



SAFE WATER AND AIDS PROJECT (SWAP)
Annual Report - 2011



H.E. Joost Reintjes, Dutch Ambassador to Kenya, planting a tree at Ahero Model village during his visit to SWAP in December 2011

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List of Acronyms

AAR	African Air Rescue
CHAK	Christian Health Association of Kenya
CSO	Civil Society Organization
CARE	Cooperative of American Relief Everywhere
CDC	Centres for Disease Control and Prevention
ETL	Education Through Listening
FBO	Faith Based Organization
GoK	Government of Kenya
HENNET	Health NGO's Network
HWT	Household Water Treatment
HCM	Health Communication and Marketing
IAQ	Indoor Air Quality
KEMRI	Kenya Medical Research Institute
LSFF	Life straw Family Filter
MoH	Ministry of Health
MoPHS	Ministry of Public health and Sanitation
NGO's	Non Governmental Organizations
OVC's	Orphans and Vulnerable Children
PDA	Personal Digital Assistants
PATH	Program for Appropriate Technology
PEN	Poverty Eradication Network
PSI	Population Services International
PB&FCC	Pampers Baby and Family Care Centers
P&G	Proctor and Gamble
SWAP	Safe Water and AIDS Project
SWS	Safe Water Systems
STI	Sexually Transmitted Infections
SWANC	Safe Water/Hygiene and Antenatal Care
SW HAT	Safe Water /Antimicrobial Hand Towel
USAID	United States Agency for International Development
UNICEF	United Nations Children's fund
VCT	Voluntary Counseling and Testing
WASH	Water Sanitation and Health

SWAP's VISION, MISSION, GOALS AND CORE VALUES

Vision: *A healthy and empowered community where everyone enjoys high quality of life.*

Mission: *To improve the quality of life of the vulnerable in the community by building their capacities and supporting them to develop profitable health oriented micro enterprises*

Goals: *Increased income from environment friendly and health oriented micro-enterprises and Improved health status of the vulnerable communities.*

Values: *SWAP values are compassion, integrity, partnership, teamwork and responsiveness.*

FROM THE DIRECTOR'S DESK

Safe Water and AIDS Project (SWAP) has completed its seventh year of operations and is recognized as one of the key stakeholders in the area of public health and research in Western Kenya, an area with high burden of disease. SWAP has established an extensive distribution network of over 900 HIV support groups and community self help groups who are engaged as vendors of household water treatment and other health and hygiene products. These trained groups are reaching out to the most remote areas and vulnerable communities increasing access to products and hygiene promotion. The organization has matured and scaled up its activities, increased the number of products in the basket of goods, established new partnerships, started new research activities and continued receiving support from loyal donors and partners.

The year 2011 saw the successful completion of the 5 years USAID HCM sub award provided through Population Services (PSI). SWAP was able to achieve and exceed most targets set under this award. The effective partnership with PSI will continue with SWAP promoting and selling health products, of which most are being supplied by PSI. SWAP is grateful for all the support and technical guidance given by PSI staff which has helped staff to adhere to international standards of accounting and develop clear systems, policies and internal controls.

In 2011 SWAP launched the SWAP model village in Ahero (Nyando County) with filtered water from river Nyando sold to the communities, a Pampers Baby and Family Care center selling and promoting health products, an improved environment-friendly demonstration kitchen, clean toilet with hand washing facility and a community center for trainings and educational sessions. This facility is set to also offer health services to the community and to showcase SWAP's interventions. SWAP would like to make special mention of the effective partnership with Procter and Gamble who have provided funding and expertise to set up two Pampers Baby and Family Care Centers, and are working with SWAP to scale up its activities so as to operate on a more commercial model of implementation aimed at reducing donor dependency.

SWAP held its fourth strategic planning workshop in 2011 with participation of all staff facilitated by a consultant from PEN Consulting from Nairobi. It has provided SWAP with an overall strategic framework and a summary of the objectives we aim to achieve in the next three years (2011-2014).

For the sixth year in a row, SWAP organized the 2011 World AIDS Marathon held in Kisumu. The event was this year joined by the National AIDS Celebrations, making it a national event, and thus attracting a lot of visitors, diplomats, politicians and other dignitaries, including Mama Sara Obama (US President's grandmother) Over 500 volunteers were mobilized, and more than 500 athletes ran the full, half marathon or relays. 200 orphans and vulnerable children joined the children's walk, while health and HIV related services were offered. Such services included male circumcision, STI treatment, VCT services, condom demonstrations, safe water demonstrations and exhibitions.

SWAP continued to receive support from a loyal and committed board of directors with Dr Rob Quick as technical advisor for the research department still actively mobilizing resources for the same. The management team remained committed to offering quality services and providing guidance to the staff in a professional matter.

SWAP continued to receive legal support from Isaac Okero (Behan and Okero Advocates -Kisumu) and financial expertise from Erastus and Company, who undertake annual external financial audit and who offer guidance and their expertise on tax issues and other statutory requirements.

The development of this annual report was a team effort of all SWAP staff, led by the management team. SWAP is grateful for the continued commitment and team spirit of all staff, and for their tireless efforts to improve health of the community members. SWAP appreciates all the support given by the Ministry of Public Health and Sanitation, Ministry of Medical Services and all other GOK departments, including local leaders who have been very instrumental in helping SWAP to achieve its objectives and to implement the community strategy.

SWAP became finalist in the UN Water for Life 2011 Best Practices Award. We continued to receive visitors from all over the world and recently had the privilege to host H.E. Joost Reintjes the Dutch Ambassador to Kenya, during his tour of development projects in Western Kenya. The Ambassador visited SWAP Kisumu where he met SWAP management team before proceeding to the SWAP model village at Ahero, Nyando County where he planted a tree to commemorate the visit.

SWAP wants to express its gratitude to the following donors, partners and well wishers for their support in 2011: Ministry of Public Health and Sanitation, Ministry of Medical Services, HENNET, USAID, PSI, Procter and Gamble, CDC, KEMRI, CARE, Georgia State University, CHAK, UNICEF, PATH, Harber Charitable Foundation, Foundation for Life, Janivo Foundation, Vestergaard Fransen, Aquaya Institute, the late Jantje Meijering, Uhusiano Wa Wa, Gabriele Norado, Dr. Bobbie Person, The Paradigm Project, Emmen Women Group and many other individuals who have made some positive contribution towards the success and achievements of SWAP. Their support is very much appreciated.

Once again the true heroes remain the HIV support groups and community self help group members who volunteer to reach out to the most vulnerable in remote communities, providing them with products and health services with support from the local leaders.

We are looking forward for your continued support in a time of economic hardships, dwindling donor support and political challenges. We believe that together we shall overcome and will have yet another successful year ahead and that SWAP may continue to contribute towards reduction of leading causes of illness and death in remote and vulnerable communities of Western Kenya. We at SWAP all wish you the very best in 2012.

