



## IMPLEMENTATION PLAN

### **SECTION 1. PARTNERSHIP INFORMATION**

Partner:	Safe Water and AIDS Project (SWAP)
----------	------------------------------------

Grant No:	AID-OAA-F-14-00001
-----------	--------------------

Implementation Period:	2 December 2013 – 2 December 2016
------------------------	-----------------------------------

Date of Submission:	12 <sup>th</sup> December 2013
---------------------	--------------------------------

### **SECTION 2. DETAILED IMPLEMENTATION PLAN – PLANNED ACTIVITIES, TIMEFRAMES AND RESPONSIBLE ENTITIES**

Overall Goal
To scale up an effective, financially sustainable system of health oriented micro-enterprises that increases adoption and use of public health products in low income rural communities while simultaneously creating local income generating opportunities in Western Kenya.

<b>OBJECTIVE #1: Increase the number of trained community health promoters by at least 90% by the end of the project and ensure high quality services</b>			
<b>Activities</b>	<b>Timeframe M-YYYY TO M- YYYY</b>	<b>Responsible Entity(ies)</b>	<b>Expected Outputs</b>
<b><i>Specific activities:</i></b> Recruitment of Community Health Promoters (CHP's)	March 2014 – July 2016	Program Director and Deputy Project Officer HR Manager	At least 360 new CHP's engaged in health promotion and sales
<b><i>Specific activities:</i></b> Training of CHP's on <ul style="list-style-type: none"> <li>· Business Skills</li> <li>· Record Keeping</li> <li>· Stock Management</li> <li>· Social Marketing</li> </ul>	April 2014 – September 2016	Training Coordinator Finance Manager Country Director Stores Officer Sales and Marketing Officer Project Officer M and E specialist/coordinator	Sales and financial monthly reports Updated stock records and weekly stock take Increased income generated by CHP's
<b><i>Specific activities:</i></b> Training of CHP's on <ul style="list-style-type: none"> <li>· Education through Listening</li> <li>· Primary Health Care</li> </ul>	April 2014 – September 2016	Training Coordinator Project Officer	Increased adoption of healthy practices: e.g. communities treating water, washing hands, sleeping under mosquito-net, using improved stoves, using family planning, testing for HIV, immunizing kids, attending ANC clinics, delivering in Hospitals
<b><i>Specific activities:</i></b> Door to door sales and health promotion	April 2014 – December 2016	Program Director and Deputy Project Officer Project Officer M and E specialist	Each CHP will reach at least 100 households with health promotion and sales and increase the number gradually. Repeated visits will be made to the same households.

<b>OBJECTIVE #2: Increase the number of Jamii Centers from 4 to a total of 22</b>			
<b>Activities</b>	<b>Timeframe M-YYYY TO M-YYYY</b>	<b>Responsible Entity(ies)</b>	<b>Expected Outputs</b>
<b><i>Specific activities:</i></b> Market Survey to identify suitable site for Jamii Centers looking at location, density of population and health services around.	January 2014 – July 2016	Program Director/ Deputy Director M and E specialist	3 sites identified in year 1, additional 6 in year 2 and 9 more in year 3
<b><i>Specific activities:</i></b> Adjust business model design for Jamii Center 1, 2 and 3, and peer review to ensure self	Jan/Feb for JC 1 June/July for JC 2 Oct./Nov for JC 3.		

sustainability after successful implementation.			
<b><i>Specific activities:</i></b> Develop specific implementation plan for Jami Center 1, 2 and 3.	Jan/Feb for JC 1 June/July for JC 2 Oct./Nov for JC 3.		
<b><i>Specific activities:</i></b> Establishment of Jamii Centers and provision of health products	March 2014 – July 2016	Program Director/ Deputy Director Procurement Officer Stores Officer	3 new centers in year 1, 6 additional centers in year 2 and 9 centers operational in year 3
<b><i>Specific activities:</i></b> Leaders Orientation Workshops	May 2014 – December 2016	Training Coordinator Program Director/ Deputy Director	18 leaders orientation workshops held 540 leaders introduced to SWAP and informed of research findings
<b><i>Specific activities:</i></b> Supply and restocking of health and hygiene products to the Jamii Centers using Tally ERP software for stock management and mobile phone technologies for use by CHP's to make orders and payments.	March 2014 – December 2016	Transport Coordinator Stores Officer Sales and Marketing officer	Supply of a start-up stock of health and hygiene products at a cost of USD 3,500 per center at all 18 Jamii centers and continuous restocking to ensure uninterrupted stock.

**OBJECTIVE #3: Design and implement a robust monitoring and evaluation and quality control plan**

<b>Activities</b>	<b>Timeframe M-YYYY TO M- YYYY</b>	<b>Responsible Entity(ies)</b>	<b>Expected Outputs</b>
<b><i>Specific activities:</i></b> Recruitment of M and E Specialist	February 2014	HR Manager	M and E specialist position filled
<b><i>Specific activities:</i></b> Developing Research Protocol and submission to the Institutional Review Board at KEMRI/CDC	January 2014 – April 2014	Technical Support team CDC, GWU and P and G, Country Director Research Coordinator	Have a finalized protocol submitted to KEMRI/CDC/GWU by January and approved by latest April 2014 Approval for research from KEMRI /CDC
<b><i>Specific activities:</i></b> <ul style="list-style-type: none"> <li>· Baseline Survey</li> <li>· Final Evaluation</li> </ul>	April 2014 – August 2014 and August 2016- November 2016	Technical Support Team CDC, GWU, P and G, Country Director, Research Coordinator, M and E specialist	Baseline completed and report submitted. Report will include study design, demographic data, sales and distribution of health products, health behaviors, morbidity and mortality, revenue collected, costs. Final Evaluation completed and report submitted. Report will include the same as above. Dissemination of findings to various partners including Ministry of Health

<b><u>Specific activities:</u></b> Cost analysis per center measuring start up and implementation costs	April 2014 – December 2016	Financial Analyst M and E specialist Finance Manager Procter and Gamble Technical Support team	Report which shows the cost effectiveness and scalability of SWAP's business model.
<b><u>Specific activities:</u></b> Trial with installment payments through mobile phone for select more expensive products	April 2014 – December 2016	Financial Analyst M and E specialist Finance Manager Technical Support Team	Functional mobile phone transfer – Paybill set up. Monthly reports from Paybill

**OBJECTIVE #4: Maintain and diversify effective networks and partnerships**

<b>Activities</b>	<b>Timeframe M-YYYY TO M-YYYY</b>	<b>Responsible Entity(ies)</b>	<b>Expected Outputs</b>
<b><u>Specific activities:</u></b> Participation of HENNET (National Health NGO Network) organized and supported CEO meetings and Stakeholder forums and continued serving in the HENNET board of directors until the end of term.	January 2013 – December 2016	Country Director and Management Team	Strengthened linkage with the Ministry of Health and Private Sector Reliable access to information and key developments in the health sector, specifically the Community Strategy. Health Sector Advocacy and Policy influencing. Capacity building in strategic areas like advocacy, child health, immunization, devolution and its impact on the health sector. Information sharing, networking and coordination
<b><u>Specific activities:</u></b> Participation and Exhibitions during National and International Events in collaboration with the MOH <ul style="list-style-type: none"> <li>· World Water Day</li> <li>· Global Hand Washing Day</li> <li>· World AIDS Day / Marathon</li> <li>· World Toilet Day</li> </ul>	January 2014 – December 2016	Management Team	Increased visibility and presence of SWAP  Strengthened collaborative partnership with the MOH  Increased awareness on specific public health problems.
<b><u>Specific activities:</u></b> Emergency Support activities like flood response, response to diarrhea and malaria outbreaks, political violence, participation in measles and polio campaigns. Community mobilization and education on disaster preparedness and prevention of diarrhea and hygiene promotion. Distribution of water treatment and soaps to affected families.	January 2014- December 2016	Community Support Officer, Program Director/ Deputy Director	Reduced number of outbreaks, mitigated impact during emergencies. Increased number of households sensitized.

<p><b><u>Specific activities</u></b></p> <p>Continuation of Membership</p> <ul style="list-style-type: none"> <li>· HENNET</li> <li>· WHO International Water Treatment and Storage Network</li> <li>· Technical Working Groups on Water and Sanitation</li> <li>· Advocacy and Health Promotion Committee</li> </ul>	<p>January 2014- December 2016</p>	<p>Country Director, Program Director/Deputy Director, Project Officers</p>	<p>Increased visibility and presence of SWAP</p> <p>Strengthened collaborative partnership with the MOH, Private Sector and other stakeholders.</p> <p>Information sharing, networking and coordination</p> <p>Increased opportunities for presentations and participation at National and International Conferences.</p>
---	--	---	---



SAFE WATER AND AIDS PROJECT

Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"

Contact:

Alie Eleveld – Country Director

E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)

Website: [www.swapkenya.org](http://www.swapkenya.org)

P.O. Box 3323-40100 Kisumu

Tel (+254) 20-2030712

Main office: Off Aga Khan Road,

Behind Royal City Hotel Milimani Kisumu

**FEBRUARY 2014 MILESTONE 2 REPORT**

## **SECTION I: SWAP's ACTIVITIES AND ACHIEVEMENTS**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management.. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

Monies against the one million dollar grant fund were received in January, 2014 and no investments have been made yet into the three existing centers as we are waiting on the baseline survey that is to be staggered over the year. Therefore, the 2013 data presented below will serve as a baseline and projections for a sustainable business model will begin with this baseline data and is contingent on receiving the start up funds.

### **BUSINESS MODEL CONCEPT:**

SWAP, with technical & financial support from Procter and Gamble, had established 3 Jamii Centers in Ahero, Nyakwere and Rangwe and 1 Sub-Distribution Center in Ekeru, Mumias. The Jamii centers targets households with a variety of health products while the Sub D Centers targets traders with Procter and Gamble Products. In the third quarter of 2013 SWAP closed Rangwe due to limited funding, distance and transport challenges and due to the fact that it became impossible for one field officer to manage both Rangwe Jamii Center and Homa Bay Satellite Office. . The centers engage trained community health promoters who sell health products from the centers and from door to door. Each Community Health Promoter is given at least 100 households and sales targets. The more households they reach the more income they generate for themselves. The Community Health Promoters are trained on business skills, social marketing, behavioral change techniques, primary health care, stock management and record keeping.

With Aphia Plus HCM funding through Population Services Kenya, SWAP was able open two new centers by June 2013 in Wagai and Yala using a slightly different model. The centers engage trained community health workers, drawn from the Ministry of Health's Community Units, who sell from the centers and from door to door, while they undertake a lot of other

duties assigned by the Ministry of Health. With the HCM funding SWAP has rotated and trained these CHW's every three months in order to reach more households and also paid them a monthly stipend since they have been involved in a lot of data collection and small group sessions for health educational purpose. The funding for this program will end by December 2014. SWAP anticipates to then change these centers with USAID support in fully operational Jamii Centers in 2015 and retrain the most active Community Health Workers to become full time Community Health Promoters. The period with donor support for these two centers and the different approach which was donor driven, made it impossible for them to be already sustainable at the time funding ends.

**Business Model Assumptions:**

Each Jamii center: Sales target goal: 150,000 ksh/ month in 2014 with an increase in sales targets of 20% in 2015, and an increase of 17% (over 2015) in sales targets in 2016.

Sub-distribution center in Ekeru, Mumias: Target goal: 3.0m ksh/ month in 2014, 3.2m/ month in 2015, and 3.5m/ month in 2016.

Product margin of sales from cost of goods: 22% in 2014, 40% in 2015, and 40% in 2016

Fixed costs associated with each center: 880,000 ksh/ month in 2014, with a 10% increase in fixed costs every year to account for inflation and increase in number of Jamii centers.

Note: fixed costs for Jamii centers do not include headquarter costs associated with headquarter staff salaries, research activities, training, and other direct costs for overall SWAP operations

**Jamii Revenue and Cost detail:**

**2013 Baseline for Jamii Centers (3): Ahero, Nyakwere, Rangwe**

Total revenue from sales: 100,000ksh

Cost of goods sold: 90,840ksh

Fixed costs: 24,104ksh

Net revenue for 2013: (14,879ksh)

*Note:*

*Year 2013 sales were low compared to previous years with no donor support for the 3 centers in 2013. Due to the lack of donor support, centers experienced frequent stock outs and lack of transportation to distribute products.*

**2014 Jamii Centers: : 5 Ahero, Nyakwere, Awasi, Homa Bay, Kakamega**

Addition of 3 centers and closure of 1 (Rangwe) in 2013. Not included Yala and Wagai due to different approach used.

**Revenue in 2014:**

From Jamii centers: 5 x 1.8m ksh = 9 m ksh/ year (*sales target per Jamii at 150,000ksh/month*)

From Sub-distribution center, Ekeru, Mumias: 36m ksh/ year (*sales target of 3m ksh/ month*)

Total Revenue projected for 2014: 45 m ksh/ year

Cost of goods sold: 35.1m ksh/year (*COGS at 78% of sales*)

Fixed costs: 7.536 ksh/ year

**Net Income for 2014 with 5 Jamii centers: 2,364,000 ksh/ year**

**2015 Jamii Centers: 11**

Addition of 6 centers: Yala, Wagai and 4 centers yet to be selected.

From Jamii centers:  $11 \times 1.98\text{m ksh} = 23.76 \text{ m ksh/ year}$  (*sales target increase of 20% from 2014 to 180,000 ksh/month/ Jamii*)

From Sub-distribution center, Ekeru, Mumias: 38.4m ksh/ year (*sales target increase of 7% from 2014 to 3.2m ksh/ month*)

Total Revenue projected for 2015: 62.16m ksh/ year

Cost of goods sold: 37.296m ksh/year (*COGS at 60% of sales*)

Fixed costs: 15.49m ksh/ year (*10% increase in fixed costs from 2014*)

**Net Income for 2015 with 11 Jamii centers: 9.374m ksh/ year**

**2016 Jamii Centers: 20**

Addition of 9 centers:

From Jamii centers:  $20 \times 2.52\text{m ksh} = 50.4\text{m ksh/ year}$  (*sales target increase of 17% from 2015 to 210,000 ksh/month/ Jamii*)

From Sub-distribution center, Ekeru, Mumias: 42m ksh/ year (*sales target increase of 9% from 2015 to 3.5m ksh/ month*)

Total Revenue projected for 2016: 92.4 m ksh/ year

Cost of goods sold: 46.200m ksh/year (*COGS at 50% of sales*)

Fixed costs: 27.839m ksh/ year (*10% increase in fixed costs from 2015*)

**Net Income for 2016 with 18 Jamii centers: 18.361m ksh/ year**

**SUMMARY PROJECTIONS:**

YEAR 1 PROJECTIONS (2014)

Net income with 5 Jamii Centers: 2.364m ksh/ year

YEAR 2 PROJECTIONS (2015)

Net income with 11 Jamii Centers: 9.374m ksh/ year

YEAR 3 PROJECTIONS (2016)

Net income with 18 Jamii Centers: 18.361m ksh/ year

**BUSINESS MODEL FACTORS NEEDED FOR SCALABILITY/ FINANCIAL SUSTAINABILITY**

Achieving the revenue projects above will require a multipronged focus on products sold (basket of goods), the distributors of the products (Community Health Promoters and sub-distribution center), marketing and partnerships to increase product sales, and the utilization of technology to achieve efficiencies.

Specifically, these areas entail the following:

Basket of Goods: Review of products included focusing on fast moving items such as Waterguard, rectangular mosquito nets, Ushindi soap, Lido soap, Ariel, pampers, toilet tissue. Reduce or remove slow moving items.

- Capital (funding received) to support adequate supply and regular stock of products to ensure items do not run out.
- Continued partnership with Proctor & Gamble and Population Services Kenya to ensure products meet needs..
- Product procurement: sub-distributor status (7% discount, regular bonuses from Proctor & Gamble)
- Pricing review of basket of goods to ensure community needs are met while maintaining product margins.

#### CHPs:

- Sales targets
- Continued training
- Explore models such as incentive model (free t-shirts, pens, keyholders etc) to motivate CHP sales and bicycles
- Sub distribution Center in Ekeru, Mumias
- Address cash flow issue
- Transportation
- Expand geography coverage further but this would require investment in additional vehicles. In 2013 extended from Mumias to Buetere to Sidindi.

#### Marketing & Partnerships

- TBD

#### Data Sources/ Data Collection Processes:

- TBD

#### **Anticipated Challenges:**

- Identifying CHPs that have the skill sets to make this model successful (sales as well as health promoters). As the number of Jamiis grow over the next three years, the pool of CHPs will have to grow rapidly as well and the challenge will be identifying those that will be successful and providing adequate training and support.
- Competition and response to projected growth: As the number of Jamiis continue to expand with accompanying growth in sales, one can expect market response that may see this growth as competition and taking away from other sellers of similar products. Anticipating their response and proactively addressing this will be important.
- Regular supply of products/ preventing stock outs: A continued challenge has been stock outs due to cash flow issues. This model will require a regular supply of products especially till the Jamiis become self sustaining.
- Payment issues: Identifying ways such as strengthening adherence to credit policy to address payment and credit issues from consumers will be important as this contributes to cash flow issues.
- Monitoring issues – Ensure close monitoring to detect early any irregularities, variances with stock and loss due to expiry of products or damage.
- Management of expanded model: The rapid growth of the Jamii model will require significant management and training support.
- Environmental challenges: social and political changes could impact projections as has been seen before with election related unrest and other social challenges that could occur.

