

Ensuring Healthy Lives

Lessons from
Effectiveness Reviews
of Misean Cara Health Projects



Background

Sustainable Development Goal Three aims to ensure healthy lives and promote well-being for all at all ages. Behind the Goal lies an ambitious agenda, with 13 targets ranging from a reduction in maternal mortality, to ending the AIDS, TB and malaria epidemics by 2030, to strengthening the capacity of all countries for early warning, risk reduction and management of national and global health risks.

Progress is being made in some areas. New HIV infections among children have declined by 58% since 2001. More women in developing countries are receiving antenatal care, up from 65% in 1990 to 83% in 2012. And, since 2000, the administration of measles vaccines has averted over 15 million deaths.¹

But the current reality remains stark for many millions of people. Globally, more than six million children under five die each year; only half of women in developing countries receive the recommended amount of health care; and maternal mortality in developing countries is still higher, by a factor of 14, than in developed regions.

Throughout the world, Misesan Cara member organisations are implementing projects focussed on better health, clean water and improved sanitation. In 2015 and 2016, the organisation commissioned effectiveness reviews of nine of these projects in four countries. This Learning Brief summarises the content of the consultants' reports and identifies lessons learned to inform future work.

Delivering Results

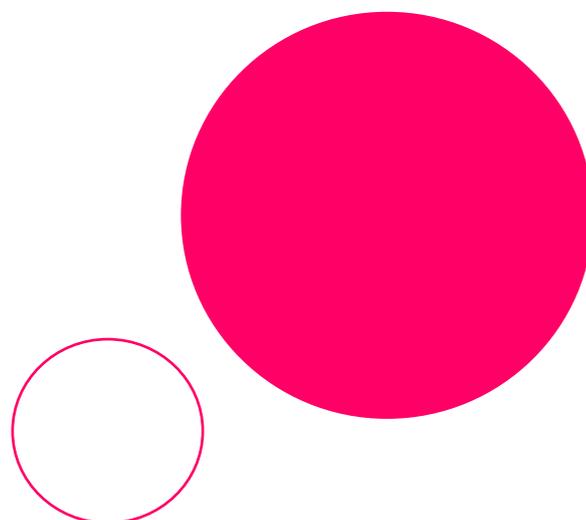
The general finding in both years was that the projects evaluated were delivering tangible results for the target communities. The following points were identified as applicable to all or most of the projects visited.

- Supported by initial participatory needs assessments, projects were highly relevant to the needs of the target communities or groups, and were regarded as effective service providers.
- All projects adopted a holistic development approach, focusing on the broader needs of the person. This led to the implementation of a range of complementary activities within a single project.

- There was a specific focus, in many instances, on seeking to work with groups that were hard to reach, either physically or socially.

“There is evidence that staff from the project tend to be ‘poached’ into the Ministry...and onto other projects because of the quality of training they receive [in the project].”
Coffey, 2015

- In many cases, local government officials and community leaders identified the projects as centres of excellence and models for emulation.
- Projects that had a particular focus on HIV & AIDS reflected a strong understanding of the complexity of HIV and its associated challenges.



¹ <http://www.un.org/sustainabledevelopment/health>

- It was notable how project staff used their networks of relationships to influence official attitudes, managing to maintain good relations with health authorities while also holding those authorities to account for service provision and the allocation of resources.
- Across a number of the projects, significant progress was evident in relation to reducing self-stigma among people living with HIV & AIDS, who were participating in support groups.
- In projects that had availed of it, Misesan Cara's support for organisational and staff capacity development was identified as hugely significant in enabling the projects to deliver results.
- The quality of change experienced by people in target communities is significant, and enhanced by the holistic approach that is central to the missionary approach to development.

At a more detailed level, the following are just some examples of the successes recorded in individual projects:

- In one project in Nairobi, 25,000 people have been tested for HIV, and 1,500 women for cervical cancer, since 2012. This project has a strong relationship with the University of Maryland (through the USAID PEPFAR programme) for building the capacity of local health institutions. The project has introduced such a comprehensive patient monitoring system that the Kenyan Government is seeking to learn from it for its own electronic medical records system. *Kenya 2015a*
- Another project, in Zimbabwe, campaigned to influence the availability of anti-retroviral therapy through lobbying, participating in the parliamentary budget planning process, and organising a petition. *Zimbabwe 2015*
- One organisation, in Peru, is a leading member of a national coalition of HIV & AIDS organisations, with a strong policy & advocacy agenda (see Box 1). *Peru 2015*
- Serving a catchment area of 900km², one project provided mother-and-child health support to over 3,400 mothers and children in a 12-month period, exceeding the original target by over 1,000. Mothers clearly affirmed an increased awareness of the benefits of bringing children for immunisation. Outreach station services reached over 1,500 people, an increase of 500 on the previous year. At the same clinic, a dedicated delivery room was set up, witnessing 33 successful births in its first 12 months of operation. This allowed increased levels of immediate postnatal

care and, where present, helped reduce the risk of mother-to-child transmission of HIV. *Kenya 2016a*

- In the Cape Flats area of South Africa, static and

1 - Raising the Bar for HIV Care in Peru



Instructors and volunteers from Sí Da Vida (SDV) celebrate after completing child safeguarding training. Photo: Missionary Society of St. Columban (Columban Fathers).