1 EXECUTIVE SUMMARY

This annual report provides detailed information about all SWAP's operations and achievements in the areas it has been serving within Nyanza and Western Province including research activities. In 2011 SWAP successfully completed a five year sub grant from USAID through PSI (HCM). This project achieved and even surpassed most of the project targets. The partnership with Procter and Gamble was strengthened which resulted in the successful launch of the SWAP model village in Ahero and continued operations at Nyakwere Pampers Baby and Family Care Center. Procter and Gamble is working together with SWAP on a plan to scale up and work on a more commercial model to increase income from our sales. In 2011 there was a marked increase in sales of health products in comparison to previous years, as demonstrated by the sales records. That has boosted SWAP's income and may prove to be quite a viable route towards sustainability. The research department of SWAP continued with various effectiveness studies evaluating the health impact of our interventions. SWAP made several presentations sharing the research findings and its innovative distribution model of health products to several organizations and stakeholders in Western Kenya and Nairobi. These forums were used for networking as well. This report was developed through team effort of all SWAP staff who made their contributions which resulted in a comprehensive and detailed overview of SWAP's interventions.

1.1 BACKGROUND

The Kenyan Demographic and Health Survey held in 2008/2009 shows very high rates of infant and child mortality in Western Kenya.

In Nyanza Province and Western provinces 149 and 121 children in every 1000 live births die before the age of 5 years respectively. The area is also malaria endemic. Over 30% of the children under five are stunting, which is a sign of chronic malnutrition. Nyanza province has by far the highest HIV prevalence in Kenya - at almost 14%, compared to the national figure of 6.3%.

Safe Water and AIDS Project (SWAP), in collaboration with the Ministry of Public Health and Sanitation, and other stakeholders are facing the challenge of reversing these negative health indicators which impact negatively on the development of the region. The strategy SWAP uses to implement is in line with the Kenya Essential Package for Health, specifically the community strategy, which is a mechanism through which households and communities take an active role in their own health and other health-related development issues.

SWAP is a registered NGO, founded in 2005 and operating in Western Kenya, with its headquarters in Kisumu. SWAP has 8 regional offices in Nyanza Province and a provincial office in Kakamega. SWAP has an extensive distribution network of over 900 HIV support groups who are engaged and trained to become vendors of health and hygiene products. They promote and sell these products to vulnerable communities in remote areas with limited access to health services.

SWAP further has a research wing undertaking various effectiveness studies, evaluating the health impact of its interventions. SWAP has a human resource base comprising of over 40 employees, including administrative staff, research staff, field and training officers and a competent management

team. SWAP is governed by a loyal and committed board of directors with diversified membership. The program director serves as secretary of the Board.

1.2 Project Area

Swap is currently operating in Nyanza region and parts of Western province of Kenya. SWAP's Headquarters is in Kisumu, with 8 satellite offices in 4 counties of Nyanza province, and one provincial office for Western Province located in Kakamega town serving 4 counties

The satellite offices are in the following areas: Homa Bay, Suba, Migori, Rongo, Bondo, Rarieda, Siaya, Kisumu, Rachuonyo and Nyando. In Western province, the districts include, Kakamega, Vihiga, Lugari, Butere, Hamisi, Teso, Bungoma, Kwhisero, Emuhaya, Busia and Samia.

The table below shows the counties hosting the SWAP satellite offices:

County	SWAP satellite	No. of vendor groups	Administrative areas
Kisumu	Kisumu	93	Kisumu East & Kisumu West
	Nyando	123	Lower & upper Nyakach, Nyando
Siaya	Siaya	75	Ugenya, Alego, Usonga & Gem
	Bondo	31	Sakwa, Usigu & Usenge
	Rarieda	96	Uyoma & Asembo
Homa Bay	Homabay	51	Asego & Kanyada
	Rongo	40	Rongo & Rangwe
	Rachuonyo	98	Rachuonyo East & West
	Suba	33	Mbita, Suba & Gwasi
Migori	Migori	37	Migori Nyatike & Kuria
Kakamega	Kakamega	65	Butere, Mumias, Kakamega East, South, North & Central, Lugari
Bungoma	Kakamega	2	Bungoma Central, Eeast, South and North
Busia	Kakamega	6	Teso, Kimilili
Vihiga	Kakamega	20	Vihiga, Kwhisero, Sabatia Hamisi, Emuhaya,

1.3 SWAP's Implementation Strategy

SWAP's core activities are conducted by using already existing community structures through an approach that is all-inclusive, consultative, and collaborative. The interventions are conducted through Education through Listening (ETL) an innovative behavior change communication method based on motivational interviewing, stages of change and social learning theory that has shown to be effective in motivating groups and individuals to adopt positive health behaviors. SWAP uses this ETL approach because it is a person centered way of communicating and giving feedback to promote behavior change. This technique encourages participatory dialogue that increases a person's inner

motivation to change by exploring and helping them to resolve any mixed feelings, ambivalence or suffering they may have about adopting a new positive behavior. The method recognizes that people are more likely to listen when they feel listened to. It can be used with an individual or with groups. SWAP uses ETL when interacting with the groups, during training, during cholera response and research activities, and recognizes that motivation to change is a personal choice.

SWAP has mobilized over 900 groups whose members are now vendors of health and hygiene products and whose capacity has been built to promote hygiene and provide health education to groups and individuals in the community. The groups are HIV support groups, widow groups, community health workers; home based care groups; orphan support groups; as well as any other community self- help groups that show interest in SWAP's work. This strategy is in line with the Ministry of Health's community strategy, which acknowledges that the communities are at the foundation of affordable, equitable and effective health care. The groups sell products from door-to-door, with support from their local leaders who are actively engaged to help mobilize communities to adopt positive health behaviors.

2 PROJECT ACTIVITIES

SWAP's project activities are conducted through existing community structures through use of a community engagement technique called ETL, which is an innovative behavior change methodology. SWAP's main activities include:

- Community outreach and trainings
- Research
- Cholera response and disaster preparedness
- OVC Sponsorship and emergency support
- Commemoration of international days

2.1 Community Training Activities

SWAP builds capacity to community groups to enhance their developmental goals and sustainability. This enables the community support groups to engage in the process of learning and adapting to change. SWAP has continued to conduct community trainings in various fields as a way of empowering and building the capacity of the target population in addressing public health and water related health issues and assisting them to start income generating activities (IGA's) to improve their socio-economic status. Among the trainings conducted were; Two Days Business skills training, Safe Water trainings, Leaders Orientation meetings and ETL (introduced by Dr Bobbie Person from CDC Atlanta)

Through the Year 2011 (Jan-Oct), SWAP trained 3714 Group members on SWS, 897 on Business and 427 Leaders were orientated on the project activities. During this period, SWAP in partnership with Christian Health Association of Kenya (CHAK) trained the Health Workers from 180 Health Facilities in Nyanza, Western, West Pokot and Turkana to implement the CDC/SWAP/CHAK/UNICEF WASH Project. After training hand washing and drinking water units were distributed with waterguard and hand washing soaps.

2.1.1 Safe water trainings

SWT focuses on the three major components of Safe Water System Intervention namely; Water Treatment at the Household level, Safe Storage and Behavior Change which includes Hand Washing using the ETL Model. The field officers in their regular meetings with the groups organize for the trainings to community groups who are vendors of SWAP products. A total of 119 one-day trainings were conducted throughout the year.

2.1.2 Business Skills Training

The Two Days Business Trainings are done to Groups that are vending the health and hygiene Products and 32 groups were reached. The groups are identified by our field officers after several visit, the objective is to equip them with the basic business Skills so as to manage their businesses effectively. The Trainings are done at the community level and the group's contribution on this is to provide the venue. During this period, SWAP did not conduct any five-day Business Training. Instead it focused on the two-day training, due to limited resources, and as a strategy to reach more groups while spending less money.

