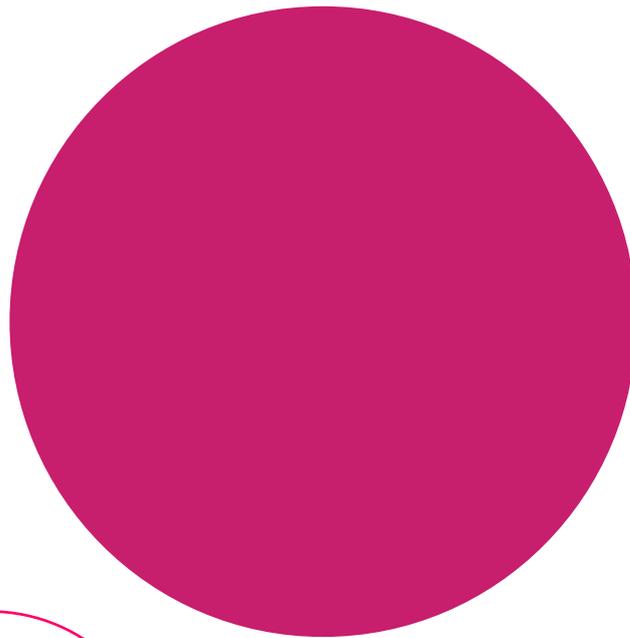


Misean Cara Learning Brief 2020/04

# Delivering impactful health care

Learning from an Evaluation of Health Projects in Kenya



**misean cara**  
Mission Support from Ireland

# 1. Introduction and Background

## Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development.

This Learning Brief captures insights gained from evaluating the projects of six Misean Cara member organisations in Kenya. These projects work to improve healthcare to vulnerable groups in different parts of Kenya, in both rural and urban areas. Like many Misean Cara members, they deliver health care provision with a holistic approach, running complementary activities such as those related to nutrition support, WASH, livelihoods, GBV prevention and advocacy.



*At the Kisumu Urban Apostolate Programme (KUAP) Outreach Clinic in Obunga, nutritionist Dancun Onyango checks Linus Shembeha (9 months), watched by his mother, Sarah Musala Mularo. The evaluation confirmed that the KUAP outreach programme reached 14,868 children (146% of their target) in their clinics for treating and preventing malnutrition.*

The **Sustainable Development Goals** (SDGs) are global targets to address inequality. Goal 3 aims to “ensure healthy lives and promote well-being for all at all ages”.

In its 2019 statistical report,<sup>1</sup> the World Health Organisation (WHO) provided background data that is worth noting in the context of this learning brief:

- In low-income countries, health is frequently compromised by diseases and conditions that are preventable or treatable.
- In low-income countries, one woman in 41 dies from causes related to maternity. Each maternal death affects the health of surviving family members and the resilience of the community.
- The risk of maternal death is elevated by poverty, and thus perpetuates the cycle of poverty in poor communities from one generation to the next.
- Under-5 mortality rates are highest in the African region and in low-income countries, where one child out of every 14 born dies before reaching their fifth birthday.
- The risk of dying from infectious diseases (HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases) is highest in Africa and South-East Asia, and in lower-income countries.
- The risk of death from malaria is greatest in children under five. Deaths from HIV peak in reproductive years, whereas the risk of death from TB, hepatitis B and neglected tropical diseases increases with age.

The population of Kenya is approximately 48 million. According to the 2014 Kenya Demographic and Health Survey,<sup>2</sup> the national maternal mortality rate is 362 per 100,000 live births; the infant mortality rate is 39 per 1,000 live births; and the under-5 mortality rate is 52 per 1,000 live births. Only 58% of expectant women attend the recommended four antenatal care visits and just 62% give birth with the assistance of a skilled provider. The survey indicates that the national HIV prevalence is 5.4% and 25% of children are not fully immunised.

### Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome	LHC	Love and Hope Centre
ANC	Antenatal Care	LWHC	Live With Hope Centre
ART	Anti-Retroviral Treatment	KNASP	Kenya National HIV & AIDS Strategic Plan
CHS	Community Health Strategy	KUAP	Kisumu Urban Apostolate Pandipieri
CHV	Community Health Volunteer	MMM	Medical Missionaries of Mary
DAC	Development Assistance Committee (of OECD)	PLHIV	People Living with HIV and AIDS
DHIS	District Health Information System	PMTCT	Prevention of Mother to Child Transmission
DREAM	Drug Resource Enhancement against AIDS and Malnutrition	SDGs	Sustainable Development Goals
GBV	Gender-Based Violence	TDMP	Tangulbei Divisional Medical Programme
HIV	Human Immunodeficiency Virus	WASH	Water, Sanitation and Hygiene
		WHO	World Health Organisation