### **Review of 2013 Activities:**

During the year 2013 SWAP had a drastic increase in sales of products and revenue from the same, despite the cash flow problems and at times stock outs. Reasons for this were due to the fact that SWAP was relying more on revenue from sales for operations due to lack of major donors in 2013. What further increased the sales was the commercializing of SWAP's distribution model with technical support from Procter and Gamble by reviewing prices, operations at the Mumias Sub D Center and by increasing the number of community health promoters at each centre. SWAP strengthened its current effective partnership with various organizations, Ministry of Health and other GOK departments and through various forums like workshops and exhibitions we were able to market our products. SWAP with the sales has been targeting various organizations like CARE, World Vision, CDC, US Peace Corps, KWAHO among others. SWAP became number one in the entire country with its Waterguard sales. Towards the end of 2013 some employees were paid on commission

Delay in release of funding from USAID. This forced SWAP to scale down some of its activities and lay off some of the staff.

Compared to the previous years, in 2011, SWAP realized a significant reduction in its revenues from grants. Total SWAP revenues in 2012 from grants amounted to Ksh. 42,972,973 comparing to Kshs 29,389,822 in 2013. However, sales revenue increased and enabled SWAP to pay for most of its operations and supplement the funding gap. It clearly proved that SWAP has become less donor dependent and is on the road to sustainability.

### **Way Forward:**

SWAP will strive to professionalize and commercialize its distribution model of health products, establish 3 new Jamii Centers in 2014 and recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP will also do a baseline study in the areas of the three proposed new Jamii Centers. SWAP will develop a sustainable business model while improving health.

SWAP through partnership with EAWAG and KWAHO intends to open 6 more Jamii Centers in Kisumu slums. KWAHO handed over 6 water kiosks to SWAP in early February, 2014. SWAP will stock these kiosks with products and will train and support the kiosk owners to become self reliant. The external support is only for one year. SWAP may select the best performing kiosks and have them absorbed in 2015 for more support from USAID funding since one year is likely to be too short for them to be fully sustainable.

SWAP submitted a protocol for baseline survey at the IRB at KEMRI/CDC for approval. The baseline survey is expected to be done in May 2014 and will focus around the three areas of the Jamii Centers to be established in 2014. Preparations are underway to establish the first new Jamii Center in Awasi, by recruitment of Community Health Promoters, branding the site and procurement of all requirements, equipments and furniture. In the meantime the Project Officer recruited is supporting and learning lessons from Ahero and Nyakwere, the already existing Jamii Centers.

SWAP recruited an M and E Specialist, who will start work in March and who will provide oversight to all research activities and baseline surveys as well as setting up an efficient evaluation framework.



SAFE WATER AND AIDS PROJECT

Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"

Contact:

Alie Eleveld – Country Director

E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)

Website: [www.swapkenya.org](http://www.swapkenya.org)

P.O. Box 3323-40100 Kisumu

Tel (+254) 20-2030712

Main office: Off Aga Khan Road,

Behind Royal City Hotel Milimani Kisumu

**MARCH 2014 MILESTONE 3 REPORT**

## **SECTION I: SWAP's ACTIVITIES AND ACHIEVEMENTS**

### **Background Information**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

First instalment of USD 50,000 was received in January 2014 and second instalment of USD 100,000 was received in March 2014.

### **Achievements**

During a press release at the beginning of the year USAID announced the award and SWAP also circulated the same information on the website and on facebook and twitter.

SWAP together with input from all partners developed a protocol for the baseline survey and this was submitted by end of December to the Kemri/CDC IRB for approval. SWAP expects this baseline to be done by May 2014.

SWAP finalized the Annual Report for 2013, which was shared with all staff, partners and the Ministry of Health.

SWAP identified the three sites for putting up the Jamii Centers in year 1. These are all situated at strategic places, where we can expect a lot of customers and where the community members have limited access to health services and products.

- 1) Awasi – Kisumu County
- 2) Homa Bay – Homa Bay County

### 3) Kakamega – Kakamega County

SWAP recruited the Project Officer in Awasi, Martha Ogendo in December 2013, who has been an employee of SWAP and who was part of the initial start up of Jamii Centers together with Procter and Gamble. She has a lot of institutional memory and has a wealth of experience working with Community Health Promoters, since she was part of the initial start up of the first Jamii Centers with technical support from Procter and Gamble. Awasi, the selected site for the first Jamii Center, previously was one of the Satellite offices of SWAP and in the area where we have done a lot of research. The community leaders and Ministry of Health officials know us well and recognize us as one of the key stakeholders. Martha has been helping to make improvements on the existing sites and participated in training on stock management and record keeping ensuring all centres have a uniform system of stock management and record keeping which is easy to monitor.

SWAP did the recruitment of three other senior positions to assist with the implementation as follows:

- 1) Chrispin Owaga – M and E Specialist – CV submitted under milestone 2
- 2) Ezra Okello – Program Director
- 3) Fred Koga – Field Supervisor

All three started work on 1<sup>st</sup> March 2014 and orientation was done with all the departmental heads.

Chrispin and Ezra will be members of the Management Committee.

All logistical requirements were purchased for the above staff members (computers, furniture, stationery), as well as two motorbikes, which will be used for the field monitoring and supervision by the Field Supervisor and the M and E Specialist. These new employees and all others were included in Health Insurance scheme, which is paid at the beginning of the year.

SWAP insured one vehicle dedicated to USAID activities for the entire year. SWAP is in the process of acquiring business permits for all the Jamii Sites.

A monthly meeting was held in February and March with all staff to review previous month's activities, plan for the next month and to introduce the new staff. During the meeting the way forward for USAID activities was discussed.

### Partnerships

Tom Henrich from Procter and Gamble US visited Kenya. SWAP's Country Director travelled to Nairobi and spend two days together in Nairobi, where after Tom Henrich visited Kisumu. Here he had meetings with various program staff as well as with the Financial Analyst to discuss the business components and ways of capturing data and measuring sustainability. Also discussion on how to commercialize SWAP's Jamii Services and ideas for future expansion. SWAP had regular consultations, telephone conferences, email conversations with the other partners from George Washington University and CDC. Dr Rob Quick from CDC Atlanta also serves as a member of the Board.

SWAP paid a courtesy call to the Kisumu County Director for Health and introduced the new staff members, delivered the latest Annual Report and provided an update of the USAID program. During this visit he was requested to write a letter of support, one of the milestone requirements, which has been provided the same day.

SWAP's Country Director attended two Board meetings in February and March of HENNET, the National Health NGO Network where SWAP is represented in the Board of Directors, though finishing the final term. However will continue with the membership and participation in HENNET funded activities and meetings. Risper Owino, field officer from research attended a HENNET funded workshop in Nairobi on Maternal Health Care in March 2014. A HENNET Kisumu County Chapter with various health NGO's was attended by two SWAP employees.

SWAP Country Director and Study Supervisor attended a two day workshop in January 2014 on clean cook stoves. SWAP did a presentation on its qualitative research findings of a cook stove study which was done in 2012/2013.. The workshop was WHO funded and attended by various stakeholders and donors.

SWAP participated during the preparation and celebration of World Water Day held on the 22<sup>nd</sup> of March. SWAP collaborates with the Ministry of Health and other stakeholders during this annual event. The meetings were held in Siaya County and Homa Bay County. SWAP provided some financial contribution and demonstrated safe water systems interventions.

SWAP's Country Director attended the Health Promotion Launch in January in Nairobi on invitation of the Ministry of Health and Population Services Kenya. This was attended by various stakeholders and donors.

### Other Achievements

SWAP finalized the Annual External Audit early March, which is a requirement from the NGO Coordination Board and the donors, and which helps SWAP to identify weaknesses and areas of improvement.

Appraisals of all staff were done throughout February and March 2014 and new individual targets were set and training and capacity building gaps were identified.

SWAP did the branding of two sign post and included the USAID logo as well as some IEC materials were developed and distributed.

The Financial Analyst continued to cost all expenditures made in preparation of the establishment of the Jamii Centers and tools were developed for tracking the same. This has been a collaborative effort together with the Finance Manager and Procurement Officer.

SWAP introduced a new product to the Basket of Goods; Mix me, which is a food supplement for children below 5 years. SWAP between 2007 and 2009 did extensive research on the same product and it has evidence of positive health impact, reduced, specifically reduced anaemia among children below 18 months.

SWAP held its first board meeting of the year in March 2014. The board meets quarterly and is available for consultation in between. During the board meeting the USAID achievements and challenges were discussed.

### Challenges

Ezra Okello replaced Jacqueline Odak, who was the previous Deputy Director and Program Director.

Jackie was involved in attempts to defraud the organization and was put on suspension together with her deputy and field supervisor by 1<sup>st</sup> December 2013 (prior to the USAID agreement) and their services were terminated by the end of the year 2013 after internal investigations provided further evidence and deliberations of the board. SWAP practices zero tolerance to corruption. Through the systems and internal controls SWAP was able to early detect the irregularities and no donor money got lost. However it put a strain on the existing staff, who had to fill in to ensure activities continued uninterrupted. SWAP received technical support from Population Services International (now Population Services Kenya) who did an internal audit and who gave further recommendations for tightening our systems and internal control. Another external audit from Shadrack and Company took place in February, early March and helped SWAP to further identify areas of improvements.

SWAP experienced some start up problems with the documentation to request for funding. This was corrected after a conference call with the USAID FM/CFO/CMP. This delayed the first release of funds and caused some delay in the start of activities. The postponement of the starting date of the agreement caused in general quite some anxiety and difficulties to financially manage the existing programs. It was a big relief when funds finally hit our account.

The approval process through the IRB at KEMRI/CDC takes long and the anticipation is that we shall be not able to start the baseline before May 2014. For this reason we have decided not to include the first Jamii Center in Awasi in the baseline survey but to add on Yala and Wagai, which are the centers which we expect to open early 2015. This means that now recruitment of CHP's is going on and in April training of the same will start.

Fluctuation of prices from suppliers and cheaper health products entering Kenya through neighboring countries cause sometimes a challenge for the Community Health Promoters to sell their products. SWAP will need to find ways to continue motivate the Community Health Promoters and do a continuous market assessment of potential competitors.

## Way Forward

SWAP will strive to professionalize and commercialize its distribution model of health products, improve on the existing Jamii Centers and the Sub Distribution Center, establish 3 new Jamii Centers in 2014 and recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP will also do a baseline study in the areas of the three proposed new Jamii Centers. SWAP will develop a sustainable business model while improving health.

SWAP submitted a protocol for baseline survey at the IRB at KEMRI/CDC for approval. The baseline survey is expected to be done in May 2014 and will focus around the four areas of the Jamii Centers to be established in 2014 and 2015. While preparations have started in Awasi, in the meantime the Project Officer recruited is also supporting and learning lessons from Ahero and Nyakwere, the already existing Jamii Centers and working on logistics to open the Awasi Jamii Center in the next quarter.

SWAP is **doing** recruitment and training of the Community Health Promoters in Awasi and after that will immediately stock the centre once. Once the first center is operational SWAP will target Homa Bay as the second Jamii Center and Kakamega as the third and final one for year 1.

The M and E Specialist will establish an efficient M and E framework and work together with the Field supervisor to ensure monitoring is done, database established, quality control and feedback on performance is given quarterly during monthly meetings.

SWAP is preparing for the next strategic planning and retreat during a workshop to be held the first week of April 2014. SWAP has identified a very skilled and experienced facilitator who has facilitated our previous strategic planning, which was very participative and useful to guide SWAP staff in the years to come and have a common vision and mission. SWAP proposes to hold this strategic planning workshop in Nakuru.

SWAP will be joined by one of the technical team who was referred to us by CDC Atlanta and who is helping in developing the business model. Roshini George will come from US to join the strategic planning and will also visit the field activities. She has an educational background in strategic planning and currently works for the American Cancer Society, but previously lived in Kenya and therefore has great interest in supporting SWAP. SWAP will cater for her local transport and per diem.

## Updated study design and implementation plan

To evaluate Jamii Center Program impact, we will conduct several studies:

- We will conduct a baseline survey, SWAP will then implement the program, and we will conduct a follow-up survey two to three years after implementation. The study population will include a random sample of households with at least one child under 18 months old (so that they will remain in the under 5 year cohort throughout the 3-year project) in randomly selected enumeration areas. We will interview the mother/caretaker of the child, including emancipated minors over 15 years old. The study site will include the first three subcounties selected by SWAP to implement Jamii Centers: Awasi, Homa Bay, and Kakamega.
- We will conduct a baseline survey of both Jamii Center-based and community-based CHPs at the time of hiring before program implementation in the first three project subcounties. We will then conduct a follow-up survey among the same CHPs after two to three years. We will also conduct focus group discussions among CHPs at baseline and follow-up.
- We will assess the performance of Jamii Centers by monitoring sales, earnings, and expenditures, and projecting the points at which the project will break even and become profitable.
- To assess consumer acceptance and opinions of the Jamii Center model, we will interview a sample of Jamii Center clients at baseline and follow-up at the Jamii Centers. We will also conduct baseline and follow-up focus group discussions among Jamii Center clients.
- We will conduct annual cost analyses to assess program efficiency.
- At the end of the study, we will conduct cost-benefit analyses to assess the unit program cost required to increase use of indicator products (eg, ITNs, WaterGuard, etc)

At the end of the study, we will conduct a cost-effectiveness analysis to model the cost per DALY prevented of this program (either through the use of health data from this study or findings from other research)

### **Sample size calculations**

The sample size calculations for the community survey are in the study protocol that was submitted previously. I have copied it here for your review:

#### **7.4 Sample size determination**

We calculated the sample size with the following assumptions and definitions.

Assumptions: confirmed use of WaterGuard by 2% in households not exposed to SWAP and 10% in the households exposed to SWAP; approximately 25% of households will have had exposure to a SWAP group member.

#### **Definitions:**

'Power' is the probability of rejecting a false null hypothesis. It should be close to one. 'N1 and N2' are the sizes of the samples drawn from each pair of the corresponding populations.

'P1' is the proportion for group one under H1. This is the group exposed to SWAP.

'P2' is the proportion for group two. This is the group not exposed to SWAP.

'D1: Diff. if H1' is the difference  $P1 - P2$  assuming the alternative hypothesis.

'Target Alpha' is the probability of rejecting a true null hypothesis that was desired.

'Beta' is the probability of accepting a false null hypothesis.

Our power analysis examined two independent proportions (null case), with the numeric results of the tests based on the difference:  $P1 - P2$ , as follows:

H0 (null hypothesis):  $P1 - P2 = 0$ . H1 (alternative hypothesis):  $P1 - P2 = D1 <> 0$ .

The test statistic used was the Z test with pooled variance. Plugging the numbers into each of the elements of the sample size calculation, we arrived at the following:

Est.	Est.
Sample	Sample
Prop H0	Prop H1

	Size SWAP Exposed	Size non- SWAP Grp 2	Grp 1	Diff	Diff	
	Grp 1	Grp 2	if H0	if H1	Target	
Power	N1	N2	P2	P1	D0	D1
Alpha		Beta				
0.9017	127	381	0.0200	0.1000	0.0000	0.0800
0.0500		0.0983				

The proportion in group one (the group exposed to SWAP) with confirmed WaterGuard use is assumed to be 0.0200 under the null hypothesis and 0.1000 under the alternative hypothesis. The proportion in group two (the group not exposed to SWAP) with confirmed WaterGuard use is assumed to be 0.0200. Although we will not sample by group, we assume that about 25% of our sample will have been exposed to SWAP, so using power of 0.9017 and alpha of 0.05, we expect an approximate sample size of **127** in group one and **381** in group two. We estimate a design effect of 4, so the total required sample is **2032**.



SAFE WATER AND AIDS PROJECT

Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"

Contact:

Alie Eleveld – Country Director

E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)

Website: [www.swapkenya.org](http://www.swapkenya.org)

P.O. Box 3323-40100 Kisumu

Tel (+254) 20-2030712

Main office: Off Aga khan Road,  
Behind Royal City Hotel Milimani Kisumu

**JULY 2014 MILESTONE 4 REPORT**

## **SECTION I: SWAP's ACTIVITIES AND ACHIEVEMENTS**

### **Background Information**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

SWAP submitted the implementation plan, an M and E specialist was hired, letters of support were received from all partners as well as from the Ministry of Health, indicators and business model and study design developed. Upon submission of the first three milestone reports SWAP received funding in three instalments.

First instalment of USD 50,000 was received in January 2014, second instalment of USD 100,000 was received in March 2014 and third instalment of USD 100,000 was received in April 2014. .

### **Achievements**

SWAP together with input from all partners developed a protocol for the baseline survey and this was submitted by end of December to the Kemri/CDC IRB for approval. The research was discussed during KEMRI Scientific Steering Committee (SCC), during its 215 meeting held on 10<sup>th</sup> June 2014 and has since been approved for implementation by the SCC. Final approval was delayed for several months but finally given by the Ethical Review Committee in Nairobi, which enabled us to proceed with the baseline survey.

SWAP did a strategic planning workshop for the period 2012-2014. This is the fifth successive strategic plan since inception in 2005. The strategic planning workshop was facilitated by an external consultant and initially done with management and senior program staff after which the rest of the SWAP employees to receive their input and feedback. SWAP received a

Business Specialist, Roshini George, who is also an MPH student referred by one of our partners CDC Atlanta. She has a wealth of experience in business development and strategic management and requested to join this exercise in order for her to get a better understanding of SWAP and to enable her to help with the business reports in future.

For the strategic plan, focus will be to ensure that the Jamii Centers and Community Health Promoters empowerment model works in continuing to improve the health status of the community, economically empower the Community Health Promoters and enhancing the financial sustainability of SWAP. The document was finalized and shared with all SWAP employees, the Ministry of Health and key stakeholders as well as forwarded to USAID/DIV.