2.1.3 Leaders' Orientation Meetings

Leaders' orientation is a one day meeting with different leaders in a District and is always conducted before the Project starts operating within a District, when a new product or activities are introduced or to share research findings. The objective is to introduce and involve them in Project activities. The leaders are normally from the Provincial Administration, the Churches, Local Authorities, the Ministry of Public Health and Sanitation. A total of 13 orientation meetings were carried out in Kakamega, Nyando, Migori, Siaya, Rarieda, Bondo, Kisumu and Rongo.

2.2 SWAP's Research Department

SWAP has since 2007 established a research department which has a pool of efficient researchers with technical support from CDC Atlanta and local experience in conducting baselines, surveillance and feasibility studies, collecting both quantitative and qualitative data to evaluate the health and economic impact of some of SWAP's interventions and its distribution model. The research findings keep SWAP informed and the findings are also shared with the community leaders.

The department has had continued funding support from CDC Foundation, Georgia State University, Vestergaard-Frandsen among other donors , each funding different studies including the current ongoing studies Lifestraw family filter (LSFF), Antimicrobial Hand Towel (SWHAT), Integration of Safe Water/hygiene and Antenatal care (SWANC) and Adoption of improved Cook-stoves which is to start in March 2012.

SWAP has presented in various international conferences, journals and publications. These findings have been instrumental in informing policies and implementation models worldwide. Internally, the Research department has been instrumental in modeling of implementation and evaluation of intervention impact. Research findings have been disseminated to the SWAP staff and the beneficiary communities and projects have adjusted to keep up with the changing trends and community needs.

Notably the department has been able to assess the utilization and effectiveness of a variety of health Products — WaterGuard, PuR, water storage containers, soap, and insecticide treated bed nets, micronutrient Sprinkles, Upesi Jiko stoves (Improved stoves) on vulnerable populations in Nyanza Province, Kenya through the use of multiple community-based implementation approaches.

During the year SWAP continued with a number of research interventions that consisted of new and continuing studies. The studies, which were all in different stages, were as follows:

- Health Impact of Improved Cook stoves on rural young Kenyan children
- Hand towel acceptability effectiveness and health impact
- Follow up Health Impact study on Life straw Family Filter
- Baseline study on safe water and hygiene in Health Facilities
- Impact of targeted incentives and enhanced services on Use of Maternal health services

For details of the various researches, including some tentative findings and outcomes, please see annex IV.

2.3 Cholera Response Activities

SWAP in partnership with the Ministry of Public Health and Sanitation (MoPHS), the Kenya Red Cross society and other stakeholders have over the years responded to cholera outbreaks in Nyanza and Western region and facilitated meetings for disaster preparedness. .

This has always been done through hygiene promotion, distribution of water treatment products and hand washing soap to the affected community. This year there were no cholera outbreaks thanks to the continuous capacity building to the communities on hygiene practices and behavior change.

2.4 Sponsorship & Emergency Support

With funding from NOTS Foundation, Foundation 4 Life, Rotary Relief Fund SWAP has throughout the years supported over 32 orphans with full scholarship for primary, secondary school and colleges by providing them with school fees and requirements which include school uniforms, shoes and other basic needs. With support from Harber Charitable Foundation SWAP has been able to support many more orphans partially by clearing school fees balances for the most desperate and bright cases identified by the field staff. SWAP's community support officer scrutinizes each case and monitors the progress. In 2011 SWAP organized a life skill training and offered guidance and counseling to Orphans and Vulnerable Children. (OVCs) in their program.

2.4.1 Emergency Support

Harber Charitable Foundation further donated funds for other emergencies. This enabled SWAP during the post election violence to support the internally displaced with water treatment chemicals, mosquito nets, hand washing stations and counseling to further mitigate the impact and prevent outbreaks. Currently this fund, apart from partially supporting orphans, is also used to support vulnerable members of the community identified by the SWAP field staff targeting mostly members

of groups vending for SWAP in the community by rebuilding their houses, starting small scale businesses, purchasing basic supplies, and by offering medical treatment or clearing hospital bills, among others. In 2011 part of this fund was also channeled towards flood response whereby SWAP in collaboration with the Ministry of Public Health and Sanitation and Red Cross supported the affected families with water treatment and hand washing soaps to prevent cholera outbreaks.

2.4.2 OVC support

21 students joined colleges to train to become community health workers, social workers, accountants, computer specialists, journalists, food and beverage specialists and engineers. Generally there was positive progress made by the sponsored students, as follows:

- In 2011, four students who had sat for their Kenya Certificate of secondary Education (KCSE) qualified and joined universities to pursue various courses;
- 2 students sat for their KCSE exams in 2011 and are waiting for the results - due to be released in Feb. 2012.
- One student joined form two in 2012
- One student in primary school was promoted to class eight in 2012
- A student whose mother was shot dead during post election violence in 2007/2008 was enrolled at Mukumu Girls Boarding and has now joined class 6. She is performing well and is a prefect of her class.

In December 2011 SWAP a held joint meeting with the orphans and offered them training on life skills. Meanwhile, 21 orphans completed form 4 and did not wish to be referred to as orphans anymore. They have become empowered and self confident, and appreciate all the support given to them by SWAP. They therefore would like to drop the tag of “orphanhood” which they have worn for a long time. The former students have decided to form a SWAP youth group and will have their first meeting in April 2012. They are engaged in all kinds of income-generating activities and small scale businesses, and have expressed their wish to start supporting other orphans themselves. Once started this will possibly be a first step towards maintaining, and sustaining the SWAP sponsorship model.

2.5 Commemoration of International Days

2.5.1 World AIDS Day



Safe Water and AIDS Project has, for the sixth year, been involved in the World AIDS Marathon organization. Harber Charitable Foundation has been a loyal donor, financially supporting the World AIDS Day Marathon held on 1st December (World AIDS Day) in Kisumu. By now local residents and businesses in Kisumu know SWAP well, particularly in the early morning hours of World AIDS Day, when all the runners wearing SWAP signature yellow T-shirts gather in Jomo Kenyatta Sports

Grounds. Each year's event results in an increase in registered runners and walkers who literally travel from all over the world (U.S., U.K, the Netherlands and others) and from all walks of life (professional runners, scientists, people living with HIV, young and old, commercial sex workers, gay community, disabled, Kenyan and Ugandan Athletes) to be part of the day. With this growth there is also expanded HIV awareness within the local community and media.

The most important news, though, is that the World AIDS Marathon in Kisumu is playing an important role in helping to break down the barriers of stigma associated with HIV. Participants and volunteers alike want people to know that no matter what a person's HIV status, we can come together to support and encourage each other to live healthier lives.