In the twin cities of Lima and Callao in Peru, the organisation *Sí Da Vida*, set up originally by the Columban Missionaries, is working to combat the spread of HIV & AIDS by involving people living with the virus in preventive education and in advocacy to ensure adequate healthcare. The target groups for the project include young/adult men who have sex with men, who have a low income, who are unemployed, are economic migrants and/or who are socially excluded. *Sí Da Vida* enjoys a high level of acceptance among other high risk groups also, including the transsexual community, sex workers and prisoners.

The core work of the organisation uses Stanford University's Positive Self-Management Programme (PSMP) for people living with HIV & AIDS. Participants value this approach, and credit it with empowering them to make decisions on their life and healthcare. The PSMP is so highly regarded as a source of improved health outcomes that doctors "prescribe" it to patients along with their medication.

Many former participants in the project have become volunteers or staff with *Sí Da Vida*, and are active promoters of the rights of people living with HIV & AIDS. The consultant's report highlights that "*an important factor that contributes to the success of the project is that the majority of staff, instructors and others with leadership roles are people who live with HIV & AIDS*".

Sí Da Vida is the lead in a 20-agency coalition, *GIVAR*, which monitors the supply of antiretroviral drugs in hospitals and health centres. On one occasion, the coalition became aware that a particular hospital was providing out-of-date medicines to anti-retroviral therapy users. *GIVAR* reported this practice, leading to a thorough review and change of the hospital's processes for drug procurement and distribution. In 2015, *GIVAR* received a World AIDS Day Award for Best Practice in HIV 2011-2013.

Peru, 2015.

mobile HIV health clinics, though operating under

the constant threat of gang violence, still managed to provide post-counselling testing to over 3,700 students, of whom almost half were tested for the first time. The counselling strategy in the project is to provide in-depth sessions of up to 40 minutes' duration, ensuring that people receive a high quality of support even if they opt to have only one session. *South Africa 2016*

- In one project on the Kenyan coast, over 1,700 young people were referred for HIV and TB testing, and there was anecdotal evidence of changes in attitudes to HIV-related issues. *Kenya 2016b*
- In another project targeting the effects of HIV, almost 1,500 orphans and vulnerable children were provided with psycho-social support. *Kenya, 2016c.*

Lessons Learned

A number of common strands emerged across all projects.

What Went Well

- In keeping with the missionary approach to development, all projects demonstrated good to very good levels of community involvement, especially through networks of Community Health Workers (CHWs). In some cases, the CHWs were chosen by the community themselves, further strengthening the links.
- The missionary approach to development incorporates a holistic view of the person, their needs and the responses to these needs. Many projects are, as a result, integrated, and linkages between the various strands of activity can result in strong and lasting benefits for participants.
- The role of trust was seen as a major contributing factor to the overall effectiveness of the projects visited. This trust was earned through the evidence of a long-term commitment to the communities in question, and through a demonstrated willingness to work in areas where others do not.
- All projects were aligned to relevant government policies, and there were strong links with government and other service providers in the sector.
- The use of youth peer educators proved an effective way of getting young people to engage actively with notions of behaviour and attitudinal change in relation to HIV and other issues.

**"A common reflection from beneficiaries and other stakeholders is that project staff were highly trusted."
Coffey, 2015**

Areas for Attention

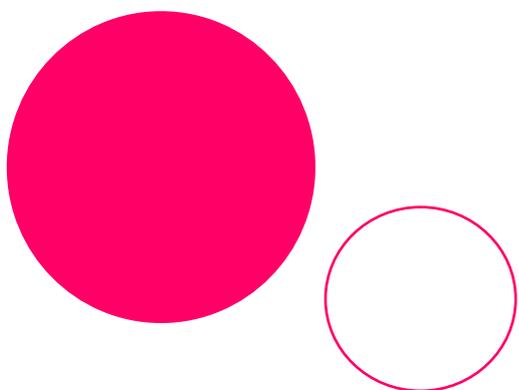
- The linkages between the various strands of activity, mentioned above, are clearly evident on the ground, but do not always come across clearly in proposals and reports. An improvement in this area, as well as contributing to an improvement in services to and health outcomes for beneficiaries, could reap significant rewards in the acquisition of financial support.
- One common shortcoming was that outcome-level changes were not adequately being captured. Most projects were able to provide ready data on inputs and outputs (e.g., training, HIV testing, outreach), but were less adept at identifying deeper and longer-term change in the lives of beneficiaries. But these changes are a powerful part of the story of a project. Ways of measuring and recording such changes should be identified at the outset and monitored regularly during the project period.