<sup>1</sup> WHO (2019) “World Health Statistics 2019” [https://www.who.int/gho/publications/world\\_health\\_statistics/2019/en/](https://www.who.int/gho/publications/world_health_statistics/2019/en/)

<sup>2</sup> National Bureau of Statistics, Kenya (2014) “Kenya Demographic and Health Survey” <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>

## 2. Evaluation Methods

Six projects in Kenya managed by six of Misean Cara's member organisations were selected for an evaluation of their provision of healthcare for the most neglected groups in various parts of the country. Projects were evaluated against all five of the DAC evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability.<sup>3</sup>

Misean Cara contracted Nairobi-based consultancy group Out of the Box Kenya to conduct the evaluation.

Using a consultative, collaborative and participative approach combining qualitative and quantitative methodologies, the evaluators engaged with each project team in a series of workshops, interviews and field visits, including space for reflection, discussion and identification of key learnings. The process explored questions based on the five DAC evaluation criteria, with additional questions addressing the contribution of the missionary approach to development. Finally, data from all sources was triangulated to establish evaluative conclusions.

## 3. Findings

The evaluation evidence showed all six projects performing well against the evaluation criteria, and all promoting equity of access to health, clean water and sanitation. This section considers the evaluation findings in relation to each of the five DAC criteria.

### 3.1 Relevance

The evaluation showed that projects had a deep understanding of the priorities of their target groups and that activities had contributed greatly to the achievement of specific objectives. Project design was informed by participatory needs analyses and mechanisms were in place to get systematic feedback from beneficiaries and other stakeholders.

The evaluation showed that activities and objectives were aligned to, and coherent with, national and county guidelines and policies.

### 3.2 Effectiveness

The evaluation demonstrated achievement of intended outputs and outcomes as outlined in the project documents, with targets exceeded in some cases.

The evaluation found member organisations working in partnership with the Ministry of Health, local and

national government authorities, and other partners in the health sector.

Projects were seen to be contributing to the prevention of ill-health by way of:

- Community sensitisation, which was visible across all projects evaluated;
- Education and awareness-raising in schools and the community;
- Outreach clinics and provision of health services in under-served and remote areas;
- Screening services, including TB and cervical cancer;
- Antenatal care to expectant mothers;
- Immunisation, backed by monitoring of children's immunisation and HIV status;
- Prevention of mother-to-child transmission (PMTCT) and post-natal care; the evidence showed that none of the babies born to HIV-positive mothers were HIV-positive.
- Water and sanitation projects providing community-managed water supply and improved access to clean safe water;
- Referrals systems to receive or send patients to other health facilities and, in some projects, a referral system supporting victims of human trafficking and survivors of GBV.



*Through an integrated approach of community empowerment, advocacy and capacity building, the Kisumu Urban Apostolate Programme (KUAP) provides Community Health and Children & Youth Services to vulnerable groups in Kisumu. Through those services, KUAP improves their quality of life and gives them freedom of choice in life. Here Nursing Officer Alice Owino presents attendance statistics.*

<sup>3</sup> Criteria developed by the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC): <https://www.oecd.org/dac/evaluation/49756382.pdf>

### 3.3 Efficiency

The report noted that management of resources was efficient, with clear financial management processes, updated procedures and manuals, budget analysis, results monitoring, evaluations, and regular feedback from beneficiaries.

The evaluation noted that principles of value for money were applied throughout the projects.

### 3.4 Impact

The projects were found to have sustainable long-term impact on people's quality of life in several ways:

- **Improved wellbeing:** The evaluation noted overall improvement in the wellbeing of patients, not only through the absence of illness, but including a range of physical, mental and social health factors.
- **Health status:** The projects have impacted positively on the health status of the population.
- **Contribution to systems strengthening:** There was alignment with Ministry of Health strategies and active participation in health coordination activities. Projects fed data into government health information systems and participated in health sector annual planning processes.
- **Policy impact:** There was coherence between the projects' strategic plans and local and national policies, which allowed the projects to play an active role in advocacy initiatives at county level.