In 2011, the national World AIDS Day celebrations, coordinated by the National AIDS Control Council, were held in Kisumu. The celebrations held at the Jomo Kenyatta Sports ground, were attended by a big crowd that consisted of a number of dignitaries, among them Ministers and diplomats, as well as stakeholders and community members. Mama Sarah Obama, just in the previous years, was kind enough to grace the occasion. During the celebrations, a number of activities took place, and they included the following:

- Full Marathon – 42 kilometers (over 100 runners);
- Half Marathon – 21 kilometers (over 500 runners);
- 5 kilometer walk for HIV positive children and other vulnerable children (240 children);
- Voluntary Counseling and Testing Services – Over 100 people voluntarily tested for HIV and received their results;
- Treatment of Sexually Transmitted Infections;
- Male Circumcisions – 46 men circumcised at the Sports ground and many others referred;
- Condom demonstrations and free distributions;
- Two Orphan Dinners and medical treatment for 56 orphans;
- Exhibitions (by government departments/parastatals, and CSO);
- Entertainments
- First aid- coordinated by the Kenyan Red Cross

The full and half marathon were flagged off at 7.00 am. Along the route, there were water stations at distances of every kilometer where runners were served with safe drinking water by volunteers drawn from community self help groups. Members of these groups had undergone training on safe water systems, and were actively involved in promoting safe water to the public as well. Various organizations and partners supported the event by providing with First aid, vehicles, food and snacks for the children, banners, T-shirts and registration of the runners. Along the route traffic police helped control the traffic. SWAP engaged around 500 volunteers helping with first aid, traffic control, water distribution, registration, time keeping and other activities.

The children's walk started from Kondele Sports ground and they were escorted by the Kenya Prisons band and it ended at the Jomo Kenyatta Sports Ground, the venue for the celebrations. Parents, teachers and staff from various organizations walked along to support the children. Over 240 children walked this year. One of the HIV support groups provided catering services for the children after the walk.

2.5.2 Global Hand Washing Day

Global handwashing day is commemorated yearly on the 15th October. Because of its relevance to our vision, SWAP marked the day through provision of support to our field Officers in various satellite offices. Each field officer collaborated with the Ministry of Public Health and Sanitation and other health stakeholders to plan and participate in the activity. SWAP donated handwashing kits, Antiseptic handwashing soap and water treatment products to support the occasion. Schools and community members were reached through extensive campaigns whereby SWAP vendor groups and field officers teamed up to give handwashing education and demonstrations. The National celebration was hosted in Rachuonyo district where our field officer actively participated.

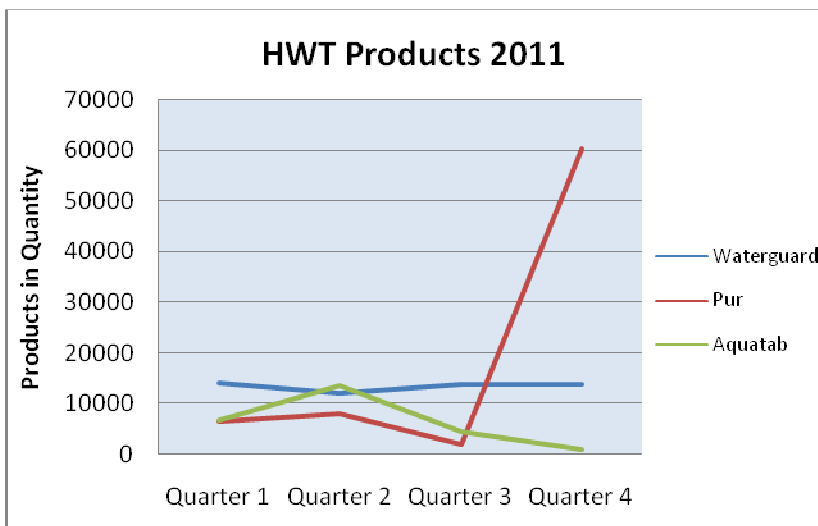
3 IMPROVING COMMUNITY ACCESS TO HEALTH PRODUCTS: “SWAP Basket of Goods”

In an attempt to improve health and hygiene at the community level, SWAP, through the Field Officers, works closely with selected community vendors to sell health products (commonly referred to as “the Basket of Goods”) at affordable prices. In this partnership, the vendors realize double benefits: improved health resulting from the use of the health products on the one hand and income generated from the sale of the same products on the other. Following is a summary of sales figures of various health products realized during the year. Notably, water treatment, hygiene and malaria treatment products were some of the most popular products sold during the year, as reflected in the high volume of sales (in the graphs below).

3.1 Water Treatment Products

SWAP is promoting water treatment at household level and is encouraging equity of access to point of use water treatment products through social marketing and entrepreneurship. The main treatment products promoted by SWAP are Waterguard, Pur, Aquatab and ceramic filters (recently introduced in the basket of goods).

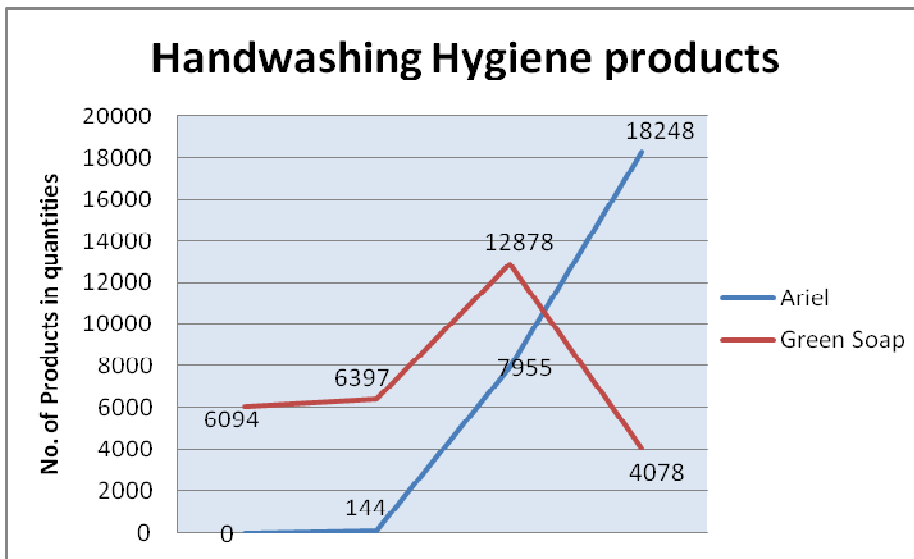
The chart below shows trends and uptake, per quarter, of HWT products.



3.2 Hand Washing Hygiene Products

Good hand-washing is the first line of defense against the spread of many illnesses. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others.

SWAP, through its community self help groups/vendors, promotes proper hand washing with soap, through door- to- door health education, demonstration and vending of antiseptic soap among other health products. One new product which was introduced in 2011 is Ariel detergent as part of the hygiene promotion. The sales of hand washing soap realized during the 2nd quarter were the highest; there was a noticeable drop in the fourth quarter. This was due to the increase in the prices and high inflation rates. The chart below indicates the trends in sales and distribution of antiseptic soap and Ariel.

