synergies across sectors, creating multiple benefits to project participants and suggesting that the integrated approach adds value.” (Pielemeier et al. 2007; D’Agnes et al. 2010; Kleinau et al. 2005).

When the SHAPE-LVB project started, it joined Pathfinder’s Health of the People and Environment project, the most widespread PHE initiative in the Lake Victoria Basin, operating in Kenya and Uganda. The Lake Victoria Basin Commission (LVBC) was and still is the overall inter-governmental coordinator and provider of technical assistance to PHE programs in the Lake Victoria Basin. All organizations implementing such programs in the region must register with and operate under memoranda of understanding with the LVBC. The LVBC also has its own projects, including the Mt. Elgon Regional Environmental Conservation project and the Lake Victoria Environmental Management project in Burundi, Rwanda, and Tanzania.

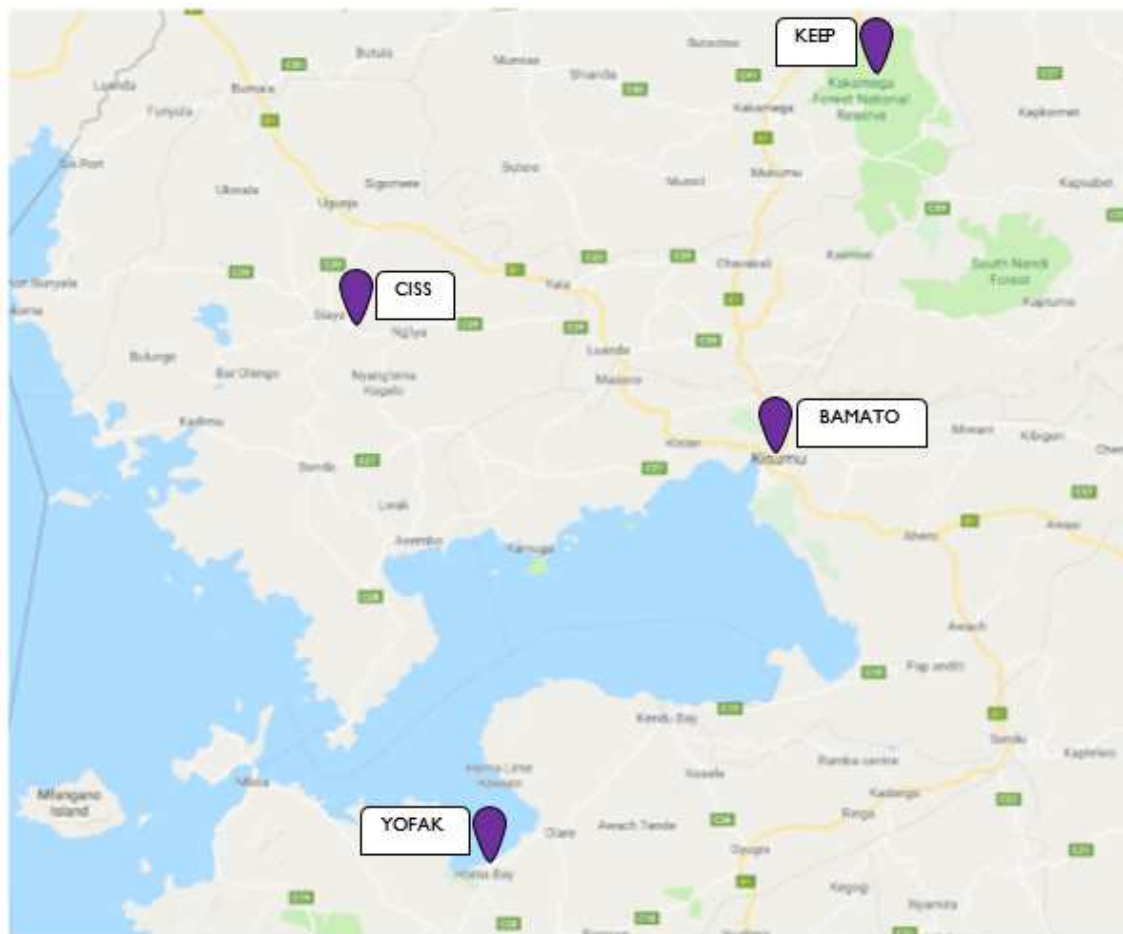
Typically, PHE programs provide resources, staff, and technical assistance to implementing partners undertaking a variety of interventions, such as water, sanitation, and hygiene; conservation; sustainable fishing; health (immunization, malaria control, etc.); and CBFP. These integrated interventions can be costly, especially if they involve recruiting and paying staff, and require ongoing funding to be sustainable. They also can be difficult to take to scale. The SHAPE-LVB project was an attempt to introduce a more cost-effective model of PHE programming by focusing on local partners that were already implementing at least one PHE component and adding CBFP services to their portfolio.