#### **Update on Jamii Center Awasi:**

Awasi was the first selected Jamii Center to be opened under the USAID/DIV Agreement. An office was identified and the building is shared with the Kenyan Red Cross. One of the very active SWAP employees Martha Otieno was assigned to SWAP furnished the office and purchase a computer and printer and did some branding and put up a signpost with USAID logo. Recruitment was done and interviews were held for a total 26 Community Health Promoters. They are all women. Training was done in April, May and June 2014 on the following topics:

Type of training	Number of Days	Total Participants
Business Skills	2	26
Safe Water	1	26
Primary Health Care	2	25
Social Marketing and Product Promotion	2	26
Education through Listening	2	26
Record Keeping	1	26

After the training was completed, stock take was done and additional products were purchased. SWAP also procured bags for the Community Health Promoters to enable them to carry products to the community.

On Friday 13<sup>th</sup> June Awasi Jamii Center was launched. This was well attended by Ministry of Health Officials, Chiefs and Assistant Chiefs from the area. All Community Health Promoters attended and brought a next of kin to attend the occasion. From the SWAP team it was attended by the Country Director, Training Coordinator, Stores officer and Internal Auditor. The program included entertainment and songs, speeches from the Ministry of Health officials, Chiefs, Country Director of SWAP and some of the Community Health Promoters. The Community Health Promoters graduated and were given a certificate as well as incentives such as leso's , T shirts and a bag. After the event all guests had a tour of the office and were demonstrated the health products. Now this centre is fully operational, CHP's have been assigned target households (at least 100 each) and are meeting weekly for reconciliations, ordering of new products and mentoring to assist them to improve their sales.



Awasi CHP Graduates



- Community Health Promoters and their next of kin during Graduation Day (left)
- Community Health Promoter and her father giving a testimony on stage with the training manager and Country Director. (right)



- Ministry of Health officials gracing the graduation of CHP's (left)
- The Country Director showing the branded bags which each CHP will use to carry products (right)

### **Update on Ahero Jamii Center**

Ahero had only 11 active CHP's. Recruitment was done to increase the number to 15-20 CHP's. SWAP involved the Community Health Extension workers to identify new candidates. Restocking was done of the center. Some few CHP still had outstanding debts but the total debt has drastically reduced and no products are provided to the CHP with debts unless paid up-front in cash. At each site the CHP's are expected to reach at least 100 households and reach a collective target of Kes 100,000 – Kes 150,000 target. This sales target will gradually increase as CHP increase their costumers and households in the area. New CHP's were trained in July with funds from a private donor.

### **Update on Nyakwere Jamii Center**

Nyakwere had 9 active CHP's. Recruitment was done to identify new CHP's and meet the threshold of a minimum of 20 CHP' per center. SWAP did restocking to ensure all products are in stock, specifically the fast moving products. New CHP's were trained in July with funds from a private donor. This training was done jointly for Ahero and Awasi.

### **Update on Homa Bay Jamii Center**

SWAP is working on the preparations of this Jamii Center. We have been held up by the delay in IRB and Ethical Review Committee approval and the center can only be fully operational after the baseline survey. However preparations have started and one of our active SWAP employees is selected to manage this center as project officer.

His name is Elijah Ponge. He is currently managing the Homa Bay office and works with HIV support groups and individual CHP, but his office is not supported by any donor at the moment. He is doing recruitment of CHP's and we have started with the preparation of some of the logistics and supplies required for the start up as well as branding. He has relocated to Rodi, which is one of the busy market centers in Homa Bay County and where most of the CHP's reside.

### **Update on Kakamega Jamii Center**

This is the third and last Jamii center to be established in 2014. They previously used to be a provincial office but had to scale down due to funding limitations and are currently not supported by any donor. We are planning to establish this site as Jamii Center after the baseline survey is completed and it will be the third and final Jamii Center for 2014 after Homa Bay Jamii Center is up and running and launched.

## **Partnerships**

Roshini George who has been vice president for the American Cancer Society for many years, a business development expert and who just completed her Master's in Public Health, was referred to us by Dr Rob Quick from CDC, Atlanta. She has been very instrumental in helping review USAID/DIV reports and liaised with John Okumu Financial Analyst and Chrispin Owaga, Deputy Country Director by giving her input on the same. She travelled to Kenya and joined us during the strategic planning after which she went to see some of the projects. She has been an asset to this partnership and very helpful with her technical skills and expertise.

SWAP participated in the World Malaria Day together with the Ministry of Health and other stakeholders in Homa Bay. Free testing and treatment was done during this day and SWAP was able to introduce its malaria preventive products (mosquito nets and repellents) as well as distribution of IEC materials.

SWAP participated in International Youth Day and held various youth trainings and forums with the focus on HIV prevention and condom promotion in Siaya County.

SWAP's has a longstanding and efficient partnership with Population Services Kenya, whose representatives came for a quarterly review meeting. SWAP received a second sub-award through PS Kenya in 2013 and opened 2 Jamii Centers in Wagai and Yala in Gem County . SWAP also promotes and sells all PS Kenya's health products including Waterguard, PuR, Aquatab, Mosquito nets, Condoms and Family Planning Pills.

SWAP attended a Kisumu County Disaster Committee meeting. SWAP has been collaborating with the Ministry of Health and partners like Red Cross during disasters and disease outbreaks. Common in the area is the annual flooding which puts many vulnerable families at risk of contracting diarrheal illnesses. Due to climate change the rain has been unpredictable and erratic. During flood, SWAP has been intervening and distributing water treatment, soaps, mosquito nets and other basic supplies to affected families.

SWAP received Norma Altshuler from USAID/DIV Washington for a monitoring visit. We travelled to the SWAP model village and also showed some work of the MSANC antenatal care study at Nyangoma Health Facility. We then proceeded to Awasi to show her the first selected Jamii Center under USAID/DIV. She was pleased with the progress so far.

SWAP received Michele Hom, an MPH student from University of Illinois, who is helping out and gaining experience from the various projects within SWAP. She returned back to US, but requested to come back by the end of September. She has been very instrumental and has wide research knowledge. She assisted with the baseline survey and will assist with other USAID/DIV activities.

SWAP's Country Director and Deputy Country Director attended a stakeholders meeting organized by GIZ and the Ministry of Health Kisumu County. SWAP shared with the Ministry of Health its latest strategic planning report. During the meeting a presentation was done about SWAP. SWAP signed an MOU with the Kisumu County Ministry of Health. SWAP also signed up for 3 technical working groups which will be facilitated by the MOH:

- 1) Community Health Services
- 2) Disaster preparedness and response
- 3) WASH, Nutrition and Health Promotion

Already a first meeting was called of the WASH, Nutrition and Health Promotion technical working group. SWAP's program manager attended this meeting.

The EAWAG funded project turning 5 water kiosks into Jamii centers in Manyatta and Nyalenda slums is ongoing. This is a one year project and SWAP hopes to absorb one or two kiosks and turn them into fully fledged USAID/DIV funded Jamii centers in year 2. The current one year funding period is too short for them to be sustainable by the end of 2014.

SWAP had regular consultations, telephone conferences, email conversations with the partners from Procter and Gamble and George Washington University and CDC. Dr Rob Quick from CDC Atlanta also serves as a member of the Board. Alie Eleveld, the Country Director of SWAP held a meeting with Jay Graham, from George Washington University, Public School of Health in Washington, to discuss the USAID/DIV progress and research activities. Tom Henrich, Procter and Gamble, visited SWAP on

two occasions and joined on field visits as well had lengthy discussions with senior management members to share suggestions and ideas on how to improve our systems, basket of goods, and pricing.

In April, SWAP attended the HENNET Annual General Meeting. HENNET is the National Health NGO Network. SWAP ceased to be a board member, after finalizing its maximum term of four years. SWAP however will remain an active member. Two other meetings were attended by the Country Director and Deputy Country Director on maternal health care and operational research. SWAP is a member of a technical working group on maternal health care.

SWAP's country Director attended a meeting in Nairobi with German investors in the water sector and the Ministry of Water and Environment. SWAP was a panellist during one of the sessions and was able to markets its activities of the water lab and research.

SWAP signed an agreement with KEMRI for a qualitative study on WASH and Nutrition in Kibera slums.

SWAP signed an agreement with Procter and Gamble for two studies on diaper application. One is completed and one is ongoing.

SWAP signed an agreement with Stockholm Environment Institute for an antenatal care study in Siaya County, which preparations started in August 2014.

This is all in line with the strategic plan of out-sourcing our research activities to generate income and become sustainable.

SWAP is also in the process of accreditation of the water lab, so that this can be used by other partners. So far the lab has mainly served for research purposes. Our Lab Director went for training on the accreditation process.

The USAID/Gates Foundation funded MSWANC antenatal care study has finalized its first year of operation and already showing positive results with an increased number of pregnant mothers attending antenatal care.

SWAP's Country Director and the PI of the study from Rand visited Washington end of July 2014 to compete for an extension of the study using more modern technologies including smart phones for data collection. However SWAP was not successful, as most awardees had the latest ICT technologies and gadgets. The study will complete in October 2014 and results will be shared with the Ministry of Health and other partners as well as publications prepared.

Alie Eleveld, the Country Director, did a presentation at USAID/DIV office and was able to meet the team for questions and answers.

In September a delegation from Procter and Gamble visited SWAP in Kisumu to celebrate 8 billion liters of water purified with P&G Purifier of Water. The visitors included Tom Henrich, who is the main contact person under the partnership with USAID/DIV. SWAP took the visitors to the SWAP model village in Ahero and to Nyakwere Jamii Center. Procter & Gamble will return back to SWAP to celebrate 10 years P&G Children's Safe Water Program.

PS Kenya came for the quarterly review meeting to monitor programs and finances under the APHIA Plus HCM sub award. SWAP in 2013 received this award and has since established two Jamii Centers in Yala and Wagai.

SWAP's deputy country director Chrispin Owaga attended a technical working group on operation research on maternal health care meeting at HENNET, the National Health NGO Network. SWAP is an active members of this network and served the maximum term of four years in the board. Chripin also attended an M and E conference in Nairobi where SWAP was selected as one of the organizations to do a presentation.

SWAP received in September Nicole Grable from George Washington University. She did a TOT for all field staff on marketing techniques. After that she facilitated a two day training for the Community Health Promoters in Ahero, Nyakwere and Awasi on the same. She has a wealth of experiences in this tailor made training which she has facilitated for many organizations, after which they have seen increase in sales and revenue.

**Project plans for the following actions.**

- To evaluate the impact of performance of CHPs when they are provided with commission a percentage of the profit of their sales.

SWAP has developed a tool (CHP sales tracker) that will be used by the field officers to be able to track the profits made by the CHPs on a monthly basis and this will go a long way in putting yardsticks for motivation for the CHPs.

The CHPs have a weekly target of 5000 shillings in sales and 10% of this is their profit coming to 500 shillings week and a total of 2000 shillings a month. SWAP is intending to give a commission to any CHP who achieves the monthly target of sales of 200,000 translating to 2000 in profit. This will be 10% of the profit of their sales which is 200 KES. Therefore any CHP who will make a profit of 2000 will carry home 2200 at the end of the month.

Additionally the best performing CHP per centre ranked using the above tool will in every quarter be awarded with a mobile phone as an incentive for their hard work and consistency. This will be calculated on an average of sales of the three months that the CHPs have worked. The best performing CHP will also be given airtime worth 100 shillings so that they can use mobile technology to receive order of goods and make the orders as well as take advantage of the MPESA technology for payments of goods supplied.

- To encourage and monitor instalment sales for select more expensive products ,tracking completed purchases, defaults and trends in use of these sales methods over time

SWAP has selected two expensive products that we will use to evaluate instalment payments methods in the communities we are serving. These are; the Ceramaji filter set that goes for 2250 that provides treated water for the households and the solar lamp s20 for lighting (green energy) that goes for 1000 KES. These two products will be put on trial in two Jamii centers where one center, 10 CHPs who have shown promise in their sale and particularly on selling these kinds of products will be given 3 of these products to promote using instalment method. They will be required to obtain an initial down payment of 1/3 of the total price and 2 months instalments on the balance within 3 months.

- To measure the impact of various marketing approaches such as trial based approaches

SWAP plans to use various marketing approaches within the Jamii centres, we plan to employ the Jamii centre approach, which will involve doing direct sales from the Jamii centre, which is a Project officer centered approach as he/she will also do some sales directly to the community members local shops and local markets, We also intend to employ the door to door approach of sale and marketing to the community members where we expect to have a pool of about 20-30 CHPs per Jamii centre and use them to target the household by going round to deliver these products.

Within the Jamii centre targeting the CHPs we also plan to try out different engagements with the CHPs by employing the cash sales methods in exchange of products where we can encourage the CHPs to use their personal savings or use groups by employing Village savings and loans methods to be able to raise the capital for the engagement, as well as the credit sale to the CHPs but with a credit limit of 5000 per week to each individual CHP.

The three centres targeted in year 1, Awasi, Homa Bay and Kakamega are collaborating with Pesa Transact, whereby the project officer will sell mobile phone airtime, which is generating income for the centres. Their float is controlled from SWAP's headquarters.

- To fix and/or assess profit margins for CHPS and for SWAP

CHPs profit assessment will be based on CHPs recruited, trained on Business skills and Health issues with sales target set at KES 5,000 (\$60) per week, profit margin approximately 10% of total sales.

SWAP would set both Wholesale and Retail price; CHPs access products at a wholesale price from Jamii Center, sell products door to door at Retail price. The difference between two prices will be CHPs Profit margin for sales in a particular period.

Margin profit for SWAP would be based on Product costs plus Average 20% profit margin that is; wholesale price or transfer price from Jamii center to CHPs.

CHPs would access product worth Kes 5,000 (\$60) on credit at any given time, meaning more credit within a week depending on capacity to sell and reconcile previous credit advanced. However, credit approach only applies to some centres otherwise some CHPs buy products in Cash without limit, but depending on cash availability.

Reconciliation forms, Invoices and receipts are part of documentations which will assist in tracking stock and sales per Individual CHP. Weekly meetings provide the opportunity for CHPs and Project Officers to calculate individual sales and work out Profit due to each CHP receive back stock balances from previous stock advanced in previous week meeting. SWAP introduced, Point of sales software, which will track sales and stock with expected reduction in manual stock and sales reconciliations.

Monthly, Field officers will submit CHPs sales track sheet which details Individual CHP, Product Quantity sold, Product whole sale price, Retail Price, Profit margin per CHP and CHPs total sales. Sales Track form designed in excel sheet with formulas to ease calculations of profit margin and reduce errors.

SWAP using Tally ERP, will track each Jamii Centres Products transferred through central store, track operating costs per centre and total sales per Jamii centre to measure each centre performance.

## **SECTION II: SWAP's BASELINE UPDATES**

After a protracted IRB approval we finally obtained the approval and set forth to undertake the baseline for the USDIV study. We Trained 22 enumerators to assist with the data collection for the baseline in the four areas that we conducted the baseline. The enumerators underwent 4 days of training on the data tools.

The training included training on the use of the PDA which was our principal data collection instrument, the DIV study overview and the proposed model, logistics and ethical considerations. Working with a sample size of 2,070, the inclusion criteria for enrolling a household was at least one child under 18 months old, so that they will remain in the under 5 year cohort throughout the 3-year project and a Mother/caretaker of the child be over 15 years old.

After the trainings, we split the team in to two groups one group consisting of 15 enumerators that covered Homabay, Yala and Wagai areas of study which are predominantly Luo speaking and therefore we had enumerator who doubled up as Luo speakers. This team worked for 9 days in Homabay 8 days in Yala and 8 days in Wagai. They averaged five interviews per day on a totalling to 75 interviews per day in these areas.

In Homabay we targeted 4 sub locations within the catchment area of the proposed Jamii center, randomly selected with consideration of 3 kilometres radius from the office (Proposed jamii center).

The team then move to Yala targeting 4 sub locations and 23 villages and repeated the same in Wagai.

The other team of five headed to Kakamega which is a predominantly Luhya speaking community and they worked for 24 days covering 4 sub locations 23 villages.

The enumerators surveyed female head of selected households using PDAs with Geographic Positioning System (GPS) capabilities. The Survey questions include demographic and socioeconomic characteristics; hygiene knowledge and practices; previous experience with SWAP or Jamii Centers; purchase of SWAP products; health problems among the target children; observations of SWAP products and household characteristics; and testing of stored water

Overall, the team had considerable success with the baseline and most of the part was uneventful, however, we recorded few challenges; the weather in Kakamega was not so friendly as the rainy season was on and the rains came down in the early afternoon hindering movement of the enumerators and thereby slowing down our work. The other challenge was the small villages which were sparsely populated with few children within the age bracket that was marked in our inclusion criteria. We however worked audaciously and surmounted these challenges first by moving out really early to beat the weather challenge and second by extending the work period to do a mop up in the villages where we had not met our targets.

During the baseline survey data after cleaning was sent weekly to CDC Atlanta for further analysing, which will be shared in a report in due course.

### **SECTION III: SWAP'S OTHER ACHIEVEMENTS, CHALLENGES AND THE WAY FORWARD**

#### **Other Achievements**

SWAP became winners of the “Crystal of Hope” award, which is endowed with 100,000 Euro and a special Swarovski designed red ribbon. This award was given in Vienna during the opening ceremony of Life Ball by Billy Zane (actor of Titanic) and Marcia Cross (actress of Desperate Housewives).