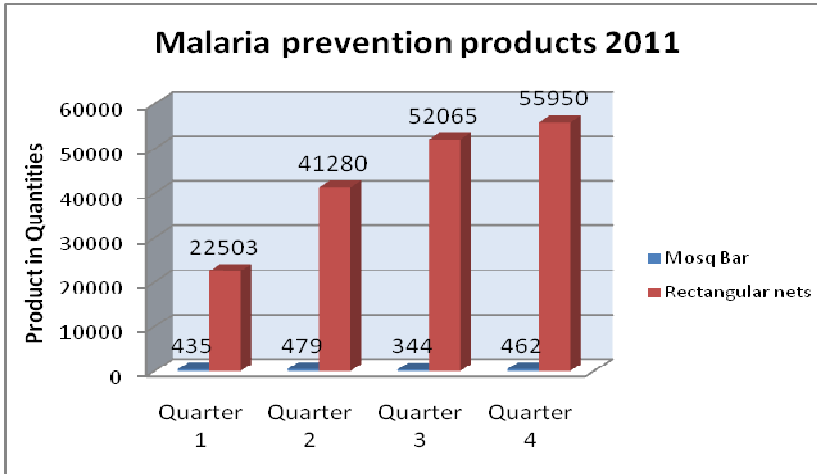


3.3 Safe Water Storage Products

Even if the quality of our water sources were improved today, it would still be essential that households enhance storage and handling of water to benefit the health of the community. HWT interventions lead to improvements in drinking water quality and reduction in diarrheal diseases. Safe storage enhances prevention of possible re-contamination. Our key interventions to prevent re-contamination of water at the household level include provision of modified clay pots (with a tap, narrow mouth and lid) and plastic water vessels (with lids and a plastic tap).

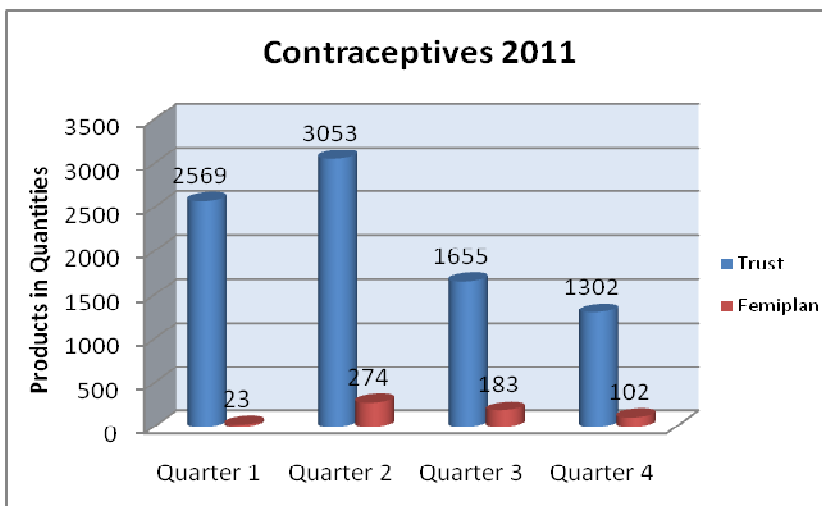
3.4 Malaria Prevention Products

Insecticide treated bed nets (ITNs) and Mosquito repellent soap are widely promoted by SWAP through their community based vendors as a means of preventing malaria. The chart below shows the distribution of the various types of malaria prevention products as sold by SWAP vendor groups. SWAP could sell many more bed nets but the supply is limited and therefore we face frequent stock outs despite overwhelming demand.



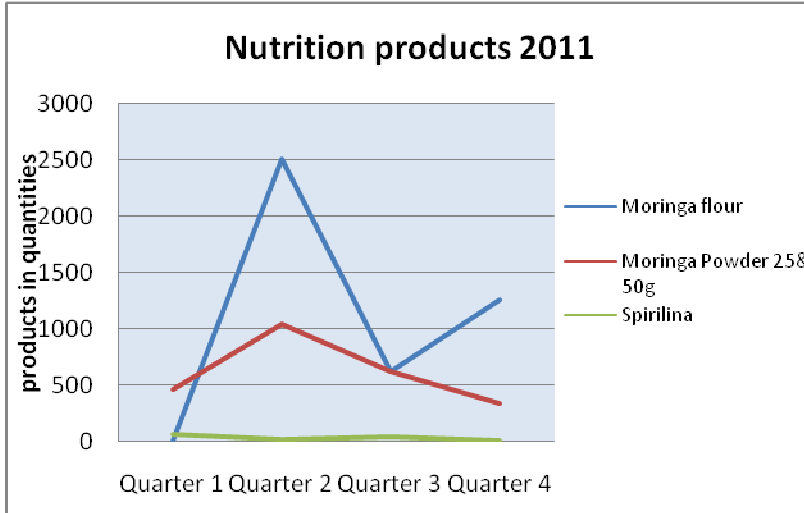
3.5 Contraceptives

SWAP appreciates the fact that increased family planning interventions can reduce the number of unplanned births and pregnancies, hence lower rates of child neglect and abortions. SWAP promotes Femiplan (family planning pills) and condoms (for family planning and as an intervention for HIV/AIDS and STI prevention). A summary of the distribution of contraceptives is as indicated in the chart below, with Trust condom being the most preferred method of birth control.



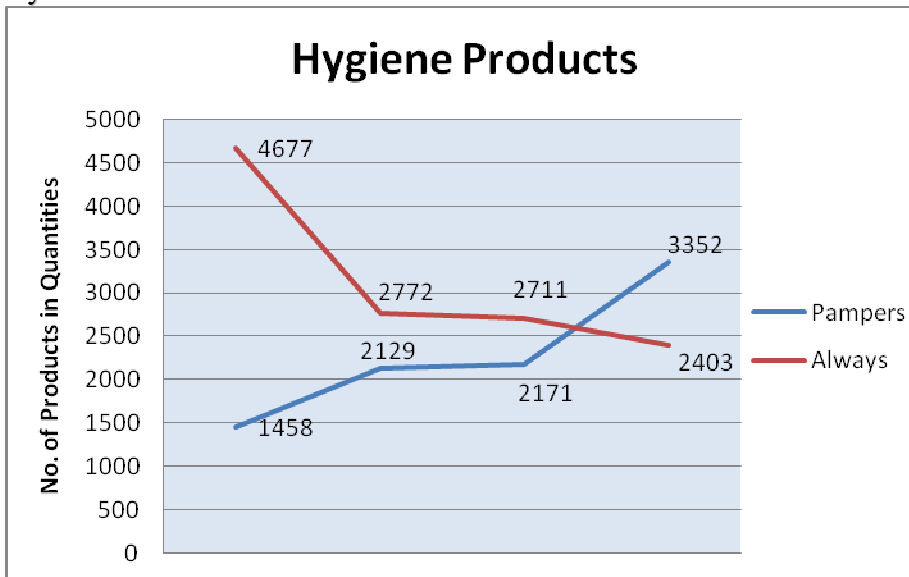
3.6 Nutrition Products

The nutrition products being promoted by SWAP are; Moringa flour, Moringa powder 25 & 50gm and Spirulina. The following chart shows the distribution trends of the above products. In the second quarter a large number of Moringa enriched flour was purchased by the research department for the ANC study in Suba.



3.7 Hygiene Products

SWAP, through its partnership with Procter and Gamble, has been selling sanitary pads and diapers through the community self help groups and at the Baby and Family Care centers in Ahero and Nyakwere. The chart below shows the trend of the sales in 2011.



3.8 Other SWAP products

Other than the products indicated above, SWAP has other household health products. For more information on all the products in the basket and their sales trends refer to appendix III

4 INSTITUTIONAL CAPACITY

SWAP has continued to provide support to the staff to develop their careers by making financial contribution to meet part of tuition fees for staff pursuing work- related courses and by providing study leave to staff during exam time. Most staff has enrolled in courses and are studying during weekends and evenings. This has improved performance and the staff is now keeping up with the emerging trends. A total of KES 136,000 was spent on this cause in the financial year 2011. This has lead to improved performance and has motivated the staff.