*The DREAM Centre in Langata, Nairobi provides a wide range of services including HIV counselling and testing, ART treatment, TB screening and treatment, maternal child health services, cervical cancer screening and treatment, home-based care, nutrition to psychosocial support services. Here Adherence Counsellor Grace Makani conducts group counselling for the Centre's HIV-Positive patients.*

### 3.5 Sustainability

A growing sense of ownership of community health activities by project beneficiaries, combined with continuing capacity development, has enabled them to take increasing responsibility for their own health. The evaluation identified Health Champions and Community Health Volunteers involved in advocacy, sanitation, nutrition and community activism.

Sustainability of interventions was achieved through:

- A local development office working to improve project implementation and diversify sources of income;
- Projects actively exploring ways to increase the range and number of funding sources;
- Local income-generation contributing to project costs;
- Registration of projects as legal entities;
- Consolidating links with statutory health providers through activities embedded in the health system, and thus contributing to its strengthening;
- Enrolment of health facilities with the National Health Insurance Scheme.

## 4. Added Value of the Missionary Approach

Misean Cara's 2018 research<sup>4</sup> identified five key features of the missionary approach to development. The evaluation found all five of these reflected in the work of the projects visited with positive effect, as follows:

- **Long-Term Commitment and Local Presence:** Members were found to be committed to continuing to live and work in the beneficiary communities for the long term.
- **Prophetic Vision:** Projects have developed over time, built on experience, passion, and dedication to serving the poor and the marginalised.
- **Personal Witness:** There was clear evidence of the passion and commitment of project staff, who were seen to be true advocates for their target groups.
- **Holistic Approach:** Member organisations take a holistic approach to development, focusing not only on health needs, but also on the psycho-social needs of beneficiaries. Many projects offered counselling services which restored people's dignity and belief in themselves.

<sup>4</sup> <http://www.miseancara.ie/wp-content/uploads/2018/09/LB2018-02-Faith-based-and-Missionary-Approach-to-Development.pdf>

- **Crossing Boundaries:** Those designing and implementing the projects benefitted from the multiplicity of perspectives within global entities.



Since 2000, the Live with Hope Centre (LWHC) has provided HIV/AIDS care, treatment, and prevention and support for orphans and vulnerable children, and run the St Luke's Health Centre. Here Laboratory Technician Hillary Bett checks blood samples from HIV patients.



The Love and Hope Centre (LHC) in Nakuru is an integrated gender and HIV project offering community/home-based care for people living with HIV and AIDS, HIV counselling services, education for life, respite day care, economic empowerment, cancer support and GBV. Here Roselida Ayuma tells how she now runs her own shop in Nakuru.

## 5. Key Learnings

### Learning and sharing between projects

Learning between projects has huge potential for healthcare in Kenya, where innovations can be shared across projects.

### Results-based management

The use of a standardised results monitoring framework would contribute to efficiency in data collection. Linking the results data to the Kenyan District Health Information System (DHIS) is an effective way to integrate project data collection with the national system.

### Advocacy and influencing

Members work with all levels of society and are held in high regard. This brings great potential to participate in policy dialogues to influence change in target communities and engage in advocacy at local and county level.

### Income generation and economic empowerment

Projects can add economic activities to generate income that will help to sustain their services in the long-term. Some services are highly subsidised or free of charge.

### Integration with existing structures

Working within the existing administrative structures and using health volunteers already identified by the government improves integration and also attracts community buy-in and support.

### Gender proofing

By adjusting activities to take account of and expand on behaviours based on traditional gender roles, men can be encouraged to take responsibility for health, and to participate more equally in raising healthy children.



Established in 1995, Tangelbei Divisional Medical Programme (TDMP) provides quality primary health-care services to the Pokot pastoralist community in Baringo County. The programme's services include preventive and curative health-care, maternal and child health services, and nutritional services for children and elderly people. Here are mothers Chepurayi (left) and Chepleke (right) with their babies attending the Outreach Clinic in Sossion.

### Working in partnership

Networking and partnerships with other organisations or institutions, and collaborative work with various stakeholders in the implementation of activities bring positive benefits. This is also key to ensuring wider progress in health-system strengthening.

## Working with young people and schools

As well as bringing direct improvements to health and wellbeing, working with young people can contribute to behaviour change and thus the assurance of future impact across generations.