Over 28 million USD was raised for HIV during this event. Every year the Crystal of Hope award is given out to one pioneer who makes a difference in the lives of people living with HIV in a sustainable way.

Below is the you-tube video of the opening ceremony of Life Ball and the acceptance speech is between 35 and 40.

<http://www.youtube.com/watch?v=HOeb4KGQ-8>

Following the media coverage in Austria, the local media in Kenya did a documentary during news time which included the award giving ceremony and video's of SWAP's work and an interview with the Country Director.

SWAP was selected as change makers by a US Media House “Actuality Media”. They spend the entire month of August with SWAP to make a documentary about SWAP’s work. They narrowed the filming down to the work and life of one of the Community Health Promoters, who is a woman living with HIV and who has been selling health products since 2005.

SWAP has been selected in 2014 as finalist (2<sup>nd</sup> place) of the UN Water for life best practices in the category 2; Best participatory communication, awareness raising and education practices. We achieved the same in 2011.

SWAP has embraced modern technologies like M-pesa payment, Bulk payments and PesaTransact for airtime and card payments. This will reduce risks and losses by limited cash transactions. SWAP purchased a Point of Sale Software for better tracking of sales and identifying and correcting any variances in stock early. This software is being installed in all offices. SWAP uses SMS frontline for sending health messages and reminders.

SWAP’s Finance Manager and Administrative Officer were trained on USAID Finance and Procurement rules and regulations. SWAP’s accountant was trained on Tax issues. And SWAP’s financial analyst attended a training on financial reporting.

The field staff were trained by SWAP trainers on Interpersonal Communication and by CARE on Village Savings and Loans. SWAP wants to pilot in some of the Jamii Centers the Village Savings and Loans method, which will economically empower the Community Health Promoters and will give them an opportunity to become more efficient entrepreneurs. Village Savings and Loans is already done among some of the CHP’s and may in future reduce the need of taking products on credit.

## **Challenges**

SWAP’s Admin /HR director resigned from his duties for personal and professional duties. SWAP held interviews and due to limitations in the budget opted to replace the Directors position with a Managers Position. Recruitment was done and Catherine Nanjala, the selected HR/Admin Manager started duties in August 2014.

The approval process through the IRB at KEMRI/CDC has taken long and the anticipation is that we shall be not able to start the baseline before the end of September 2014. This has delayed the next report and request for installment. It has given a funding gap and delay in the start of the two other Jamii Centers proposed for establishment in 2014.

SWAP still meets challenges tracking every product and much is still done manually.

We have purchased a point of sale software with funds from other donors. This will enable us to be more efficient and also detect any irregularities immediately and correct.

SWAP has few vehicles and two are second hand and expensive in maintenance. SWAP is purchasing two new vehicles with the funds from the Crystal of Hope Award.

## **Way Forward**

SWAP will strive to professionalize and commercialize its distribution model of health products, continue to improve on the existing Jamii Centers and the Sub Distribution Center, establish 2 remaining new Jamii Centers in 2014 and recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP will complete the baseline study report in the areas of the four proposed new Jamii Centers, Homa Bay, Kakamega, Yala and Wagai. SWAP will develop a sustainable business model while improving health.

SWAP is increasing efficiency by embracing modern technologies. This will reduce losses and risks and SWAP will be able to detect early any variances or irregularities and correct. SWAP will invest in stock of products to avoid any stock outs and increase revenue. SWAP will also be seeking funding to explore a mobile enabled product logistics and supply chain system to help track products through the distribution process, trigger product stocking alerts when supplies run low, and provide real-time data on product usage and trends. This, in combination with the already implemented point of sales system and use of mPesa bulk payments, will help create a much more efficient and cost-effective organizational infrastructure for SWAP.

SWAP submitted a protocol for baseline survey at the IRB at KEMRI/CDC for approval .The baseline survey starting September 2014 and focused around the four areas of the Jamii Centers to be established in 2014 and 2015. Preparation have started to in the two remaining sites for 2014 (Homa Bay and Kakamega) and recruitment and training of CHP is ongoing.

SWAP is key organizer of the Kisumu World AIDS Marathon, which will be held for the 9<sup>th</sup> year in Kisumu on World AIDS Day. There will be full and half marathon, disabled wheel chair race, relays and 3 kilometer walk for HIV positive children and orphans. At the start and finish of the race there will be HIV related activities and exhibitions.



SAFE WATER AND AIDS PROJECT

Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"

Contact:

Alie Eleveld – Country Director

E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)

Website: [www.swapkenya.org](http://www.swapkenya.org)

P.O. Box 3323-40100 Kisumu

Tel (+254) 20-2030712

Main office: Off Aga Khan Road,

Behind Royal City Hotel Milimani Kisumu

**NOVEMBER 2014 MILESTONE 5 REPORT**

## **SECTION I: SWAP's ACTIVITIES AND ACHIEVEMENTS**

### **Background Information**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

SWAP submitted the implementation plan, an M and E specialist was hired, letters of support were received from all partners as well as from the Ministry of Health, indicators and business model and study design developed. Upon submission of the first four milestone reports SWAP received funding in instalments as follows:

- First Instalment – USD 50,000 – January 2014
- Second Instalment – USD 100,000 – March 2014
- Third Instalment – USD 100,000 – April 2014
- Fourth Instalment – USD 100,000 – October 2014

### **Achievements**

SWAP did a lot of capacity building in August and September. In August the field and project staff were trained on interpersonal communication, record keeping and sales reconciliations which was facilitated by SWAP staff. CARE facilitated a training on Village Savings and Loans, which is a method which we plan to introduce to the Community Health Promoters. In September CARE returned one more day to finalize this training. SWAP staff trained the field staff on DELTA Health Messaging. SWAP received another team from Philips Health Care who did a training on the use and benefits of ORS/Zinc and

Mix me Micronutrient Powder. Both products are in the SWAP basket of goods. Other new products included are solar lamps and a delivery kit.

Nicole Grable, from George Washington University, with extensive sales and marketing experience and skills facilitated a three days training for all staff on sales and marketing techniques. The same training condensed in two days was done for the CHP's in Awasi, Ahero and Nyakwere. All these training and absence of project officers during that period slightly affected the sales in September.

SWAP hired a new HR and Admin Manager, Catherine Nanjala.

SWAP also recruited a Sales and Marketing officer for Mumias Sub Distribution Center and branded a vehicle and allocated this full time to Mumias, which will enable them to cover wider areas.

SWAP is in the process of installing and testing the new Point of Sales Software for better tracking of sales.

SWAP purchased a second vehicle with funds from the Crystal of Hope Award which will ease some of the transport challenges.

SWAP had the website redesigned and updated.

### **Update on Jamii Center Awasi:**

At Awasi the Community Health Promoters continued with the health promotion and sales from door to door. They meet weekly at the Jamii centre to share experience, reconcile their sales and order new stock.

The sales training was very helpful to them and gave them new techniques and ideas.

### **Revenue from Sales**

July 2014	August 2014	September 2014
150,841.56	161,867	114,571

### **Update on Ahero Jamii Center**

Ahero Jamii Center which is situated within the SWAP model is always receiving a lot of visitors. The past two months SWAP had visitors from Actuality Media, a Media house from US whose crew made a documentary about SWAP called “Positive Living”. We also received an NGO called “Sanivation” who have come up with innovative sanitation solutions and they came to explore areas of collaboration. At the SWAP model village we also introduced Uzima Foundation to our business model , which is one of the partners funded by Aphia Plus HCM. In September the CHP’s were trained for two days on sales and marketing by Nicole from George Washington University.

### **Sales revenue Ahero**

July 2014	August 2014	September 2014
107,894.62	169,808	149,383



**Community Health Promoters Meeting at the Ahero SWAP model village**

### **Update on Nyakwere Jamii Center**

The newly trained Community Health Promoters started off with a lot of excitement.

In September they were trained for two days on sales and marketing by Nicole from George Washington University.

The centre is in a very remote and underserved area next to the river. Because of the rains which started in September many of the Community Health Promoters got busy farming, which diverted the attention from sales.

#### Sales revenue Nyakwere

July 2014	August 2014	September 2014
111,316	99,890	49,795

#### **Update on Homa Bay Jamii Center**

SWAP finished the baseline survey and is working on the final arrangements to launch this Jamii Center. We were held up by the delay in IRB and Ethical Review Committee approval. However preparations have started and one of our active SWAP employees is selected to manage this centre as project officer. His name is Elijah Ponge. He is currently managing the Homa Bay office and works with HIV support groups and individual CHP, but his office is not supported by any donor at the moment. We identified a suitable place to set up the second Jamii Center at Marindi Health Facility. SWAP management proposed to use this site because it is a health facility where a lot of patients go and it has nearby homes and schools.

The health facility team are very welcoming and pleased to offer us the space. We signed an MOU with the Marindi Health Facility Medical Officer of Health. We identified a local supplier who is constructing the Jamii Centre including store.

SWAP management team members did a follow up and participated in the Global Hand Washing day which was held on 15<sup>th</sup> October 2014 at Marindi Primary School, just situated opposite the Health Facility. This was witnessed by Ministry of Health Officials, Community Health Workers and Community Extension Workers as well as Administrative Leaders.

For SWAP this was an opportunity to introduce our plans and meet with the Homa Bay County Health Director and Minister for Health. They embraced the idea. SWAP is in the process to sign an MOU with them as well.

After advertising for the Community Health Promoters, recruitment was finalized and 10 days training started on Monday 20<sup>th</sup> October 2014. The training is on business skills, social marketing, health and product promotion, primary health care, behavioural change techniques, record keeping and stock management. The training was facilitated by George Odhiambo the Training Manager and Representatives from the Ministry of Health.

### **Update on Kakamega Jamii Center**

The baseline completed and the implementation could now start.

This is the third and last Jamii centre to be established in 2014. This previously used to be a provincial office but had to scale down due to funding limitations and is currently not supported by any donor. SWAP already identified a Project Officer, Adelaide Muhonja, who manages this office and moving forward will be in charge of the new Jamii Center. The process of identifying a place is still ongoing. The program manager will be in Kakamega next week to finalize and settle on a place, where-after recruitment will start.

### **Partnerships**

SWAP is working in close collaboration with the Ministry of Health and has so far signed MOU's with the County Ministry of Health in Kisumu and Siaya County. SWAP has signed an MOU with the Medical Officer of Health at Marindi Health Facility. SWAP is still active member of HENNET the National Health NGO which stimulates linkages between the NGO's, Ministry of Health and Private Sector.

SWAP participated and contributed towards the Global Hand Washing Day (15<sup>th</sup> October 2014) together with the Ministry of Health and other stakeholders in Homa Bay (Marindi Primary School), Yala, Wagai, Kisumu (Migos) and Kakamega. At each site SWAP contributed hand washing units, soaps and cash donations.

SWAP participated during the Mater Heart Run held in Kisumu and had an exhibition and created awareness on the upcoming Kisumu World AIDS Marathon. The same was done during the free medical camp in Kisumu organized by Avenue Health Care. Avenue Health Care came to SWAP's monthly meeting in November to give a health talk to all staff on Ebola, Nutrition and Lifestyle.

SWAP signed an MOU with Stockholm Environment Institute for an antenatal care study in Siaya (Gates Foundation Funded), whereby pregnant mothers will be given financial incentives to attend antenatal care, deliver in Hospital and attend post natal care. The study will be led by Alloyce Odhiambo (Data Manager) supported by Ronald Otieno (Study Supervisor). We managed to get approval for the study, so this has started.

SWAP signed a contract with Procter & Gamble Germany and did a diaper application study and a diaper diary study. Currently SWAP signed another contract to do data entry for the two studies. SWAP received a visit from Christofer Fuchs, from Procter & Gamble Germany and the entire team went to the SWAP model visits, did home visits, and visited study participants of the diaper study.

SWAP received a film crew in October from South Africa, who made a documentary of SWAP which will be aired during “Its Africa Time”. Part of this will also be used during P & G 10 years Children Safe Drinking Water celebration.

SWAP won a free documentary by Actuality Media US. They came to film the entire month of August which turned into a film called Positive Living, about the lives of one of the Community Health Promoters of SWAP. (see under videos on the SWAP website [www.swapkenya.org](http://www.swapkenya.org).)

SWAP's has a longstanding and efficient partnership with Population Services Kenya, whose representatives came for a quarterly review meeting in October. SWAP received a second sub-award through PS Kenya in 2013 and opened 2 Jamii Centers in Wagai and Yala in Gem County . SWAP promotes and sells all PS Kenya's health products including Waterguard, PuR, Aquatab, Mosquito nets, Condoms and Family Planning Pills. The funding will end in December 2014 and currently SWAP is holding exit meetings and in November will do an end of project survey.

SWAP received a delegation including the Chief of Party and Country Representative from PS Kenya Nairobi, representatives from USAID, Presidential Malaria Initiative as well as PSK Kisumu representatives. A visit was made to Wagai and the County Ministry of Health in Siaya. SWAP did a presentation on progress at the office and they were pleased to note that SWAP had met and exceeded most targets. An evaluation meeting from USAID took place in Nairobi for all recipients of the Aphia Plus HCM awards and this was attended by Chris Owaga, our Deputy Country Director/M and E specialist.

SWAP received for a second time Michele Hom, an MPH student from University of Illinois, who is helping out and gaining experience from the various projects within SWAP. She returned back to US after her first visit, but requested to come back by the end of September. She has been very instrumental and has wide research knowledge. She assisted with the baseline survey and will assist with other USAID/DIV activities.

The Deputy Country Director attended an M and E conference in Nairobi and did a presentation about the USAID/Gates Foundation funded antenatal care study which is ending this month

The Country Director attended a two days East Africa Water Credit Forum in Nairobi.

The training manager attended a Sanitation Stakeholders Meeting facilitated by the Kisumu County Ministry of Health.

The Program Manager attended the Health Promotion Technical Working Group meeting in Kisumu.

The project officer from Wagai attended “ a Million Pad Launch” which is to address menstrual issues whereby SWAP made some donations of Sanitary Pads,

The Research Manager attended consultative stakeholders meeting organized by MSH and did a presentation about SWAP.

The Project Officers in Yala and Wagai participated in the International Youth Day.

The Research Manager /Lab Manager attended an accreditation workshop in Nairobi and the accreditation process is ongoing.

The EAWAG funded project turning 5 water kiosks into Jamii centres in Manyatta and Nyalenda slums is ending December 2014. This is a one year project. SWAP received an evaluation team from Switzerland to find out the progress and impact. Jamii centers operations in the slums meet a lot of challenges due to poverty and competition from all the local kiosks.

SWAP had regular consultations, telephone conferences, email conversations with the partners from Procter &Gamble and George Washington University and CDC. Dr Rob Quick from CDC Atlanta also serves as a member of the Board and calls in bimonthly. SWAP received Tom Henrich twice one of the key partners in the USAID/DIV proposal, who came on a monitoring visits and provide business mentoring and reviewed sales and revenue data.

SWAP signed an agreement with KEMRI for a qualitative study on WASH and Nutrition in Kibera slums and is still waiting for Kemri Ethical Review Committee Approval.

SWAP signed an agreement with Habitat for Humanity International to undertake as implementing partner a water back study. A team from Portland University US came for a sensor training which will be fitted in the back packs. SWAP received approval and is starting this study. This is all in line with the strategic plan of out-sourcing our research activities to generate income and become sustainable.

The USAID/Gates Foundation funded MSWANC antenatal care study is almost finalizing its operation and already showing positive results with an increased number of pregnant mothers attending antenatal care. An exit meeting and graduation of the Community Health Promoters was held on 31<sup>st</sup> October 2014 at the SWAP model village with representatives from the Ministry of Health and Administrative leaders. An end of project survey is ongoing and Harvey Reid, from CDC Atlanta is here to provide technical support.

In September a delegation from Procter & Gamble visited SWAP in Kisumu in preparation of the celebration 8 billion liters of water purified with P&G Purifier of Water. The visitors included Tom Henrich, who is the main contact person under the partnership with USAID/DIV. SWAP took the visitors to the SWAP model village in Ahero and to Nyakwere Jamii Center. Procter & Gamble will return back to SWAP to celebrate 10 years P&G Children's Safe Water Program most likely in January 2015. This was covered by the Media.

## **Challenges**

The delay in approval for the baseline which is now finally completed caused a delay in starting activities for the two remaining Jamii Centers. Now there is a constraint of time to have these launched before the end of the year.

We have purchased a point of sale software with funds from other donors. This will enable us to be more efficient and also detect any irregularities immediately and correct. SWAP still found some teething problems which acquired adjustments to

the software, to ensure that it is tailor made and captures all what we require. One site in Ahero did not have electricity which we are trying to set up.

Another challenge is that the USAID/DIV budget does not cover salaries 100%, so we are relying on other revenue (sales and research) to manage this. Year one is starting and learning lessons and delay in setting up the Jamii Centers will also require more time to increase revenue. This leads often to cash flow problems.

Still challenged by the complexity of the entire program, prices change, wholesale and retail, sales to households, traders and organizations, new systems and software, competing companies, monitoring on the ground with limited resources.

Expect lower sales in December, because it is a short month and January, because parents are looking for school fees to take children to school. This is a common trend every year.

### **Way Forward**

SWAP will strive to professionalize and commercialize its distribution model of health products, continue to improve on the existing Jamii Centers and the Sub Distribution Center, launch 2 remaining new Jamii Centers in 2014 and recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP aims to develop a sustainable business model while improving health.