In 2011 a refresher course was organized for staff, and it was facilitated by Dr Bobbie Person, a social scientist from CDC Atlanta. Bobbie introduced ETL (Education Through Listening) an interactive behavioral change method to SWAP. This method was first piloted by SWAP and is currently being used in 5 other countries.

Through our partnership with Procter and Gamble all our staff received training on marketing techniques aimed at making them more efficient in promoting and selling our health and hygiene products. The staff at the SWAP model village and Nyakwere Baby and Family Care Center received extensive training on record keeping, marketing and business skills.

The research team and enumerators received on-going training on use of PDAs, record keeping, community interviewing, conducting surveys and qualitative research techniques. Technical support for this was provided by CDC Atlanta –specifically ensuring quality control.

SWAP held its fourth strategic planning meeting which was facilitated by Jasper Morara, a consultant with Poverty Eradication Network in Nairobi. The strategic plan was designed through a participatory process involving representatives of the SWAP board, management and staff. A thorough analysis of the external and internal environments, stakeholders and beneficiaries formed the basis of design of this strategy. The strategic plan provides an overall strategic framework and summarizes the objectives SWAP aims to achieve in the next three years.

4.1 Administration & Human Resource

The administration is comprised of the front office, the human resource, procurement and the maintenance staffs. Following is a summary of the main activities carried out by the department during the year.

4.1.1 Recruitment 2011

A total of 8 new staff were recruited and joined, while 6 separated from SWAP during the year. Additionally one consultant was engaged for a three-month period in order to assist the Director and senior management with some specific program and administrative tasks following the ending of HCM funding. Please see Appendix I for the full list containing staff movement.

While a number of staff had their salaries adjusted upwards in recognition of their exemplary performance, a number of others were promoted. Jacky Odak was promoted to become the P&G Overall Manager, P&G, and Seline Koske was recognized as the employee of the year.

4.1.2 Procurements

During the year, SWAP procured health products and services from various suppliers and achieved most of our targets in the areas of operations. Our customer care relationships with the suppliers also improved and reached the expected standards. Consequently, SWAP has maintained most of its contracts with these suppliers. The main items purchased during the year were included a new Medical Scheme for SWAP staff managed by Resolution Health, running from September 2011 to September 2012. The scheme takes care of the staff, plus two dependants – children for those with families. SWAP also purchased two new computers.

4.1.3 Records Management

SWAP identified various gaps and came up with various documents and policies that are relevant to the system and vital for operations. These include:

- Staff personal particulars form
- Staff orientation Manual
- Staff welfare policy
- Staff Appraisal form
- Staff promotion form
- Leave Form (revised)

All the personal files were updated and various documents put under safe lock and key to maintain confidentiality

4.1.4 Leave Management

Throughout last year, we saw various staff proceeding on various types of leave, including: study, annual, compassionate, and maternity/ paternity, with December being the peak period for leave. Study leaves were particularly well utilized. Two staff proceeded on maternity leave during that year.

4.1.5 Staff welfare

This has been in place to support employees whenever there is need like the birth of babies, during funerals, weddings and staff party. During the year, SWAP had two new born babies while it lost three of their family members. The staff welfare played a critical role in coordinating assistance given to the various concerned families.

4.1.6 Medical Scheme

During the year, SWAP changed its medical provider from AAR to Resolution health. The latter was awarded the tender since it was felt that it has several advantages and was more cost friendly. The total number of staff covered is 40 employees and 58 dependants. The in patient cover limit per family is KShs 200, 000, while the outpatient cover is 75,000. A total of 98, consisting of SWAP staff and their dependants, are currently covered by the scheme.

4.1.7 *Transport and logistics*

SWAP has a relatively small fleet consisting of four vehicles and two motorbikes. Given the geographical expansiveness of the area of coverage, this fleet is hardly sufficient for SWAP's operations. It therefore supplements this through external sourcing whenever there is need. Additionally new measures will be put in place in an attempt to improve operations of the transport department. These include introduction of vehicle work tickets and a drivers' duty rotation system. A new transport manual is already being developed and will be finalized and implemented in 2012.

4.2 *Financial Management*

SWAP has an established Finance Department that caters for all its financial needs as pertains to internal controls, financial reporting (according to GAAP -Generally Accepted Accounting Principles), and compliance with statutory requirements. This ensures effective utilization of the organization's resources by employees.

Compared to the previous years, in 2011, SWAP realized a significant increase in its revenues (mainly from funded projects, foundations and other donors). Total SWAP revenues in 2011 amounted to Ksh. 96,738,697.65, against expenditure amounting to Kshs 71, 593,532.70. The funds were mainly used for operations, program implementation and research. For details of donor income please see summary sheet below.

Summary Major donors	Implementation
HCM USAID	27,352,782.65
Jantje Meijering	24,790,000.00
Procter and Gamble	9,515,158.45
Harber Charitable Foundation	3,960,000.00
CHAK	3,560,888.00
PATH	1,057,449.80
Impact Carbon	721,720.15
Gabriele Norado	203,460.55
Foundation 4 Life	127,482.80
Subtotal	71,288,942.40
Summary Major donors	Research
CDC Foundation	7,077,802.70
Kemri CDC	

	7,849,213.00
Georgia State University	1,532,430.00
Population Services International	870,014.00
Vestergaard Fransen	7,703,729.25
Subtotal	25,033,188.95
Budget Summary	
Donors Implementation	69,351,638.15
Donors Research	26,970,493.20
Other Well Wishers	416,566.30
Grand Total	96,738,697.65

4.2.1 Internal Control Systems

Monthly stock-taking carried out in the Kisumu (Headquarter) warehouse tracks movement of stock in trade. Quarterly stock-taking was carried out in all the 8 District offices in Nyanza and the Provincial office in Kakamega. In 2011, internal audits were carried out by PSI officers at appointed times in the course of the year and there was also an external annual audit done by Erastus & Co. These audit exercises help us to improve on our financial reporting standards as well compliance to laws and statutes.

4.3 Networking & Partnership

SWAP has remained proactive in establishing effective partnerships with various organizations, networks and with the relevant line Ministries, specifically the Ministry of Public Health and Sanitation (MoPHS). SWAP actively participated in the preparation of MoPHS's 2011 Annual Operation Plans at District level, and attended a number of stakeholders meetings where opportunities were given to SWAP to make presentations or share research findings. SWAP is a member of the International WHO Network of Household Water Treatment and Storage and is member of a number of District technical Water and Sanitation working groups. SWAP is also a member of the Disaster Preparedness committees and has worked together with the MoPHS and other stakeholders like Red Cross to prevent cholera and respond to disasters like the frequent floods in Nyanza and Western provinces.

4.3.1 HENNET membership

SWAP joined HENNET, a membership organization, in 2009 and was elected to join the Board in 2010. HENNET is a National network for health NGO's and FBOs. Their vision is to see a healthy Kenyan society. HENNET has continued to build the capacity of SWAP staff by inviting SWAP for trainings (advocacy, HIV / AIDS Mainstreaming) and by participating in quarterly meetings which

provide an opportunity to meet other partners and to get latest updates. HENNET provided SWAP with reader friendly health policy document to read and disseminate in the community. SWAP is District Focal Point for HENNET attending of and reporting on stakeholders meetings. SWAP on behalf of HENNET participated in the monitoring of the National Health Account.