Salesian Life Choices, a project run by Misesan Cara member organisation the Salesians of Don Bosco, provides workshops called 'Straight Talks' to school students to become aware of the risks of HIV& AIDS and how to avoid infection. Life Choices aims at reaching every single individual in Grade 9 with four curriculum-based sessions (gender norms, relationships, puberty/sex and HIV and other STI's prevention) given in an interactive way during school hours. Last year, Life Choices reached 2,167 learners with a minimum of two sessions. Photo: Salesians Life Choices. South Africa, 2016.

- Some projects would benefit from a more comprehensive and systematic approach to planning, monitoring, evaluation and learning, including the use of a theory of change or intervention logic, with a set of three or four objectives under the overall project aim. Clear sets of outputs and outcomes, together with indicators, targets and means of verification, can facilitate greatly the ongoing monitoring of the project.

"There was a good gender dimension to all of the projects, with specific problems for women and girls being successfully addressed (e.g. teenage pregnancies; early marriages; attitudes towards sexual violence; MCH; etc.)."
Williams, 2016



2 - Providing Health Care in a Challenging Environment in Kenya



The Area Chief of Kipini addresses the community during the integration programme at Shaurimoyo primary school in May 2015. The stigma around HIV & AIDS remains to be an issue. Community leaders and community health volunteers lead sessions in schools and communities about living with the illness, and prevention. Photo: Franciscan Missionaries of St. Joseph.

Baringo County, in central Kenya, presents a number of challenges to the delivery of health services. The area is prone to drought, and long distances have to be travelled by people seeking or providing health care, a situation that is not helped by the poor state of the road network. In the region, seventy-five percent of people testing positive for HIV delay before accessing treatment, and 38% of HIV-positive pregnant women do not deliver in a health facility.

The Franciscan Missionary Sisters of St. Joseph, supported by Misesan Cara, are bringing high quality health care to the population. With a primary focus on mother-and-child health, the project also works in HIV prevention, counselling and testing, support to people living with HIV & AIDS, and school-based HIV awareness campaigns; all this in addition to providing a regular diagnostic and treatment service, and the only outreach service in the area. Community Health Workers are chosen by the community themselves, assisting greatly in acceptance of project initiatives.

In 2015, the project provided integrated care (antenatal, postnatal and prevention of mother-to-child transmission of HIV) to over 1,200 women, while HIV counselling and testing support was delivered to over 3,600 people.

An indication of the challenges posed by the location can be gleaned from the fact that the immunisation figures for 2015 reached only 50% of the target, due mainly to mothers having to spend time looking for water during the drought. But the numbers still exceeded those for the previous year.

HIV educational outreach work in schools resulted in a reduction in student pregnancies from an average of four per year to one.

Kenya 2016d

Projects Evaluated

The projects evaluated were:

2015	2016
<ul style="list-style-type: none">– <i>Sí Da Vida HIV Project, Columban Fathers (Peru 2015)</i>– <i>Diocese of Mutare Community Care Programme, Religious of the Sacred Heart of Mary (Zimbabwe 2015)</i>– <i>Drug Resource Enhancement against AIDS and Malnutrition (DREAM), Daughters of Charity of St. Vincent de Paul (Kenya 2015a)</i>– <i>Kisumu Urban Apostolate Programmes Pandipieri, Franciscan Missionaries of St. Joseph (Kenya 2015b)</i>	<ul style="list-style-type: none">– <i>Tangulbei Divisional Medical Programme, Spiritans (Kenya 2016a)</i>– <i>St. Vincent de Paul Charity Programme, FMSJ (Kenya 2016b)</i>– <i>Tuvumilliane Witu HIV Prevention, Care and Support Programme, FMSJ (Kenya 2016c)</i>– <i>Salawa Basic Health Care Project, FMSJ (Kenya 2016d)</i>– <i>Health 4 Life Project, Salesians (South Africa 2016)</i>

In 2015, the evaluations were carried out by a team of five from Coffey International (UK), led by Peter Mayers, while the work in 2016 was done by Mike Williams.

About Misean Cara

Established in 2004, Misean Cara is an international and Irish faith-based missionary development movement made up of 90 member organisations working in over 50 countries. We work with some of the most marginalised and vulnerable people in developing countries. Adopting a human rights focus, we support communities addressing basic needs in the areas of education, health, and livelihoods, as well as advocating for economic, social, cultural, civil and political rights. At times of humanitarian crisis, the trusted and long-term presence of missionaries in affected communities also allows for rapid, efficient and targeted responses.

Misean Cara and our members work collectively and individually through the missionary approach to development. This framework is based on five values: respect, justice, commitment, compassion and integrity. Together, these establish the basis for the approach of missionaries to good development practice.

Our Strategy 2017-2021 identifies five goals:

- Uphold the right to quality education
- Uphold the right to better health, clean water and sanitation
- Uphold the right to sustainable livelihoods
- Uphold and advocate for human rights
- Enhance and promote the missionary approach to development.

Further expressing our desire to reach the most vulnerable and marginalised, the Strategy will see Misean Cara bringing a particular focus to bear on targeting five groups: women, children, refugees, displaced people and people with disabilities.



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