SWAP is increasing efficiency by embracing modern technologies. This will reduce losses and risks and SWAP will be able to detect early any variances or irregularities and correct. SWAP recently invested in increased stock of products to avoid any stock outs and increase revenue. SWAP submitted a proposal to explore a mobile enabled product logistics and supply chain system to help track products through the distribution process, trigger product stocking alerts when supplies run low, and provide real-time data on product usage and trends. This, in combination with the already implemented point of sales system and use of mPesa bulk payments, will help create a much more efficient and cost-effective organizational infrastructure for SWAP. SWAP will reduce cash transaction, monitor closely the debts and ensure timely collections following credit policy.

SWAP is currently training the Community Health Promoters in Homa Bay and plans to launch the Jamii Center in Homa Bay in early November. For Kakamega SWAP will finalize its search for a suitable site early November, recruit and train Community

Health Promoters and plans to launch early December. By the end of the year 3 Jamii Centers should be up and running as planned before.

Three representatives of the management of SWAP will do an exchange visit to SCOPE in Mombasa which is one of the recipients of Aphia Plus HCM project through PS Kenya. This visit will be a learning experience.

SWAP is key organizer of the Kisumu World AIDS Marathon, which will be held for the 9<sup>th</sup> year in Kisumu on World AIDS Day. There will be full and half marathon, disabled wheel chair race, relays and 3 kilometer walk for HIV positive children and orphans. At the start and finish of the race there will be HIV related activities and exhibitions. SWAP is currently fundraising for this event which will take place on the 1<sup>st</sup> of December 2014.

### **Mobile Money Transfer**

SWAP entered into an agreement with Safaricom, one of the main mobile phone service providers in July 2014 for Mpesa Bulk Payment. This is used to pay for trainings, transport reimbursements and other program related activities. A request for funds for a specific program or research related activity is made by the Project Officer, reviewed by the Finance manager and approved by the Country Director or Deputy Country Director. SWAP deposits this approved float into the Commercial Bank of Africa account, set up by Safaricom. Safaricom then credits our paybill account 921901 with the same money within two hours. The finance manager then initiates the process and transfers this into a utility account. The Accounts Assistant uploads it for the people to be paid after details are submitted of for example training participants by the project officer including the training details, names, amount and telephone numbers and requests for approval by the accountant through the system. The accountant then verifies and confirms that all is entered correctly in the system after which the approval of the transaction is made. Upon receipt of the funds, the training participants sign on a hard copy for accountability and to acknowledge receipt, which is used for the settlement when the project officers reconciles this expense with accounts department. This Mpesa Bulk Payment was fully put into use in August 2014 and has reduced risk and cash transactions.

For use from the field to make payments to the Headquarters, SWAP opened a Pay Bill Account 921900. This was introduced in 2012, but has been more frequently used in 2013. The CHP can pay the Project Officer for weekly product sales using Mpesa and also can use this for installment payment for the relative expensive products like ceramic filters, cook stoves or solar lamps. The Project Officer is encouraged to make collective payment from the weekly sales of the Jamii Center using either SWAP's Paybill account as above, or use the Paybill Account of Bank of Africa, which then enters into an account specifically

opened to receive revenue from product sales. For the Paybill account set up by SWAP, all transactions costs are paid by SWAP. The use of this mobile phone money transfer has reduced risks, temptations, and losses.

SWAP has also entered into a pilot with Pesa Transact at Kisumu, Awasi, Homa Bay and Kakamega to sell airtime to clients using a Smart phone. This is yet another **income generating** activity for SWAP and another service we offer to the community members.

Moving forward SWAP will at certain Jamii Centers, provide mobile phones to the CHP's as an incentive to continue to have cashless transactions.



SAFE WATER AND AIDS PROJECT

Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"

Contact:

Alie Eleveld – Country Director

E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)

Website: [www.swapkenya.org](http://www.swapkenya.org)

P.O. Box 3323-40100 Kisumu

Tel (+254) 20-2030712

Main office: Off Aga khan Road,

Behind Royal City Hotel Milimani Kisumu

**DECEMBER 2014 MILESTONE 6 REPORT**

## **SECTION I: SWAP's ACTIVITIES AND ACHIEVEMENTS**

### **Background Information**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

SWAP submitted the implementation plan, an M and E specialist was hired, letters of support were received from all partners as well as from the Ministry of Health, indicators and business model and study design developed. Upon submission of the first five milestone reports SWAP received funding in instalments as follows:

- First Instalment – USD 50,000 – January 2014
- Second Instalment – USD 100,000 – March 2014
- Third Instalment – USD 100,000 – April 2014
- Fourth Instalment – USD 100,000 – October 2014
- Fifth Instalment – USD 100,000 – November 2014

### **Achievements**

SWAP held its Annual General Meeting which was attended by both Board of Directors and Management team.

SWAP held a staff meeting for all Field and Program staff to give feedback on sales per centre, per product and per CHP. SWAP also discussed the rewarding system and the different sales and payment techniques to be tested per site.

SWAP successfully organized the Kisumu World AIDS Marathon which was held for the 9<sup>th</sup> year in Kisumu. Over 300 runners (full marathon, half marathon, relays, wheel chair race) completed the race. Children held a 3 km walk and the sports ground where the runners started and finished was a bee hive of activities with all kind of HIV related activities and exhibitions.

Capacity building of all staff was done on Nutrition and Lifestyle and Ebola.

Further the Finance Manager and Finance Assistant attended a meeting on fraud detection facilitated by Shadreck and Company, who are SWAP's auditing firm.

The HR/Admin Manager attended a meeting organized by the Federation of Kenyan Employers of which we are members. The meeting focused on termination of staff and its legal implication.

### **Update on Jamii Center Awasi**

The centre experienced some drop out and poor performance of some of the trained Community Health Promoters. SWAP has some Community Health Promoters who were previously engaged in the Antenatal Care study which ended in October. They expressed interest in being engaged and live relatively close to Awasi. SWAP's management team decided to offer them training and an opportunity to be serving the communities around Awasi. SWAP replaced the project officer in Awasi due to poor performance and stock variances. In November there was a great improvement in the sales.

### **Update on Ahero Jamii Center**

There is good progress in Ahero and some of the CHP's are already meeting the target set. SWAP will focus more on mentoring the CHP's to ensure that they will improve their sales.

### **Update on Nyakwere Jamii Center**

Nyakwere is also making progress, though in very remote area with poor infrastructure.

### **Update on Homa Bay Jamii Center**

SWAP launched the second Jamii Center with the USAID DIV funds.

The centre is located at Marindi Health Facility and the launch was attended by representatives from the Ministry of Health including the Minister, Health facility staff, Administrative leaders, the Community Health Promoters and their next of kin.

The occasion was successful, apart from speeches the CHP received certificates after graduating from 10 days training.

The centre was officially opened by the County Minister for Health and the Country Director of SWAP. All were introduced to the Project officer and the health products. The centre was stocked and the community health promoters started selling to their targeted households.

### **Update on Kakamega Jamii Center**

SWAP identified a site for the third and final Jamii Center for 2014.

It is just outside Kakamega town and in a densely populated area.

It is an existing shop which has been renovated and branded. Recruitment of CHP's was done after an advert was circulated.

The CHP's have undergone training on Business Skills, Social Marketing, Behaviour change techniques, health and product promotion, record keeping, mobile phone technologies and stock management. The site was launched just before the closure of the year in order to meet the target of having 3 Jamii Centers up and running one year after the Award date. The launch was attended by the Ministry of Health Representatives, administrative leaders, SWAP senior management team members and the Community Health Promoters and their next of kin. Thirty Community Health Promoters graduated and the Jamii Center was officially opened. It will be properly stocked the first week when we resume duties in January 2015.

## **Partnerships**

SWAP participated in the Global Toilet Day in collaboration with the Ministry of Health.

In October, November and December 2014 SWAP received two CDC Atlanta staff to support the research activities.

SWAP received visitors from EAWAG Switzerland for the evaluation of the Slum Project of water kiosks. The project is ending and a team came to do the evaluation.

Three staff members went for an exchange visit to Scope in Mombasa. Scope is one of the other recipients of the Aphia Plus HCM sub award. The funding for this project is ending in December 2014. The Deputy Country Director went for an evaluation of this project to Nairobi and a USAID team came down to do further monitoring on the site.

SWAP held regular meetings with the National AIDS Control Council in preparation of the World AIDS Day.

SWAP's Country Director attended a meeting facilitated by HASBAH, the supplier of all Procter & Gamble Products. They want to set new criteria for all selling their products.

SWAP received one of the Principal Investigators of Stockholm Environment Institute to monitor progress of the recently approved antenatal care study SWAP is implementing on their behalf.

The Deputy Country Director attended a HENNET dissemination meeting of a research done in Nairobi. SWAP is active member of HENNET, the National Health NGO Network.

SWAP held an exhibition on the Kisumu KEMRI Scientific WASH Conference.

SWAP received visitors from Living Goods who have a similar health / Business model in Uganda and who are planning to come to Kenya. Previously we visited them in Uganda and adopted some of their strategies.

SWAP had regular consultations, telephone conferences, email conversations with the partners from Procter & Gamble and George Washington University and CDC. Dr Rob Quick from CDC Atlanta also serves as a member of the Board and calls in bimonthly. We also received a visitor from Procter & Gamble Brussels to explore collaboration especially research opportunities similar to what SWAP did with Procter & Gamble Germany.

## **Challenges**

The delay in approval for the baseline which is now completed caused a delay in starting activities for the two remaining Jamii Centers. There is a constraint of time but we shall have the last one launched before the end of the year.

Still bureaucratic delays in connecting Ahero to electricity which delays installing the point of sale software.

Another challenge is that the USAID/DIV budget does not cover salaries 100%, so we are relying on other revenue (sales and research) to manage this. Year one is starting and learning lessons and delay in setting up the Jamii Centers will also require more time to increase revenue. This leads often to cash flow problems. However a revised budget was submitted and approved by the AOR, but waiting for any questions from the procurement department.

We replaced the Project officer for the Jamii Center due to poor performance and stock management. The field officer who worked in the research department has taken charge of the Centre and we have seen immediately an increase in sale.

Still challenged by the complexity of the entire program, prices change, wholesale and retail, sales to households, traders and organizations, new systems and software, competing companies, monitoring on the ground with limited resources.

Expect lower sales in December, because it is a short month and January, because parents are looking for school fees to take children to school. This is a common trend every year.

## **Way Forward**

SWAP will strive to professionalize and commercialize its distribution model of health products, continue to improve on the existing Jamii Centers and the Sub Distribution Center, recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP aims to develop a sustainable business model while improving health.

SWAP is increasing efficiency by embracing modern technologies. This will reduce losses and risks and SWAP will be able to detect early any variances or irregularities and correct. SWAP recently invested in increased stock of products to avoid any stock outs and increase revenue. SWAP submitted a proposal to explore a mobile enabled product logistics and supply chain system to help track products through the distribution process, trigger product stocking alerts when supplies run low, and provide real-time data on product usage and trends. This, in combination with the already implemented point of sales system and use of mPesa bulk payments, will help create a much more efficient and cost-effective organizational infrastructure for SWAP. SWAP will reduce cash transaction by making use of Paybill, monitor closely the debts and ensure timely collections following credit policy.

SWAP will start the testing of different sales techniques and payment options in the Jamii Centers. More focus will be on mentoring CHP's on how to increase their sales and also providing quarterly incentives for those who perform best.

SWAP will start the identification of 6 Jamii Centers for 2015.

SWAP has been requested by PSK to submit a scope of work and budget for a potential 9 months extension of the Aphia Plus HCM project and scale up to Ugenya which is within Siaya County. This has gone for approval to USAID. The activities will focus on HIV, Malaria and Diarrhea Prevention.

There has been a handing over of the office after it was sold by the previous land lord. SWAP will enter into a new lease with the new landlord. Rent will increase as per 1<sup>st</sup> of January 2015.

The office will close with an end of year party at Impala Park in Kisumu. The office will reopen and activities will continue on the 6<sup>th</sup> of January 2015.

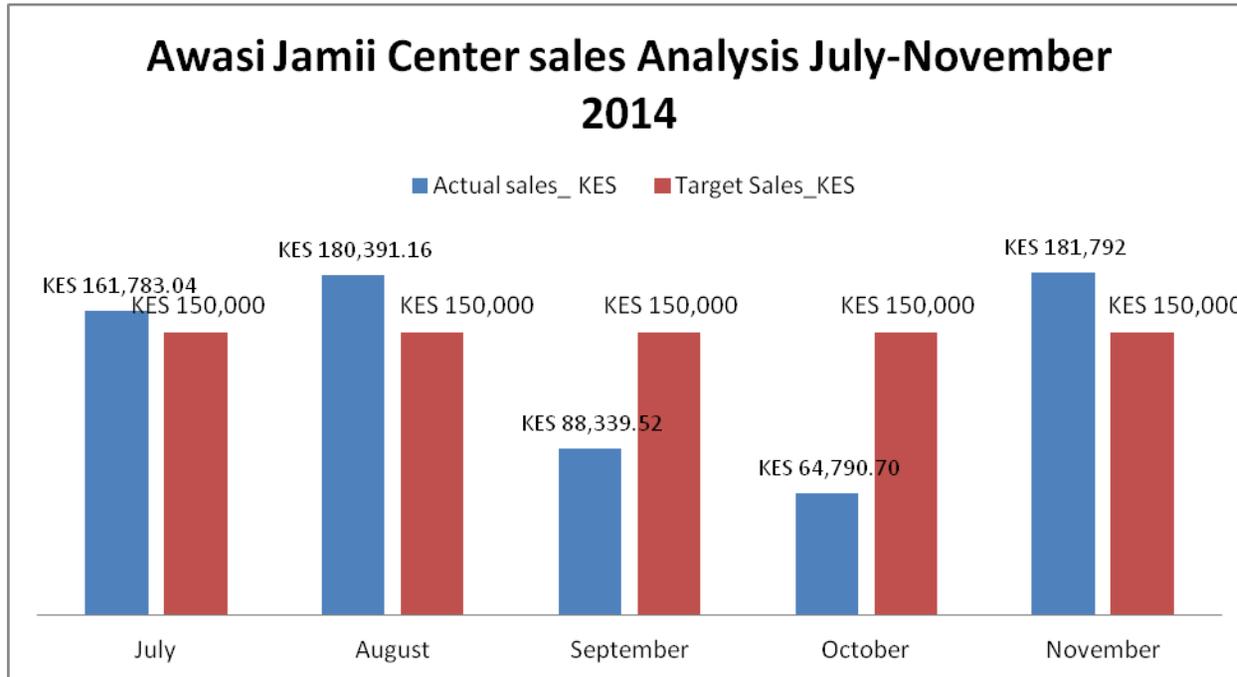
### Financial Statement Awasi, Ahero, Nyakwere July –November 2014

<b>1. Financial Statement for Awasi, Ahero &amp; Nyakwere for the period JULY- NOVEMBER 2014</b>						
	<b>Awasi</b>		<b>Ahero</b>		<b>Nyakwere</b>	
		<b>KES</b>	<b>KES</b>	<b>KES</b>	<b>KES</b>	<b>KES</b>
<b>Sales</b>		677,096		753,421		333,454
<b>Initial stock</b>	298,412		218,270		228,422	
<b>Stock Value transferred for Sale</b>	621,861		982,512		498,613	
<b>Closing stock</b>	- 280,287		- 560,551.00		-414,603	
<b>Cost of sales</b>	-	639,986	-	640,231	-	312,432
<b>Gross Profit</b>		<b>37,110</b>		<b>113,190</b>		<b>21,022</b>
<b>Contribution Margin%</b>		<b>5%</b>		<b>15%</b>		<b>6%</b>
<b>START UP COSTS</b>						
<b>Start Stock Value</b>		298,412		218,270		228,422
<b>Computer and Accessories</b>		61,700		54,000		4,900
<b>CHPs Training</b>		159,504				
<b>Refresher Training</b>				32,400		8,560
<b>Leaders Orientation and Launch</b>		45,000				

<b>CHPs Bags-Branded</b>		44,800				
<b>Sub-total</b>		<b>609,416</b>		<b>304,670</b>		<b>241,882</b>
<b>Fixed Costs</b>						
<b>Staff Salaries</b>		40,000		40,000		40,000
<b>Utilities</b>		5,000.00		3,000.00		3,000.00
<b>Rent</b>		50,000		14,000		0
<b>Sub-total</b>		<b>95,000</b>		<b>57,000</b>		<b>43,000</b>
<b>Total costs</b>		<b>704,416</b>		<b>361,670</b>		<b>284,882</b>

**Sales trends Analysis.**

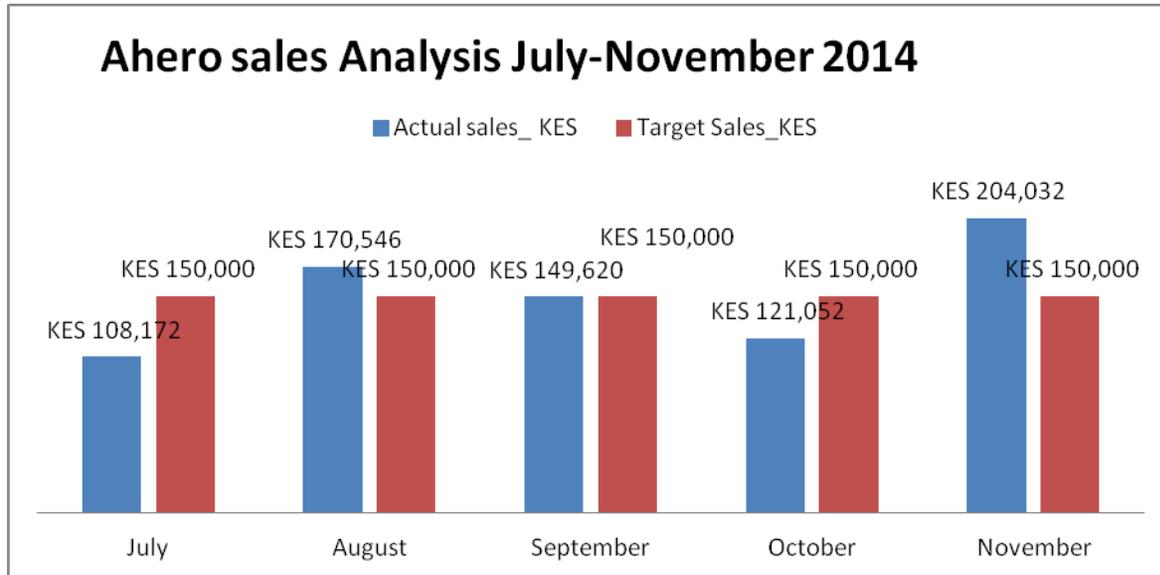
**Awasi Jamii Center**



Sales reported in July-August indicated a growth until September-October with a decline in sales attributed to poor performance by field Officer not able to engage CHPs in meeting monthly targets, debts accrued by CHPs meaning they were not able to access products, drop in CHPs due to failure to repay their debts in time within stipulated debt repayment period (one week), and Government Malaria campaign through distribution of free Insecticides Treated Nets.