4.3.2 Partnership & Collaboration

In 2011 SWAP entered into a partnership with PATH to implement a six-month pilot project aimed at scaling up the promotion and sale of ceramic filters. The result of the intervention was an increased demand for the product to the extent that SWAP continued selling and promoting the ceramic filter even after the end of the pilot study. SWAP shared its findings in a dissemination workshop in Nairobi with various partners in the field of Water and Sanitation.

Another partnership which was strengthened in 2011 was with Procter and Gamble US. This was about improving the SWAP model village and the two Pampers Baby and Family Care Centers at Ahero and Nyakwere in Nyando and Rachuonyo districts respectively. This has resulted in close monitoring of the existing activities and with the lessons learnt from it being used to plan for scale up of SWAP's activities in Homa Bay and Ndhiwa. SWAP received technical support from the Procter and Gamble team to operate on a more commercial model to generate more income from the sales so as to become less donor-dependent.

SWAP continued with activities under the CDC/CHAK/UNICEF/SWAP agreement. SWAP did a baseline survey for health facilities in cholera prone areas in Western Kenya. This was followed by training for health workers from the selected facilities in Western Kenya and from other areas (Pokot and Turkana) on safe water systems interventions and hand washing. Thereafter, distribution of supplies of water and hand washing units to these health facilities started. After one year an evaluation will be done (in 2012) to evaluate the health impact of the intervention.

SWAP continued collaborating with CDC- Atlanta, with the latter providing funding and technical support for the research activities. Dr Rob Quick from CDC Atlanta is also represented in the SWAP Board of Directors. SWAP also partners with other organizations like KEMRI, Vestergaard Fransen, Georgia State University and the GOK officials, MoPHS and Ministry of Medical Services and local leaders in various study areas. SWAP's key affiliates are the HIV support groups and community self- help groups who are the vendors of health products in the communities, with support from the local leaders.

In 2011 the HCM USAID funding provided through Population Services International came to an end. During its implementation, SWAP received technical support from PSI and this has greatly assisted SWAP to improve on its systems and policies. SWAP was able to meet and exceed most of the targets set under this sub-award. In spite of the end of the HCM, SWAP's partnership with PSI will still continue since SWAP is still promoting and selling most products purchased from PSI and both share the objective of increasing access to health products in the community.

5 SWAP'S NEW INITIATIVES

SWAP introduced some new products in what it refers to as “the basket of goods”. One of them is the ceramic filter which was introduced to the communities during a PATH funded six- months pilot study. Due to increased demand, it has been added into the basket of goods.

Another product was Ariel, a detergent which was introduced by Procter and Gamble and has been a fast- moving product. A third new product is the moringa enriched flour which is a fortified flour for porridge, supplementing normal diet for children, immune suppressed, patients, and families.

A product that has been removed from the basket is Powertab – used for treatment of mosquito nets but which is no longer being supplied.

5.1 Pampers Baby & Family Care Centres

In 2010, SWAP entered into a working partnership with Procter & Gamble with the aim of establishing Pampers Baby & Family Care Centres; whose mission is *“To create and implement a sustainable, scalable platform of entrepreneurship enabling local economic development and family & baby healthy development through job creation and by addressing basic human needs with purposeful adjacencies and education”*

The two main goals of each Pampers, Baby & Family Care center are:

- Help improve the health and development of babies, children and families in the community by increasing access to health products and information about health topics and healthy habits.
- Become self-sustaining by generating enough income that local people can use to continue to operate the Pampers Center successfully far into the future without relying on on-going donations.

To achieve these, the PB&FCCs would:

- increase access to health and hygiene products;
- increase access to information about health and wellness topics and issues;
- train on how to develop healthy habits;
- build the physical facilities, provide initial equipment;
- provide the initial stock of health & hygiene products;
- provide information & training

All these are geared towards increasing sales of the products and thereby increasing individual entrepreneurs' profits.

P&G and SWAP established a Pampers, Baby & Family Care Center in Rachuonyo North at Nyakwere Market Centre along Awach river bank serving Kabonyo, Kala and Konyi villages, among others. This centre was a pilot project and its success led to the establishment, in the first half of 2011, of a second and larger PB&FCC in Ahero, within the SWAP model Village.

At Nyakwere, the local Leaders and Community Members of the area served by this first Pampers Center have been very supportive and want it to stay a long time. Leaders are very positive about the improvements that it has made for their community and they provide support by being role models for



developing healthy habits, speaking positively about the centre and by encouraging others at community gatherings to visit the center, being customers themselves.

Community members who are customers say their access to health products, knowledge of health issues and practice of healthy habits are very much improved. Health workers have remarked that the incidence of diarrheal disease has reduced this is further confirmed by our research findings where we saw a 10% reduction of diarrhea between baseline and two years after. Local people who work at the Pampers Center feel proud of their

increased knowledge of community health and business practices, their ability to help improve the health of babies and families in their communities, and generating income from their work.

5.2 *Ahero Sky Hydrants*

In 2010, SWAP acquired land at Ahero, about 100 metres from the Nyando River, to be used to put up a water treatment plant – the Sky Hydrant inside a SWAP model Village. The Model Village is intended to showcase the interventions that SWAP deals with in the community, including Safe Water Systems (SWS) products, Indoor Air Quality (IAQ) improved traditional kitchen and the Pampers Baby & family Care Centre. The SWAP model village was put together with joined funding from Janivo Foundation, Aquaya Institute, Global Water Challenge and Procter and Gamble.

Objectives: Following the success of the pilot at Nyakwere, a new centre was put up in the SWAP Model Village. The objective was to replicate and improve on the pilot, with intent to tap into the larger and more vibrant market at Ahero and realize better earnings for the entrepreneurs engaged at the centre.

The Sky Hydrant was installed towards the end of February 2011. It was provided with the help of Aquaya Institute. The system draws water from the river using a fuel powered pump. The water is purified and then sold to the community at very low cost.

The Ahero PB&FCC was inaugurated through a mega launch that included the community, local authority officials, the administration and dignitaries invited to attend the special occasion. During the launch of the Model Village, the entire community was introduced to the PB&FCC's activities and operators, as well as to the newly installed Sky Hydrant which is a water purifier.

The main advantage we have is that the water has no salty taste like the piped water in Ahero.

Major achievements: Since its launch, the centre has made significant progress and recorded major achievements, including:

- The recruitment of motivated community entrepreneurs who have greatly improved sales at the centre;

-
- The opening up of a training *Banda* to the community and to other partners and organizations that now use it for their own meetings, thereby popularizing the Model Village;
 - The creation of jobs for 11 community entrepreneurs who are economically engaged and able to sustain themselves and their families through their enterprising activities;
 - Successfully hosting the Global Hand-washing day at the Model Village attended by more than 200 people in October 2011;
 - Increased awareness of SWAP and its activities through increased traffic to the Model Village, including a visit by the Dutch Ambassador who planted a tree at the centre during his visit in December 2011.