SHAPE-LVB ACTIVITIES

The purpose of SHAPE-LVB was to improve access to and use of CBFP in target communities while testing a new model of PHE programming. A key goal was establishing FP as a major part of the local program service provision to improve individual, household, and family well-being. During the project, the SHAPE-LVB team supported nongovernmental organization (NGO) efforts to foster a model that provided opportunities to integrate PHE components including family planning/population; health (links with the Kenyan health system); environment (conservation of fragile ecosystems, reforestation, beach management involving fisherfolk, etc.); and, as have most PHE programs, a significant livelihoods element.

The SHAPE-LVB model did not plan or budget for intensive investment in staffing, instead availing itself of existing staff, partnerships, and supply chains. The model relied on government and community good will. Most contraceptive supplies, for example, came through existing government channels, and standard curricula were used to train community volunteers. SHAPE-LVB did fund capacity building and links to existing service delivery systems, such as referrals systems. Because of its somewhat unorthodox funding model, it was not easy to find local NGO partners (see Figure 1) that were willing to implement activities without salary or other payments.

Figure 1. Location of Participating NGOs



Participating SHAPE-LVB family planning NGOs worked through a cadre of SHAPE-LVB-trained volunteers called community-based distributors (CBDs). CBDs, who might better be characterized as multi-faceted community-based volunteers, worked across the PHE sectors within their host NGOs. Among the PHE activities that project-trained CBDs became involved with were tree-planting and seed-selling, beach management units along Lake Victoria, and recycling. CBDs were also trained to counsel, provide contraceptive pills and condoms, and refer people to local health facilities for long-acting and permanent contraception. A client satisfaction survey and focus groups conducted during project implementation indicated that clients appreciated the advice and other support that the CBDs provided.

The CBDs also helped convince conservative community members (including men) to accept FP. The Kakamega Environmental Education Program (KEEP) grantee, for example, used agricultural examples (spacing seedlings for maximum resource use) to explain the benefits of child spacing. In addition, almost all CBDs accompanied clients to the health facilities, which improved the quality of their experience. Project data showed that almost 15 percent of CBD clients visited a health facility for the first time (for any reason), indicating that SHAPE-LVB reached a client base that other outlets had not accessed.

CONTINUED ACTIVITIES AFTER SHAPE-LVB

The SHAPE-LVB project supported its grantees to establish functional partnerships and networks to help them continue CBFP activities. This strategy has worked, although to varying degrees. Another outcome was that NGO grantees reported elevated recognition, which facilitated interactions with government and development partners and made them trusted sources of advice, information, and services.

Activities that the CBDs have carried forward include provision of contraceptives, awareness creation for environmental conservation, and community sensitization to PHE issues. Former SHAPE-LVB CBDs indicate that they maintain contact with the clients they recruited during the SHAPE-LVB project and that they continue to acquire new FP clients through the strong referral networks established during the project. Some of these CBDs have joined the government systems and assumed new roles as paid community health volunteers (CHVs).

Generally, former grantees report that their FP clients are satisfied with the advice and continued support in FP and mother and child health services from CBDs. Some clients want CBDs to conduct routine pregnancy, HIV, and malaria testing, and to distribute basic health drugs. In general, the public sector (i.e., the Ministry of Health) and other NGO health facilities support provision of information and services by CBDs trained under this project. Thus, there is continuity of services, despite occasional gaps in FP supplies. Unfortunately, commodity stockouts are a system-wide problem due to inadequacies in the national contraceptive supply systems.