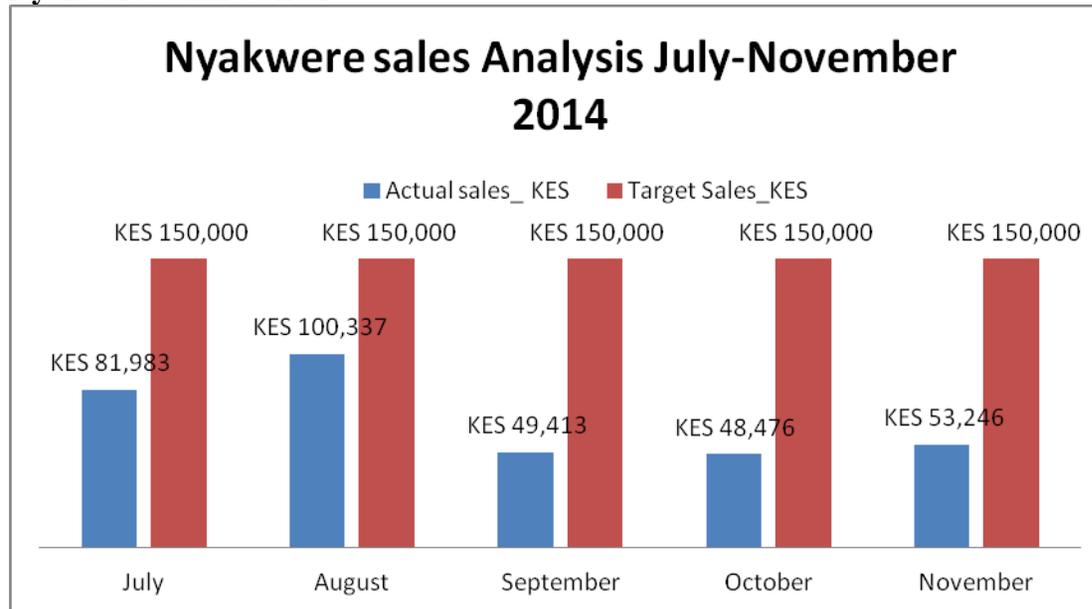
In November the trend reversed, sales increased by 181%. This was attributed to management decision to replace Field Staff who was in-charge of sales with already existing staff, Community Health Promoters (CHP) meeting on debt recovery plan and CHPs receiving training on marketing skills in the months of October. All triggered upward trends in sales volume of which is expected to continue.

**Ahero Jamii center.**



Sales per month are close to target of Kes 150,000, this indicate an increasing trend except a fall in October on sales volume attributed to Field staff attending training on marketing techniques,table banking in Kisumu and stock out.

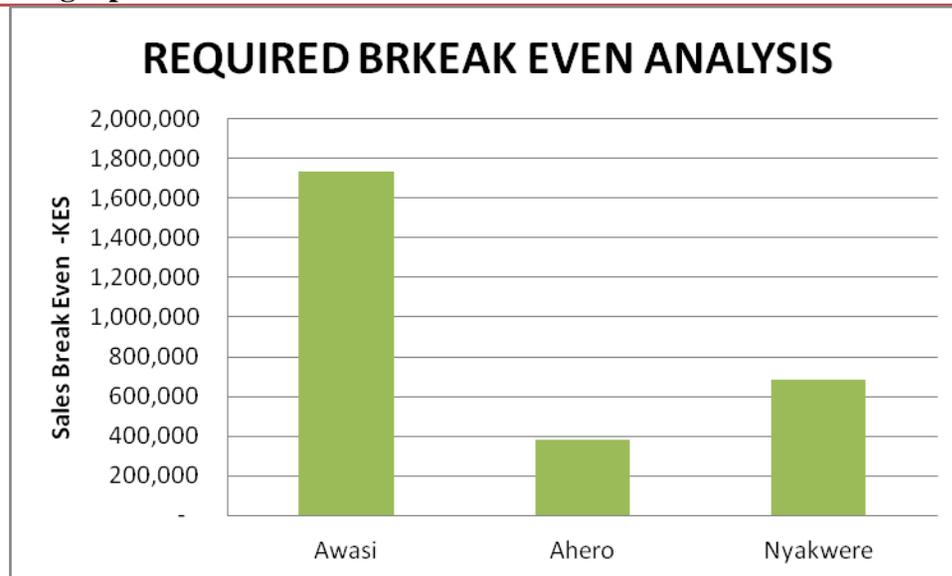
## Nyakwere Jamii Center



Nyakwere sales were in the increasing trend in July-August 2014, this just after a recruitment of new members and refresher training. The decline is attributed to drop out by CHPs who opted to join Government polio campaign as volunteers and mass bed Net Distribution.

## Break Even Analysis

<b>BREAK EVEN ANALYSIS</b>			
<b>Item</b>	<b>Awasi</b>	<b>Ahero</b>	<b>Nyakwere</b>
<b>Sales</b>	677,096	753,421	333,454
<b>Contributin Margin</b>	37,110	113,190	21,022
<b>Contributin Margin Ratio</b>	0.05	0.15	0.06
<b>Fixed Costs</b>	95,000.00	57,000.00	43,000.00
<b>Required estimates of Break Even</b>	1,733,351	379,406	682,072
<b>Average Required per Month</b>	346,670	75,881	136,414
<b>Target per CHP</b>	11,556		



The graph show the required sales to cover Jamii Center's costs, Awasi has the highest required sales for the period under review. This is expected to reduce in the subsequent months with sales increase. The CHPs training in October and CHPs target per month is expected to sustain an upward trend observed in November 2014.

Ahero required sales to break even is encouraging, it has shorter distance to cover since their current sales for the time period is Kes 753,421 for an average per month of Kes 150,684.

#### (I). AWASI

Awasi's current contribution margin is Kes 37,110. It needs to sell on average Kes 346, 670 per month to absorb its fixed costs such as: Office rents, salaries, Utilities and other overheads. Awasi jamii Center was launched by end of June 2014 and operations began in the month of July 2014. The CHP were trained and introduced to products.

#### (II). AHERO

Ahero was an existing Jamii center prior to USDIV funding, CHPs received refresher training. Required break even sales on average per Month is KES 75,881. The current CHPs are committed, during the last quarter rating overall best CHP was from Ahero with average sales per month Kes 40,000. We still expect to see upward trend in sales. The incentives such as bags for all CHPs for loading products and rewards of best performing CHP will motivate to be able to sustain upward trend in sales.

#### (III). NYAKWERE

Nyakwere, just like Ahero, is a pre-existing Jamii center prior to USDIV project, and required breakeven sales on average per month, is Kes 136,414. Monthly sales has not been impressive due to low number of active CHPs, the current CHPs active stand at 8, there has been effort to recruit more to reach the minimum of 25 CHPs per jamii center.

### **Evaluation of CHP performance**

SWAP has continued to evaluate the performance of their individual CHPs, so that we can take corrective action by offering more supervision to the underperforming CHPs and also reward the best performing CHPs using the CHP sales tracker. This is in a bid to be able to motivate individuals hence increase volume of sales from all the centers and by extension to SWAP thereby accelerating the road to enhanced sustainability. The CHP sales tracker tool helps in ranking the individual CHPs per center. SWAP has developed a reward system that has started being effected in different levels. We developed the quarterly ranking per centre as well as monthly motivation of the CHPs .The first motivation scheme was implemented in the last quarter in the already existing Jamii centres

including Ahero, Awasi, Nyakwere. The motivational products of choice being the mobile phone, the solar lamp, and airtime for the CHPs which are part of products from SWAP basket of goods.

Below is an illustration drawn from Awasi Jamii Centre ranking the CHPs by the monthly profits they make

	CHP NAME	July	Aug	Sep
1	Jackline	1373.6	1387.82	1196.76
2	Nancy	830.9	1100.88	383.02
3	Pauline	757.5	625	657
4	Magdalena	662.04	570.28	536.52
5	martha	712.02	756.5	255
6	Evalyn	562	838	0
7	Eunia	685	576	130
8	Nyangota	738	550.56	0
9	Mercy	425.76	510	296.76
10	Gundi	302	560	294
11	Owuor	572.52	150.28	418.12
12	Berlyn	342.56	370.56	379.56
13	Dophine	462.26	293.76	263.38
14	Esther	628.76	199.88	147
15	Christine	705.12	251.56	0
16	Dorothy	349.52	578.28	0
17	Fleria	356.56	203	269.26
18	Naomi	195.88	307	202.88
19	Patricia	134.5	0	0
20	Rose	17.76	46.76	0

## **Marketing approaches**

In SWAPs plan of encouraging and monitoring instalment sales for select more expensive products, tracking completed purchases, defaults and trends in use of these sales methods over time, SWAP had selected two expensive products that we will use to evaluate instalment payments methods in the communities we are serving. These are; the Ceramaji filter set that goes for 2250 Ksh that provides treated water for the households and the solar lamp s20 for lighting (green energy) that goes for 1000 ksh. These two products were to be put on trial in two of the 3 Jamii centers established in year one. In each center 10 CHPs who had shown promise in their sale and particularly on selling these kinds of products were to be given 3 of these products to promote using instalment method. They were required to obtain an initial down payment of 1/3 of the total price and 2 months instalments on the balance. This was put on hold due to the delay in approval from KEMRI IRB which inadvertently extended to the baseline survey and by extension the set-up of the three centres to be rolled in year one. The second centre at Homabay was launched in November and the third in Kakamega in December. The delays notwithstanding we put mechanisms in place for these trials and agreed with the field officers on which particular centres that will take on the specific products for the instalment payment model; Homabay centre taking up the solar lamp while Kakamega Jamii centre taking up the Ceramaji filter. The results from these trials thusly will not be able to be documented during year one but the first quarter in the second year.

SWAPs plan to measure the impact of various marketing approaches such as trial based approaches was also slowed down by the above cited delays but on this front, some of the approaches have started being implemented; for instance conducting direct sales from the Jamii centre vis a vis door to door approach to the community members. This was initialized immediately upon the establishment of each of the centres i.e. Awasi, Homabay and Kakamega. Preliminary data filtering in from the informal discussions and formal meetings held with the CHPs indicate that; the door to door method is a more effective product delivery approach to the community members. The major challenge of this model as at now is that at times the CHPs reported doing credit sales and thereafter facing difficulties when collecting these debts, but they reported that in this way they are able to reach more people in their communities. The direct sales from the Jamii centre have so far reported lower volumes of sales but the strong point in this model is that when a community member comes to get a product most of the times they will always come with cash at hand.

SWAP is currently giving the Community health promoters goods worth 5000 on credit after which they do the weekly sales and reconcile at the end of the week. However we are looking at having alternative ways to have the CHPs to finance the products they receive weekly by encouraging the CHPs to use their personal savings or use groups by employing Village savings and loans methods to be able to raise the capital for the engagement.

This is still meeting a lot of challenge being that we are serving very vulnerable and underserved communities.

### Product Sales

November					October				
Product		Price			Products		Price		
	Sales Volume	Wholesale	Retail	Margin		Sales Volume	Wholesale	Retail	Margin
Ariel 45 gms	8993	11.52	13	1.48	Ariel 45 gms	10135	11.52	13	1.48
Loving Tissue Paper	4791	18.5	20	1.5	Supanet Rectangle(green)	4745	115	150	35
Supanet Rectangle(green)	2557	115	150	35	Loving Tissue Paper	4033	18.5	20	1.5
Ariel 100 gms	2019	22	25	3	Ariel 100 gms	1975	22	25	3
Lido Bar Soap	1491	83	90	7	Lido Bar Soap	1152	83	90	7
Waterguard	688	20	25	5	Waterguard	1112	20	25	5
Always Ultra Thin	680	74	78	4	Always Ultra Thin	599	74	78	4

Ariel 200 gms	514	45	50	5	Ariel 200 gms	508	45	50	5
Ariel 500 gms	486	120	125	5	Always Maxi Thick Long	470	74	78	4
Pampers LC Maxi	378	200	205	5	Ariel 500 gms	463	120	125	5
Always Maxi Thick Long	306	74	78	4	Ushindi Medicated Soap	413	20	20	0
Ushindi Medicated Soap	282	20	20	0	Pampers LC Maxi	369	200	205	5
Always Ultra Unscented	176	80	85	5	PUR	289	6.5	7	0.5
Msafi Soap	173	80	82	2	Msafi Soap	285	80	82	2
Pampers LC Mini	160	200	205	5	Pampers LC Midi	214	200	205	5
Pampers LC Midi	151	200	205	5	Trust Classic	156	22	25	3
Ariel 1 kg	115	220	240	20	Pampers LC Mini	136	200	205	5

September			August		
Products			Product		
	Sales Volume			Sales Volume	
ARIEL 45 GRMS	12808		ARIEL 45 GRMS	11499	
LOVING TISSUE PAPER	6151		GREEN SUPERNET	5816	
ARIEL 100 GM	2983		LOVING TISSUE PAPER	4623	
GREEN SUPERNET	1922		ARIEL 100 GM	2046	
LIDO BAR SOAP	1781		LIDO BAR SOAP	1874	
ALWAYS ULTRA THIN 16*8	1111		WATER GUARD	1069	
WATER GUARD	910		ALWAYS ULTRA THIN 16*8	929	
AQUATABS	746		ALWAYS MAXI THICK 18*7	557	
ARIEL 500 GM	731		PAMPERS MAXI LOW CNT	525	
ARIEL 200 GM	643		ARIEL 500 GM	491	
ALWAYS MAXI THICK 18*7	636		ARIEL 200 GM	354	
Msafi	616		USHINDI GREEN	224	
USHINDI GREEN	607		PAMPERS MIDI LOW CNT	223	

PAMPERS MAXI LOW CNT	561		Trust classic	216	
MIX ME	268		TRUST CONDOMS	192	
PUR	263		PUR	181	
PAMPERS MIDI LOW CNT	251		TRUST STUDED	88	

The fastest moving products are the hygiene products specifically Soaps (both the powder and bar soaps) .This is illustrated from the monthly sales, from the already existing centers. The other fast moving product is the insecticide treated bed net which we obtained from PSK at a subsidised rate, however recently it has met substantial challenges owing to Universal free net distribution in the communities as well as an increase in the price from 60 KES to 150 KES.

The products with the highest Margins including the ceramaji filter s i.e. 100 KES are not fast moving goods thereby leaving LLINs as the most viable product with a margin of 35 shillings to the CHP followed closely by Lido bar soap with a profit margin of 7 KES.

Discussion at the community level why we see these trends on these particular products that have been cited include the affordability and the importance attached to these products.” you have to wash you your clothes your plates and shower every day, so you have to have soap and lido is cheap, lathers nicely and bigger compared to other bars soaps” the CHPs also bring it to our homes “

### **Public Private Partnerships**

SWAP has continued exploring strong partnerships with both private and public players in a bid to further consolidate gains made in the Jamii centre model, Sanivation, Living Goods, Human Needs Project are among the many CSOs who have expressed interest in learning SWAPs model having seen the viability of the model in shared forums where we have continued to inform other stakeholders of our model.

PSK is the provider of some of the products in SWAPs basket and being that they support many other CSOs, they have shown keen interest to learn the model and help SWAP strengthen it as well as share it across with other CSOs so that they too can adopt our

model. SWAP received in 2013 the Aphia Plus HCM sub award with two other partners UZIMA and SCOPE. SWAP established two sites and worked with community health workers focusing on malaria, HIV and diarrhoea prevention. PSK facilitated several meetings and trainings for all these partners and Uzima came to learn from SWAP's business model while SWAP visited SCOPE at the Coast to share experiences and learn lessons. SWAP is now applying for an extension of 9 months with additional USAID funding to replicate the same activities in Ugenya, Siaya County. SWAP has been working in partnership with PSI/PSK since 2006 and received in 2007 its first USAID funded sub award. Even without funding PSK remains an important partner since SWAP sells and promotes their products.