*MMM Health Centre in Mukuru provides a range of health-care services, both at the centre and through outreach. These include out-patient services, maternal and child health, HIV testing and counselling, prevention of mother to child transmission of HIV, comprehensive care clinic, tuberculosis clinic, diagnostic services, pharmacy and home-based care. Also, in 2017 MMM started working on awareness-raising and action against human trafficking. Here Garbage Collection Youth Teams receive tools and equipment.*

## Innovations

Innovative practices can improve project implementation and thus achievement of results. New replicable, approaches developed by the evaluated projects to enhance and sustain their services include:

- Establishment of a development office to manage funding proposals and fundraising, with a focus on continuity of services.
- Advocacy in policy-making structures where community health champions influence decisions and policy at local level.
- Income-generating activities to help sustain the project. Examples seen included a flour mill and a tailoring unit.
- Working through local community groups to encourage ownership of preventive WASH actions.
- Involving local leadership in the governance of health centres.
- The *Wheel Tool*<sup>5</sup> is used to monitor clients' wellbeing, enabling the project to assess beneficiaries on different measures, including health, sense of belonging, capacity to generate income, and general wellbeing.

- Supporting online education and community meetings can contribute significantly to health outcomes.

## 6. Recommendations

The following recommendations, although relating to the projects involved in this evaluation, also have more general relevance for other health projects.

**National Health Sector Indicators:** The evaluation report recommends that projects consider recording results across all their programme areas using indicators from the National Health Sector Monitoring and Evaluation Framework, which contains all health indicators relevant to a country's Health Sector Strategic Plan. Using these indicators would enable projects to document their impact and validate their data in a common language, which could then be used to influence policy, attract funding, compare with other facilities, and learn from trends in the sector.

**Monitoring Framework:** Some organisations use a monitoring framework per donor and per project. Donors may not necessarily support all elements of their programme, so organisations can have multiple monitoring frameworks to manage.

Consideration should be given to developing an organisation-wide monitoring framework to record results across all programmes. Once this is in place, specific monitoring frameworks (per donor) could be developed as a subset of the overall monitoring framework.

**Advocacy:** It is beneficial to increase engagement in national policy dialogues, either as individual organisations or together as a network.

**Collaboration:** Consider bringing organisations in a particular country together to focus on leveraging their results for a wider impact across key areas of healthcare provision and strengthening.

**Gender:** Consider actions to improve health-seeking behaviour among men across key health areas including HIV (testing, adherence to treatment, management of HIV, reduction of stigma and discrimination), communicable and non-communicable diseases.

**COVID-19:** At the time of writing this learning brief, the world is still in the midst of the COVID-19 pandemic. As of 21/09/2020, 31.3 million cases of COVID-19 have been reported globally, resulting in 965,064 confirmed deaths to date. Four of the projects featured in this evaluation are responding to the crisis through awareness-raising on preventive measures, provision of Personal Protective Equipment (PPE), WASH products, and psycho-social support.

<sup>5</sup> This is a tool developed by LHC who are willing to share it with other members and organisations.

## CASE STUDY:

### COVID-19 response at the MMM Mukuru Health Centre in Nairobi, Kenya.

“In Mukuru, all normal facility work is ongoing, with the use of personal protective equipment (PPE) for staff and community health volunteers going to the field to create awareness. All suspected COVID-19 cases are isolated and referred to the government isolation centre for treatment. There is ongoing sensitisation in communities and placement of handwashing points. Due to lockdown, foodstuff was provided to 2000 families. Meeting people’s nutritional needs is an immediate concern, but supporting the local communities with income-generating activities, empowering people, and tackling issues of GBV are also still of great value.”

*Medical Missionaries of Mary*

Projects Evaluated		
Organisation	Project	Location
Daughters of Charity of St Vincent de Paul	Drug Resource Enhancement against AIDS and Malnutrition ( <i>DREAM</i> )	Nairobi
Franciscan Missionary Sisters for Africa	Love and Hope Centre ( <i>LHC.</i> )	Nakuru
Franciscan Missionaries of St Joseph	Kisumu Urban Apostolate Programme, Pandipieri ( <i>KUAP</i> )	Kisumu
Franciscan Sisters of the Immaculate Conception	St. Luke’s Health Centre - Live With Hope Centre ( <i>LWHC</i> )	Kericho
Medical Missionaries of Mary	Mukuru Health Centre	Nairobi
Spiritans	Tangulbei Divisional Medical Programme ( <i>TDMP</i> )	Tangulbei

## About Misean Cara

Established in 2004, Misean Cara is an international and Irish faith-based missionary development movement made up of 88 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 sees Misean Cara bringing a particular focus to bear on targeting five groups: women, children, refugees, displaced people and people with disabilities.

Misean Cara gratefully acknowledges the funding support of:



**Irish Aid**

An Roinn Gnóthaí Eachtracha agus Trádála  
Department of Foreign Affairs and Trade