UPDATE ON FORMER SHAPE-LVB PARTNER NGOs

NGOs that collaborated with SHAPE-LVB report that they are optimistic about continuing to provide CBFP information, services, and supplies. Undertaking comprehensive integrated PHE activities has helped them establish partnerships and build trust in the communities in which they work. They note that obtaining new funding for expansion or implementation is an ongoing challenge, especially because bilateral funds and large grants tend to be channeled to larger organizations. A particularly difficult challenge for these NGOs is, absent financial and technical support, generating, analyzing, and presenting data related to their activities. Although the SHAPE-LVB project provided assistance in these areas, many staff whose capacity it built left for new jobs or other reasons.

The following are updates from the four SHAPE-LVB grantees.

Kakamega Environmental Education Program

KEEP has been able to access modest funding. It won a German International Development (GIZ) agency grant that encourages replacement of harmful kerosene with solar power. AFYA HALISI funds its baby-friendly community initiative on breastfeeding, which focuses on the lactational amenorrhea method of FP. A Global Green grant enables KEEP to create awareness on climate change, food security, organic farming, land rights, growing drought-tolerant crops, and managing population by way of FP and nutrition, all as climate-change mitigation measures. This program has trained 24 trainers and 240 farmers.

KEEP also is implementing a new program that trains young women to ride small motorcycles and provide FP services. Twenty-three CBDs who were trained in FP counseling and service provision continue to serve 2,064 existing and 93 new clients. Challenges arise when CBDs run out of FP commodities, which forces clients to obtain them from NGO and private-sector outlets.



Jigger treatment and prevention activities.



KEEP CBDs are supporting these new grants by promoting mother and child nutrition and FP to improve the health of infants, and to help GIZ install solar units and sell solar lamps. The CBDs have been training on community management of illnesses for children under five by providing commodities for malaria, pneumonia, and diarrhea through a Living Goods program grant. They also participate in environmental conservation and household health improvement through smokeless cooking, and a sand flea (jigger) prevention and treatment program.

In addition to commodities, CBDs give FP clients tree seedlings on an as-needed basis. One CBD said, “The training has made me recognized in the community since I have helped many people earn a living by planting and selling trees, which provides them (money for) school fees. I have also been recognized by the health center and I am now working with it as a CHV.”

Being a KEEP CBD has been a stepping-stone for many CBDs. One has found work at a facility near her home, and another has been placed in charge of a regional solar energy program. Some former KEEP CBDs have been trained on the national health budget, specifically on the development of the Tunza Mama Program. A CBD from Matungu wrote a proposal and received funding to curb the rise of teenage pregnancies by mitigating transportation challenges and counseling on delaying sexual debut and condom use.

KEEP has implemented several simple strategies to help it continue to integrate CBFP in its activities, including:

- Maintaining contact with public health officers who offer advice, services, and commodities to the CBDs.
- Holding regular meetings with CBDs.
- Training CBDs as CHVs with a requirement to discuss all issues related to reproductive health.
- Collaborating with NGO health organizations, especially those that promote reproductive health.



A female boda-boda driver transports a client to FP services.

Community Initiative Support Services

The Community Initiative Support Services (CISS) organization continues to hold awareness-creation and sensitization meetings on CBFP. The CBDs trained under the SHAPE-LVB project have engaged new clients, 35 of whom are accessing contraceptive pills, and nine of whom were referred to health facilities for long-acting FP methods. CISS works with church-based and other community groups to educate in-and-out-of-school 15–24-year-olds on HIV, reproductive health, and FP, including avoiding early pregnancy, delaying sexual debut, and abstaining from sexual relations. PHE interventions that CISS has integrated with ongoing activities include tree planting for environmental conservation and beekeeping for honey and pollination. CISS also promotes farming methods that improve yields, and relate these to the benefits of FP. Community resource persons and CBDs report FP activity progress at monthly meetings.

The FP referral system established with the support of SHAPE-LVB through Dienya Health Center continues to enroll new clients recruited by CISS. One CISS client reported that she used contraceptive pills for three months and then switched to implants. Now in her third year on this method, she has “no fear of getting pregnant whenever I am with my husband.”