The Ministry of Health is yet another strong partner who we have brought on board fully and provides SWAP with an enabling environment to operationalise our Model. We have signed Memoranda of understanding by the respective county MOH representatives so as to work seamlessly within their areas of jurisdiction and SWAP is actively participating in the technical working groups facilitated by the Ministry of Health. SWAP is member of HENNET, a National Health NGO Network and has served the maximum four year terms in their board. HENNET stimulates the linkages between the NGO's, Private Sector and the Ministry of Health.

Procter & Gamble continues to provide technical advice on the business model and has offered continuous support supervision and growth monitoring. They also provide SWAP with a majority of the products in the Basket through their local Distributor HASBAH. Tom Henrich from Procter and Gamble has visited several times during 2014 and also introduced SWAP to P&G Germany for which SWAP has been undertaking two diaper application and diary studies. SWAP recently was introduced to representatives from P&G Brussels and we expect to undertake more studies on behalf of P&G.

Proposals are currently being developed in collaboration with Rand Corporation, Liverpool School of Tropical Medicine, including the Community Health Promoters/Jamii Centers model in research and health interventions. With both partners we have previously been implementing partners during a just completed antenatal care study and a menstrual hygiene study.

In 2015, we will continue to build partnerships to expand products in our basket of goods if appropriate. We also plan to build technology partnerships to continue to improve efficiencies in product distribution and inventory management as noted earlier. We have applied for grants to enable these technology partnerships and are hopeful that they will be successful in 2015.



**SAFE WATER AND AIDS PROJECT**

**Grant No: AID-OAA-F-14-00001 "Improving Health through Micro-Entrepreneurship in Western Kenya"**

**Contact:**

**Alie Eleveld – Country Director**

**E-mail: [alie@swapkenya.org](mailto:alie@swapkenya.org)**

**Website: [www.swapkenya.org](http://www.swapkenya.org)**

**P.O. Box 3323-40100 Kisumu**

**Tel (+254) 20-2030712**

**Main office: Off Aga khan Road,**

**Behind Royal City Hotel Milimani Kisumu**

**APRIL 2015 MILESTONE 7 REPORT**

## **SECTION I: SWAP'S ACTIVITIES AND ACHIEVEMENTS**

### **Background Information**

An agreement was signed between SWAP and USAID/DIV starting 2<sup>nd</sup> December, 2013 and is a three year program for scaling up to 18 Jamii Centers supported by about 360 trained community health promoters who sell health products from the centers and from door to door and are also trained in health promotion messaging, social marketing, behavioural change techniques, business skills, primary health care, record keeping and stock management. This program is in partnership with George Washington University, CDC, Kemri/CDC and Procter and Gamble and this project will explore a sustainability model through funding from USAID/DIV.

SWAP submitted the implementation plan, an M and E specialist was hired, and letters of support were received from all partners as well as from the Ministry of Health, indicators and business model and study design developed. Upon submission of the first five milestone reports SWAP received funding in instalments as follows:

- First Instalment – USD 50,000 – January 2014
- Second Instalment – USD 100,000 – March 2014
- Third Instalment – USD 100,000 – April 2014
- Fourth Instalment – USD 100,000 – October 2014
- Fifth Instalment – USD 100,000 – November 2014
- Sixth Instalment – USD 50,000 – January 2015

### **General Achievements**

SWAP completed the annual report and disseminated this to the various partners, donors and the Ministry of Health.

SWAP has been selected out of 120 applicants to join the IPIHD Network and SEAD 2015 cohort of innovators. IPIHD is a non-profit organization founded by Duke Medicine, McKinsey & Company, and the World Economic Forum and hosted at Duke. It aims to improve health worldwide by supporting the scale and impact of promising innovations. IPIHD is supported by and collaborates with a global and diverse group of organizations that are committed to strengthening and increasing the scale of health innovations.

IPIHD increases awareness of promising new strategies to address health challenges by creating a network of innovative models and offerings developed by organizations from around the world. It increases the capacities of these innovative organizations by providing key resources and connections. IPIHD increases the scale of impact of these innovative models and offerings by facilitating their adoption in new contexts. It also facilitates the development and dissemination of focused insights and new evidence about these innovations and their strategies to scale and replicate. IPIHD innovators benefit from business support, networking and learning and access to funding.

The Social Entrepreneurship Accelerator at Duke (SEAD) is a global health enterprise accelerator executed by partners within and outside Duke University. Launched in 2012, SEAD is a USAID-supported effort that mobilizes a community of practitioners, investors, policymakers, faculty, staff, and students to identify, assess, build capacity of, and scale health and healthcare enterprises in developing countries around the world (focused now on India and East Africa).

Through SEAD, a subset of IPIHD, innovators have the opportunity to participate in a rigorous program of engagement and evaluation designed to help them scale their impact.

SEAD is a three year program and benefits for the innovator is that;

- § SEAD can provide expert-developed resources to frame and think through different scaling options.
- § SEAD can help you prepare for investor pitches and connect you with potential funders.
- § SEAD can provide tools and resources to help you measure, analyse, and communicate your performance.
- § SEAD can connect you with potential partners from our global network.

Chrispin and Alie attended the first IPIHD/SEAD innovators webinar to be oriented on the partnership, introduced to the other innovators and to discuss planned activities and the way forward. They also both went to Nairobi for a SEAD/IPIHD dinner to meet other innovators and had a one to one discussion with the engagement officer. An office was opened in Nairobi. The country Director and her Deputy attended the SEAD Summit in Durham in March and thereafter the Country Director proceeded to the IPIHD Annual Forum attended by 150 global health leaders and investors in Washington DC. The SEAD Summit was an intensive workshop with the following topics: strategies for scaling impact, monitoring and evaluation, peer learning sessions, nonprofit and for profit funding, business models for scaling impacts and networking meetings. Both met with various partners, USAID and an MBA student who will offer remote support to SWAP as well as another MBA student who will come during the summer to assist on the ground.

The IPIHD Annual Forum was attended by 150 Global health leaders and business investors as well as NGO's from different parts of the world. The forum included networking reception and dinners, meeting with representatives from Baxter, Medtronic, Novartis, Robert Wood Johnson Foundation, Basic Needs, and World Economic forum, Calvert Foundation, Deutsche Bank, Grand Challenge Canada, Impact Investment Partners and USAID. SWAP as well as other 2015 innovators was given an opportunity to do a power-point presentation. This was followed by session on funder's perspectives on acceleration of global health innovation, harmonizing public and private sector efforts to improve health globally, strengthening the ecosystem to support health care innovation in East Africa and replication of new models of care across borders and continents. .

SWAP responded to cholera outbreak which was in Migori and Homa Bay and some cases were at Marindi Heath Facility which is hosting our Jamii Center. The community health promoters were engaged in the prevention and SWAP joined the Ministry of Health, Red Cross and other partners to intervene by providing household water treatment and health and hygiene promotion. SWAP's lab was used for surveillance by the Ministry of Health to assess the level of contamination of the water sources in the area.

Media coverage: The documentary "It's Africa Time" filmed by a South African Film crew was aired on international channels during the first week of March. (See website)

SWAP received external auditors from Erastus and Company (USAID) approved for the external financial audit over the year 2014. The audit was completed by the end of March 2015.

Capacity building done:

- Labor laws and Human Resource – Federation of Kenya Employers – Catherine Nanjala – HR/Admin Manager
- Shadreck and Company – Grant Management – Juliet Ndolo and Elvis Omondi – Finance Manager/Accountant
- MHealth Conference Nairobi– Mobile Phone Technologies in Public Health – Aloyce Rakinyo – Data Manager
- USAID Rules and Regulations – SWAP Finance Manager – All administrative staff
- SEAD Summit Durham – Strategic Mapping and M and E, business models and networking – Alie Eleveld and Chrispin Owaga – Country Director and Deputy Country Director
- IPIHD Annual Forum – Washington DC - Empowering women and strengthening health systems, funders perspectives on accelerating global health innovations, harmonizing public and private sector efforts to improve public health, replicating models of care across borders, strengthening the ecosystem to support health care innovation in Eastern Africa – Alie Eleveld – Country Director
- Technical Working Group Meeting – Health Promotion – Ministry of Health – George Odhiambo – Sales Manager
- Forensic Audit seminar- Institute of Certified Public Accountants-John Okumu-Internal auditor.
- Audit staff training – Institute of Certified Public Accountants-John Okumu-Internal auditor.

SWAP successfully organized the ninth Kisumu World AIDS Marathon with full marathon, half marathon, relays, children's walk, disabled race and all kind of HIV related activities at the sportsground, the start and finish of the marathon. Over 200 runners from all walks of lives participated and united on the 1st of December, World AIDS Day.

Mama Sarah Obama graced the occasion and it received media attention on the front page of the local newspapers.

Appraisals were done of all employees and the management discussed and agreed on action items.

SWAP became finalist in the Social Initiative for Health Program and was requested to submit additional information. Final selection will be done by the end of April 2015.

SWAP succeeded to launch and establish three sites in 2014, Awasi, Marindi and Shikoye.

The first quarter of 2015 SWAP identified three new Jamii Centers in Yala, Wagai and Kajulu.

Recruitment and training of community health promoters took place in two already established centres i.e. Yala and Wagai. Each site had a ten day training on business skills, social marketing, health and product promotion, social behavioural change communication, record keeping and stock management. Kajulu recruitment has been done of CHP's and training will start in April. The Mennonite Church in Kajulu donated land and SWAP will soon establish a Jamii Centre. Yala and Wagai identified existing but low cost buildings, but in Kajulu a new Jamii Centre will be constructed.

Sales at the beginning of the year were promising due to back to school requirements.

SWAP invested in incentives for the best performing CHP's and awarded them solar lamps and mobile phones in January 2015.

SWAP invested in 5 bikes per centre, which will help reach out to more households and carry bulky products.

### **Awasi Jamii Center-3 Months Sales trend analysis January 2015 – March 2015**

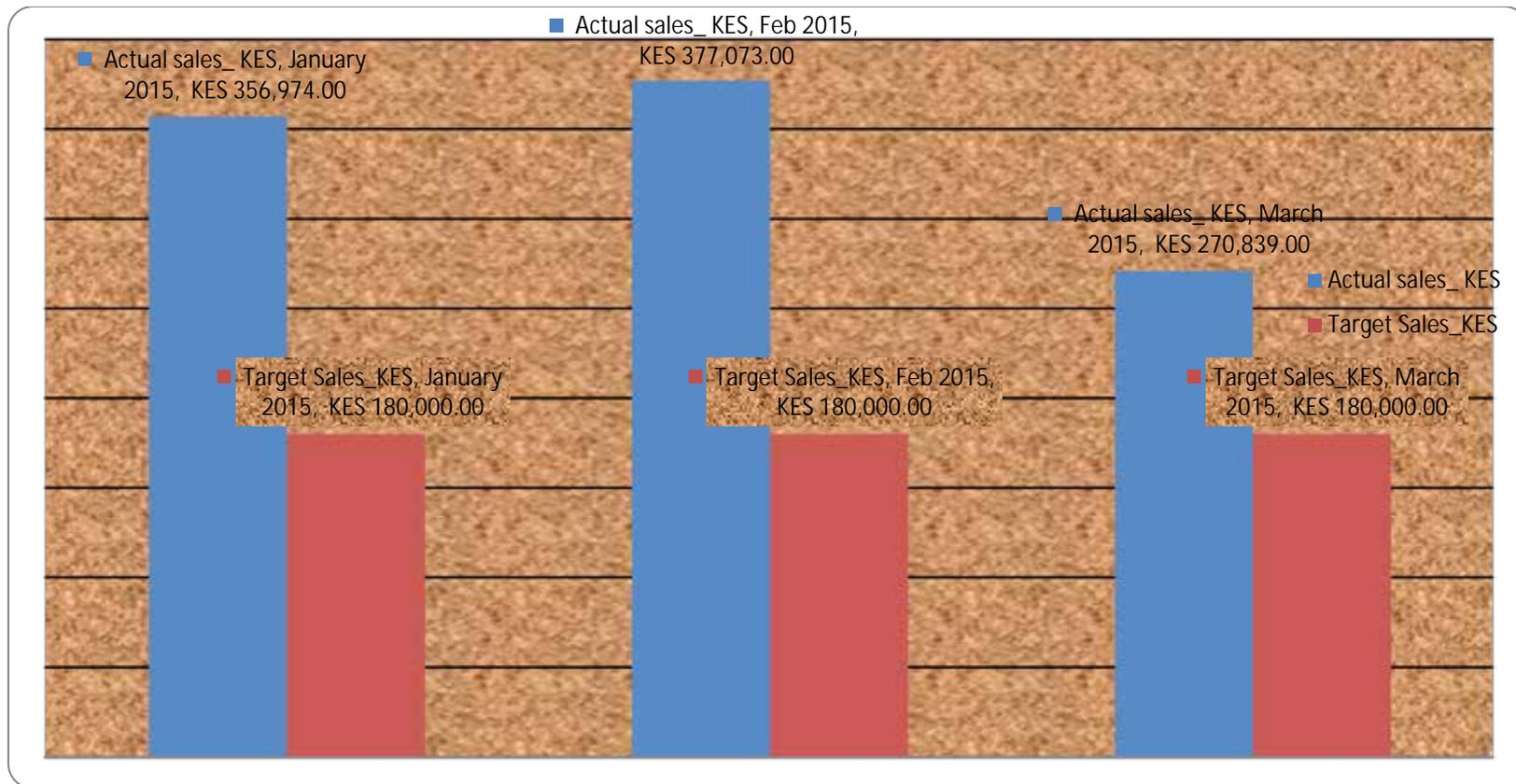
Jamii sales improved, more focus on mentoring CHPs to improve their sales which resulted into Centre reporting

Increased sales beyond set target of collective Kes 180,000 per month revenue.

Closer supervision was also done by various people ensuring regular site visits.

Debt management was improved through weekly meetings which each CHP was expected to attend. CHP's started merry go round which encouraged them to attend and at the same time start saving. This facilitates them to reconcile their sales and request new stock.

New CHP's were recruited to strengthen the existing number. They were drawn from CHP's previously engaged during an antenatal care study and they expressed desire to continue promoting and selling products. They replaced the CHP's which dropped out or which became inactive.

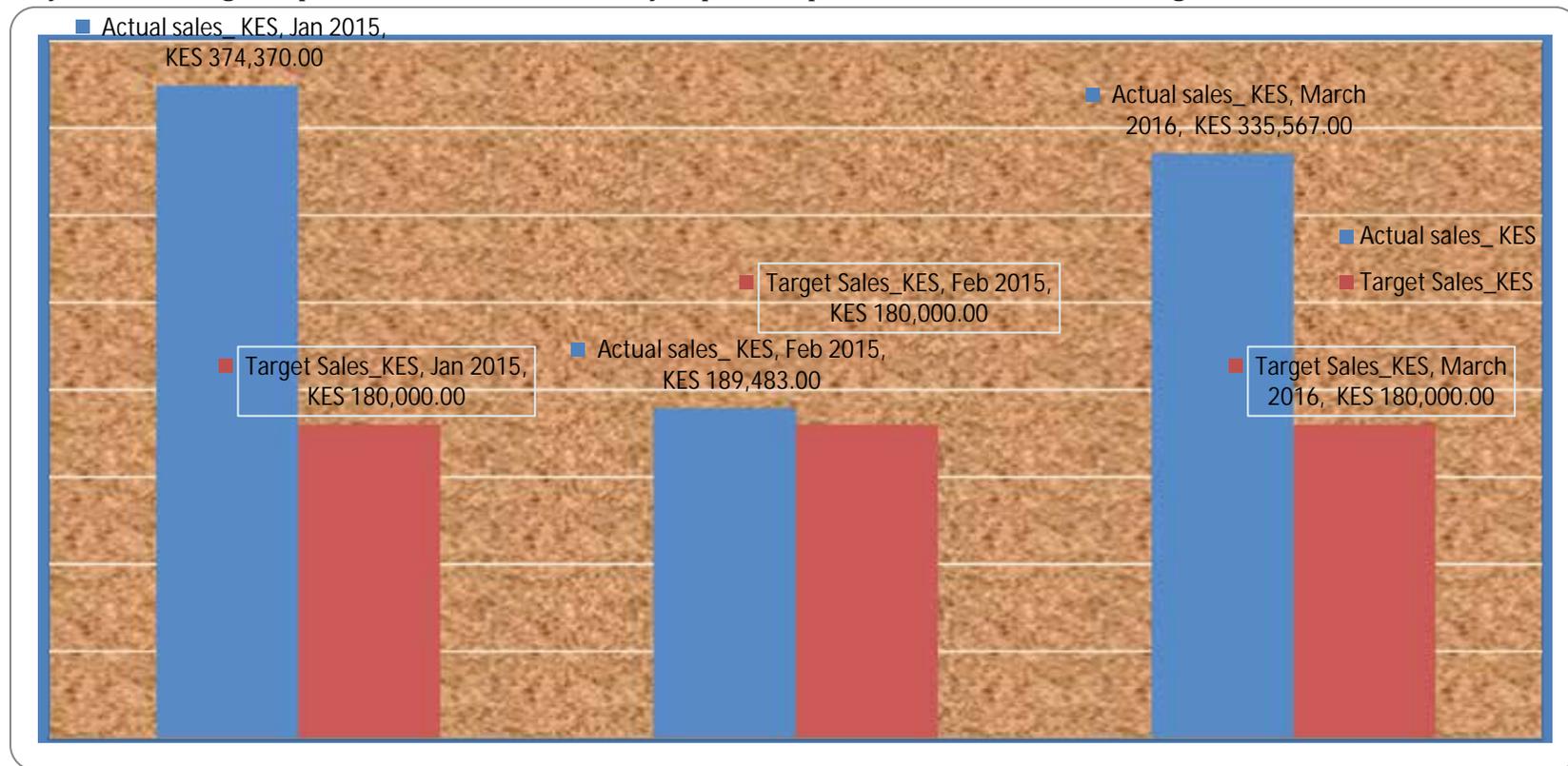


### Marindi Jamii Centre

Marindi started operating last year after recruitment, training of CHP's and launching of the centre which is located at Marindi Health Facility. The Ministry of Health donated land which will assist SWAP with engaging in a sustainable model, since no operation cost like rent will be required.