CISS reports that community members recognize its CBDs as FP service providers, and local health centers continue to send them clients for FP counseling, which allows the health centers to concentrate on medical and curative cases. CISS reports increased uptake of FP methods in the communities covered by the CBDs. One woman with 10 children had rejected family planning because she heard it was harmful. Despite her husband's encouragement, she continued to refuse any method until a SHAPE-LVB-trained CBD counseled her. Her fears allayed, she accepted pills and later an implant.

CISS routinely approaches organizations to leverage funds, materials, and effort, but it needs technical assistance, particularly for preparing proposals.

Kakamega Youth Fighting AIDS in Kenya

Youth Fighting AIDS in Kenya (YOFAK) suffered a major setback when the person who SHAPE-LVB trained to implement integrated activities died. Despite this, YOFAK continues to sign up new FP clients along beaches. It integrates CBFP messages and products with its HIV and AIDS activities through partner notification services, home visits, support groups, follow-ups, and referrals. Staff create awareness of and conduct cross-sector PHE activities and product distribution. All these activities were carried over from the SHAPE-LVB project. There are ongoing plans to leverage efforts by encouraging the Ministry of Health to train and register CBDs as CHVs.

YOFAK's most significant efforts include postnatal FP interventions, uptake of short- and long-term FP methods, and male involvement in FP. One client said that YOFAK's long-term FP services free women's time to pursue livelihoods by reducing the number of health center visits they must make. Another client was particularly impressed with the expertise of the staff at the health center to which YOFAK referred her to for an IUD.

Bamato Environmental and Sanitation Project

Bamato is continuing CBFP integration through talks on reproductive health and FP referrals and follow-up. Bamato's service providers continue to distribute cross-sector FP products, and 70 percent of clients enrolled during SHAPE-LVB are still in contact with Bamato CBDs. Bamato has gained new PHE partners including a bilateral-funded project, and is making efforts to leverage funds, efforts, materials and products. However, little external funding has been secured. Efforts to enhance CBD skills through training and to strengthen its networks through exhibitions and participation in partners' joint meetings have been modestly successful.

Bamato continues to deliver FP messages during its environmental clean-up sessions in local villages and at health facilities. Its recycling efforts persist, and its program that shows people how to make crafts from recycled materials continues as a flagship livelihoods activity.

A challenge for Bamato was that some of its partners were unable to link environmental conservation work to population and health activities, which caused resistance. Through relentless efforts, Bamato has finally helped partners and collaborators understand and accept PHE integration as an approach to sustainable development.

CONTINUING INVOLVEMENT OF FORMER SHAPE-LVB STAFF

SHAPE-LVB had a tiny staff. They continue to be involved on a strictly voluntary basis. The former project coordinator mentors NGO staff and helps former partners with training, proposal writing, and connecting to local funding sources. The former SHAPE-LVB resident consultant advisor is still active in various PHE capacities as a consultant for LVBC, assisting the NGOs whenever he can.

CONCLUSIONS AND RECOMMENDATIONS

SHAPE-LVB was a short-lived small project. It introduced a relatively new mode of programming: adding sexual and reproductive health (SRH)/FP components to existing health and environment activities run by small local NGOs. It promoted sustainability by sparing NGOs recurrent costs for service delivery and linking contraceptive supply chains to existing government supply chain systems.

The project achieved programmatic success as reflected in the fact that all NGOs appear to have remained committed to PHE principals, sought other funding, and continue to promote FP. Many project-trained volunteer CBDs continue to function and several are working in the government CHV system. Although numbers (of acceptors, target groups, villages, etc.) are small, it is encouraging that the efforts of CBDs and NGOs have reached a number of isolated areas and clients who formerly were not linked to Kenya's health system.

The SHAPE-LVB methodology had several challenges, including a too limited an implementation period, departure of NGO staff involved in monitoring, evaluation, and fund-raising, and contraceptive stockouts. Despite these deficits, SHAPE-LVB demonstrated promising programming practices that deserve to be tested under more optimal conditions. It also is a tribute to the possibilities of inspiring small local NGOs to move forward in SRH and PHE joint efforts.

SHAPE-LVB confirmed what the PHE community learned long ago: that community members leaders are the key to successful PHE programs. Our overarching recommendation is to explore new ways to integrate SRH/FP into existing environment, livelihoods, and health programs in vulnerable ecosystems.



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