Marindi has been very promising with sales performances, despite challenges of cholera outbreaks in the area. This increased the sales of water treatment and soaps. Marindi has within the short times of operations exceeded its targets. The project officer manages Homa Bay office alongside Marindi. In Homa Bay he serves groups and loyal customers who still come and purchase products.

The CHPs at Marindi tried out instalment payment on one product, the solar lamp; this so far is showing promising results as a way of marketing this product which is a relatively expensive product in SWAPs basket of goods.



## **Kakamega Shikoye Jamii Centre**

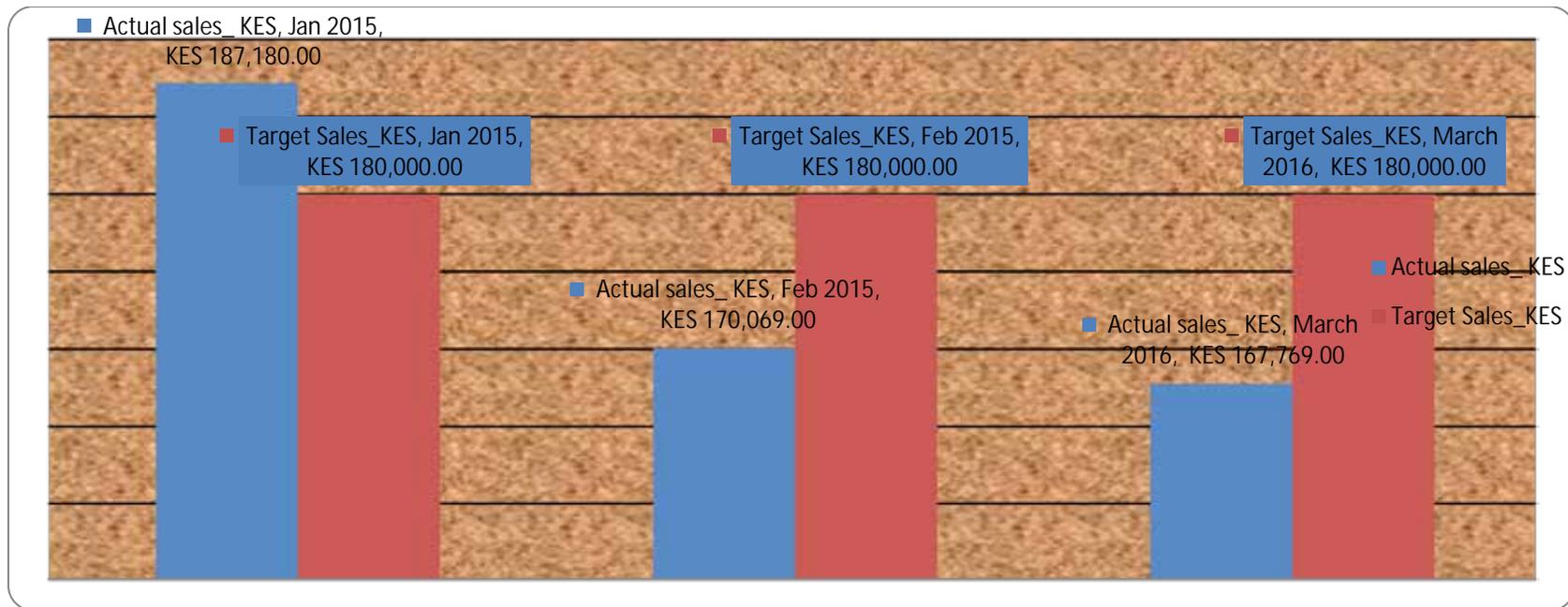
A ten day training was done for the CHP's on business skills, social marketing, health and product promotion, social behavioural change communication and interpersonal communication, primary health care, record keeping and stock management.

Kakamega Jamii Centre was launched in December just before the Christmas holidays and stocking was done in January as well as creating an extended room and branding.

The CHP's started off with a lot of energy and managed to realize some promising sales, reaching their target.

SWAP maintained the satellite office since it is serving a wider area of Kakamega County.

SWAP put on trial an instalment payment design for the more expensive goods in Shikoye Jamii centre by allowing the CHPs to sell the ceramaji through this method. The CHPs welcomed this idea but opted to try it out amongst themselves first before they could try it out with the community members. They wanted to be ambassadors by being able to experience this design first before selling it to the other community members and so far 5 ceramaji filters have been sold to them and they have completed the three monthly instalments. The CHPs are also embarking on a Village savings and Loans approach as members of that group so that in the end they can be able to purchase goods in cash from the Jamii centre thereby relieving SWAP the burden of credit sales which has a lot of challenges.



### Sales Aggregate for Awasi, Marindi and Shikoye Jamii Centers

3 JAMII CENTERS CONSOLIDATED SALES AS MARCH 2015							
Month/Centre	Awasi		Shikoye		Marindi		TOTAL
January2015	KES	324,574.30	KES	187,180.00	KES	374,370.00	KES 886,124.30
February 215	KES	354,680.86	KES	170,069.00	KES	189,483.00	KES 714,232.86
March 2015	KES	270,839.00	KES	167,769.00	KES	335,567.00	KES 774,175.00
<b>Total</b>	KES	950,094.16	KES	525,018.00	KES	899,420.00	KES 2,374,532.16

## **Other Centers overview**

### **Ahero Jamii Centre**

Ahero reported an increase in sales at the beginning of the year, due to back to school sales but still far from meeting its target. The Point of sale installation in Ahero delayed due to lack of electricity but was completed in March.

Ahero has an intern since there are multiple activities at the SWAP model village. Sales are expected to improve with weekly monitoring to ensure center has sufficient stock to avoid stock out, evaluation of CHPs performance and mentorship program which is currently monitored through house hold visits by the Project Officers. It is therefore anticipated that sales will increase beyond the targets line.

Incentives were introduced in December 2014 is also expected to motivate and boost sales in the coming months as every CHP strive to be on to for the reward.

A new Sky hydrant filter was installed which improved the water. Water now sold at Kes 5 per jerry can to be more sustainable.

### **Nyakwere Jamii Centre**

Nyakwere needs an increased number of CHP's to meet their targets. It is very remote area.

Sales have been lowest among all sites.

Despite its low sales compared to other centres, it has lowest overhead costs since it is established on local authority land, no additional rent required.

2015 Jamii Center Sales							
Jamii Centers							
Month	Awasi	Marindi	Shikoye	Ahero	Nyakwere	Yala	Wagai
January	356,974.80	374,370.00	187,180.41	89,809.96	64,218.38	121,428.80	235,361.62
February	377,073.00	189,483.00	170,069.20	157,824.30	58,402.40	272,803.70	466,984.00
March	270,838.50	335,567.00	167,769.00	120,997.50	54,077.00	151,018.00	138,421.00
<b>Totals</b>	<b>1,004,886.30</b>	<b>899,420.00</b>	<b>525,018.61</b>	<b>368,631.76</b>	<b>176,697.78</b>	<b>545,250.50</b>	<b>840,766.62</b>
Offices	Kisumu Front	Kisumu Field	Kakamega	Homa Bay	Mumias		
January	33,733.00	279,511.00	100,000.00	200,000.00	1,822,481.00		
February	302,479.80	521,455.84	4,614.50	199,462.50	1,549,296.88		
March	54,368.00	452,790.00	97,371.50	251,670.98	1,888,324.00		
<b>Totals</b>	<b>390,580.80</b>	<b>1,253,756.84</b>	<b>201,986.00</b>	<b>651,133.48</b>	<b>2,497,457.12</b>		
<b>Quarterly Sale per center</b>							

Awasi	1,004,886.30						
Marindi	899,420.00						
Shikoye	525,018.61						
Ahero	368,631.76						
Nyakwere	176,697.78						
Yala	545,250.50						
Wagai	840,766.62						
Kisumu Front Office	390,580.80						
Kisumu Field	1,253,756.84						
Kakamega	201,986.00						
Homa Bay	651,133.48						
Mumias	2,497,457.12						
<b>Grand Total</b>	<b>9,355,585.81</b>						

### **Wagai Jamii Centre**

SWAP identified a new Jamii Center at Wagai Shopping Center in Siaya County. Here we are renting the space. The Jamii Centre is centrally located. The centre is managed by Evans Samo as project officer who is also managing Yala Jamii Centre as well, since they are located not very far from each other. In February training took place after recruitment of the CHP's. Ten days training was done on primary health care, social marketing, safe water, health and product promotion, stock management, business skills and record keeping. The centre was launched early March and fully stocked with products.

However previously SWAP was working around Yala under the HCM Aphia Plus Program and CHW's were trained to perform some sales among many other activities. This program ended in December 2014. SWAP because of the success and already good relations with the Ministry of Health in the area decided to establish a Jamii Center and do new recruitment and training.

### **Yala Jamii Center**

SWAP identified a second new Jamii Center in Yala, Siaya County. A space is rented in Yala town. Recruitment and training took place in March 2015 and the centre was launched toward the end of March. Evans Samo, is the selected project officer who will be given both Wagai and Yala to manage. We have provided a motorbike to facilitate his movement.

This area was equally served by SWAP under the HCM APHIA Plus program and new recruitment and training was done before launching the Jamii Center. The center was relocated not far from the previous site.

### **Kajulu Jamii Center**

SWAP identified a third new site in Kajulu, which is on the outskirts of Kisumu town. A place was identified at the Mennonite Church where SWAP already over the years had worked with an HIV support group Tumaini, and where one of our most active CHP's operates from. A partner organization Population Service International, had years ago donated a community kiosk which we will expand on and renovate and turn into a Jamii Center. Recruitment has completed but training is planned for April 2015 after which we shall launch the center. A project officer has been identified who previously used to manage the slum program. .

### Mumias Sub D

SWAP made improvements at the SUB D by allocating a vehicle full time and dedicating once per week a second vehicle to do sales to traders. SWAP installed the Point of Sale Software which is not fully in use.

SWAP also opened a separate account and invested in more products to increase the stock levels.

SWAP did mapping of all traders to understand the number of traders to be served.

### Overall sales summary

<b>Jamii Centers</b>							
<b>Month</b>	<b>Awasi</b>	<b>Marindi</b>	<b>Shikoye</b>	<b>Ahero</b>	<b>Nyakwere</b>	<b>Yala</b>	<b>Wagai</b>
January	356,974.80	374,370.00	187,180.41	89,809.96	64,218.38	121,428.80	235,361.62
February	377,073.00	189,483.00	170,069.20	157,824.30	58,402.40	272,803.70	466,984.00
March	270,838.50	335,567.00	167,769.00	120,997.50	54,077.00	151,018.00	138,421.00
<b>Totals</b>	<b>1,004,886.30</b>	<b>899,420.00</b>	<b>525,018.61</b>	<b>368,631.76</b>	<b>176,697.78</b>	<b>545,250.50</b>	<b>840,766.62</b>
<b>Offices</b>	<b>Kisumu Front</b>	<b>Kisumu Field</b>	<b>Kakamega</b>	<b>Homa Bay</b>	<b>Mumias</b>		
January	33,733.00	279,511.00	100,000.00	200,000.00	1,822,481.00		
February							

	302,479.80	521,455.84	4,614.50	199,462.50	1,549,296.88		
March	54,368.00	452,790.00	97,371.50	251,670.98	1,888,324.00		
<b>Totals</b>	<b>390,580.80</b>	<b>1,253,756.84</b>	<b>201,986.00</b>	<b>651,133.48</b>	<b>2,497,457.12</b>		
<b>Quarterly Sale per center</b>							
Awasi	1,004,886.30						
Marindi	899,420.00						
Shikoye	525,018.61						
Ahero	368,631.76						
Nyakwere	176,697.78						
Yala	545,250.50						
Wagai	840,766.62						
Kisumu Front Office	390,580.80						
Kisumu Field	1,253,756.84						
Kakamega	201,986.00						
Homa Bay	651,133.48						
Mumias	2,497,457.12						
<b>Grand Total</b>	<b>9,355,585.81</b>						

## **Partnerships**

SWAP has been selected out of 120 applicants to join the IPIHD Network and SEAD 2015 cohort of innovators. IPIHD is a non-profit organization founded by Duke Medicine, McKinsey & Company, and the World Economic Forum and hosted at Duke. It aims to improve health worldwide by supporting the scale and impact of promising innovations. IPIHD is supported by and collaborates with a global and diverse group of organizations that are committed to strengthening and increasing the scale of health innovations.

SWAP entered a new partnership with TUFTS University and PATH to undertake a water filter study in 75 households. A graduate MPH student will come from US to assist SWAP with this 6 months study.

SWAP received an extension of the Aphia Plus HCM award and will take its activities and open another Jamii Center in Ugenya. Siaya County. This is a nine month extension and the focus is on malaria prevention. SWAP will work with Community Health Workers drawn from Community Units. SWAP also had a site visit from Population Service Kenya for the close out of the previous sub award which ended in December 2014.

SWAP through Life Ball received the good news that the Austrian Fashion Designer Lena Hoschek is selling 6000 dresses whereby for each dress 2 Euro will return to SWAP. The country director has been invited to be guest speaker during the built up activities of Life Ball 2015 which includes the First Ladies lunch and attend the opening ceremony on 16<sup>th</sup> May 2015.

SWAP attended the 10 years anniversary of the Children Safe Drinking Water of Procter & Gamble held in Nairobi with key partners and invited guests. One of SWAP's community health promoters assisted with the purifier demonstration and also was in the panel on stage with Country Director from PSK and Country Director from CARE.

SWAP received one of the Principal Investigators of Stockholm Environment Institute to monitor progress of the recently approved antenatal care study SWAP is implementing on their behalf. SWAP is now half way through the study timeline which is supposed to end in August 2014. SWAP will participate in developing a proposal for a bigger study after this pilot.

SWAP had regular consultations, telephone conferences, and email conversations with the partners from Procter & Gamble and George Washington University and CDC. Dr Rob Quick from CDC Atlanta also serves as a member of the Board and calls in bimonthly. The country director was able to visit Dr Rob Quick while in US.

### **Challenges**

Initial challenges of start-up included teething problems of Point of Sales software which is a tool used to manage stock at the Jamii centres. Some adjustments had to be made, some areas were not yet connected to the electricity, some staff made incorrect entries, but a refresher training was done and also the supplier was able to assist to overcome some of these challenges. All sites have now been connected to the internet.

Unavailability of un-restricted funds makes us often to utilize the income from sales, since donors have restrictions on what their funds can be used for. There are also items which are very essential but which we have not been able to find donor funds for. Another problem is the payment from various donors on reimbursement which can take as long as 3 months which is difficult to manage for a small organization like SWAP.

DA1 form proves to be challenging, due to a non-automated system. Forms need to be typed in triplicate and the process is lengthy and cumbersome. However SWAP is trying to adhere.

Labour laws provide strict rules on staff benefits which include leave, which often is difficult to manage when targets are to be met. The same dilemma is when allowing staff to work on their own career development, but with few universities around many write exams during the same period, which leaves the organization with limited staff.

Mental Change to include a business aspect amongst staff, when their educational backgrounds are mostly in community health. It is a shift in thinking and can be met with some resistance when high performance is expected with ambitious targets. The same applies for the increased need for data under USAID DIV, which was initially challenging for the field staff to adhere to.

The beginning of the year a cholera epidemic occurred in the program area, which needed us to divert our attention and resources.

Insecurity in the area, with increased target of expatriates, caused anxiety and fear among the expatriate community. Security was recently beefed up and seems to be getting better now.

Our sales and marketing officer resigned with immediate effect and this has left a gap at the front office. However SWAP has immediately advertised for the position and expects interviews to be held soon.

## **Way Forward**

SWAP will strive to professionalize and commercialize its distribution model of health products, continue to improve on the existing Jamii Centers and the Sub Distribution Center, recruit and train more Community Health Promoters expanding its geographical coverage, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services with USAID DIV Funding. SWAP aims to develop a sustainable business model while improving health.

SWAP is increasing efficiency by embracing modern ICT technologies. The point of sale installation is in progress at all sites and training on going as well as the full implementation of the use of the same. SWAP opened a Paybill account for the Mumias Sub D to reduce cash transactions. SWAP's paybill account for all other sites is also fully operational.

SWAP started the testing of different sales techniques and payment options in the Jamii Centers. More focus will be on mentoring CHP's on how to increase their sales and also providing quarterly incentives for those who perform best. Kakamega embraced the Village Savings and Loans method, where we hope that eventually the CHP's can use the money from the savings to invest in more products. The other sites are trying out installment payments of the relevant expensive products which require more capital at a go.

SWAP will continue identifying new sites until it will reach the target of 6 Jamii Centers in year 2. Already proposals for suitable sites are coming forward.

SWAP has developed various proposals and is waiting feedback. Also negotiations with some new partners like St Johns Hopkins University and CDC expressed interest to have sub agreements for some research activities with SWAP.

Appendix I

Shikoye Jamii Center Launch and Community Health Promoters Graduation in Kakamega County



Marindi Jamii centre Launch in Homabay County



Awasi Jamii Centre Launch and CHP Graduation