Challenges: While the model village has picked up remarkably, it still faced a number of operation changes during 2011. Some of these were:

- Lack of motivation by the entrepreneurs. This was responsible for the initial low sales realized at the centre;
- The inability of the Sky Hydrant to produce clear water one week after installation led to poor sales at the water kiosk and compromised the credibility of the project;
- Sales were affected adversely in both centres by the high inflation and heavy rains accompanied by flooding that lasted most of the second half of 2011.

Mitigation plans: Following the positive trend in sales realized in Ahero after a rigorous recruitment of entrepreneurs, followed by a review of objectives, plans are now underway to scale up to other locations with a slightly modified model which is aimed at maximizing profits (both upstream and downstream) to SWAP and entrepreneurs respectively, as well as providing access to health information through health talks and small community libraries. A catalogue of reading material is currently being prepared for this purpose. Four new centres are to be put up in strategic locations in Homa Bay County and will be quickly followed by others in other locations once the model is seen to be effective. The team and SWAP at large will continue popularizing the Model Village and add other activities that will benefit the community.

6 WAY FORWARD

SWAP will continue to source for funding and ensure visibility by using any opportunity to attend National and International forums, facilitate presentations and exhibitions, collaborate with the Ministry of Public Health and Sanitation and other Ministries and attend HENNET and stakeholder meetings.

SWAP is working with technical support from Procter and Gamble on a more commercial model, generating more income from sales, improving its marketing techniques and ensuring reaching out to areas with limited access to services.

SWAP in 2012 is planning to scale up the establishment of Pampers Baby and Family Care centers to Homa Bay with support from the field officer in Homa Bay who will play an active role in mobilizing groups, training, monitoring, stock management and record keeping. At the same time SWAP will ensure quality services are offered in the two existing Pampers baby and family care centers.

SWAP will maximize effective use of its model village in Ahero through partnership with other organizations who can utilize the facility to offer health related services and trainings benefitting the community.

SWAP will continue with its research activities, collecting both quantitative and qualitative data evaluating the impact of SWAP's interventions and ensure that there is feedback of research findings to the implementation team who can adopt their operations to ensure making a health impact while continue addressing community's needs. Research findings will also be shared with the community leaders and study participants and eventually published in international journals and shared at conferences.

SWAP will due to reduced long term funding reorganize to increase effectiveness and income with reduced human resource capacity and diversify and enlarge others jobs to ensure still being able to offer quality services and meet targets. SWAP has set clear objectives during recent strategic planning and will ensure that we operate following the overall strategic framework. The strategy will increase focus on results, prioritize the needs of the community and improve organizational performance.

In 2012, SWAP will work on a more effective Monitoring and Evaluation system, which is not entirely donor- driven but one that is consistent and provides feedback to all staff. It is our desire that staff will use such a system to implement quality services in all their areas of operation.

SWAP continues to appeal to all its loyal donors and well-wishers to continue to be supportive and help SWAP reduce morbidity and mortality in remote areas and vulnerable communities where it operates throughout the year 2012, and beyond.

APPENDICES

APPENDIX I Staff Movement

APPENDIX II SWAP's Implementation Plan 2012

APPENDIX III Summary of Product Distribution & Sales

APPENDIX IV Research Interventions & Studies

APPENDIX V SWAP's organizational structure

Appendix I: Staff movement, 2011

Joined		
Name of Employee	Position	Department
Salome Aoko	Assistant project manager	P&G
Augustine Ouma	Water Operator SWAP model Village	Programs
Elijah Ogada	Watchman- SWAP Model Village	Administration
Elizabeth Akello	Field Officer -Bondo	Programs
Eunice Achola	Administrator	Research Department
Abigael Nyandoya	Operations Manager	Administration / Management
Edward Ng'wena	Accountant	Finance
Gordon Nyanjom	Consultant	Management
Separations		
Claris Odinga-	Training coordinator	Training Department
John Okumu-	Accountant	Finance / Management
Scholastica Apida	Trainer	Training Department
Cliff Ochieng'	Deputy Director	Management
Camilla Okello	Research Administrator	Research Department

**Safe Water & AIDS Project (SWAP) Implementation Action Plan
(Jan - December 2012)**

STRATEGIC GOAL: project and intervention activities to enhance effectiveness, relevance and efficiency while ensuring sustainability					
Objective	Activities	Overall project target	Persons Responsible	Indicators	OVis/methods/tools
1.1 OBJECTIVE: Increased Access to Safe Drinking water	<ul style="list-style-type: none"> Conduct Training needs assessment to vendors Conduct Safe Water Systems intervention trainings to 264 vendors. 	<ul style="list-style-type: none"> 264 SWS trainings to 7920 vendors. 	<ul style="list-style-type: none"> Field Officers Program Manager Finance Department Training Officer M&E Officer 	<ul style="list-style-type: none"> # of safe water trainings conducted # of vendors trained 	<ul style="list-style-type: none"> Reviewed training manuals, curriculum, IEC materials (flip charts) Participants' feedback Use of ETL
	<ul style="list-style-type: none"> Conduct Mobilization awareness & outreach visits to groups in Nyanza & Western 	<ul style="list-style-type: none"> Conduct 264 outreaches to potential vendors 	<ul style="list-style-type: none"> Field Officers Program Manager M&E Officer Potential Vendor Groups 	<ul style="list-style-type: none"> # of mobilization, awareness & outreach visits. 	<ul style="list-style-type: none"> Monthly progress Reports Updated vendors' database Periodic Monitoring
	<ul style="list-style-type: none"> Conduct consistent follow ups to SWAP vending groups 	<ul style="list-style-type: none"> Conduct 1320 follow ups to SWAP vendor groups 	<ul style="list-style-type: none"> Field Officers Program Manager M&E Officer Vendor Groups 	<ul style="list-style-type: none"> # of mobilization visits. 	<ul style="list-style-type: none"> Monthly progress Reports Periodic Monitoring reports
	<ul style="list-style-type: none"> Collaborate with MoPHS, Red Cross & other Health stakeholders. 	<ul style="list-style-type: none"> 44 stakeholder forums to be attended 	<ul style="list-style-type: none"> Program Manager Field Officers 	<ul style="list-style-type: none"> # of stakeholder forums attended. 	<ul style="list-style-type: none"> Presentations during meetings at the forums.
	<ul style="list-style-type: none"> Organize & attend public national & international functions. 	<ul style="list-style-type: none"> Participate in 44 international and public functions 	<ul style="list-style-type: none"> Program Manager Field Officers 	<ul style="list-style-type: none"> # of public & international functions attended. 	<ul style="list-style-type: none"> Presentations & exhibitions during the functions.
	<ul style="list-style-type: none"> Organize and attend launches & exhibitions. 	<ul style="list-style-type: none"> 11 launches and exhibitions 	<ul style="list-style-type: none"> Program Manager Field Officers 	<ul style="list-style-type: none"> # of launches & exhibitions attended. 	<ul style="list-style-type: none"> Presentations during launches & exhibitions.
1.2 Objective Improved capacity to establish and manage	<ul style="list-style-type: none"> Conduct Training needs assessment to vendors 	<ul style="list-style-type: none"> 22 business skills trainings to 660 vendors. 	<ul style="list-style-type: none"> Field Officers Program Manager Finance Department Training Officer 	<ul style="list-style-type: none"> # of business skills trainings conducted # of vendors trained 	<ul style="list-style-type: none"> Reviewed training manuals, curriculum, IEC materials (flip charts)

profitable health oriented micro-enterprises	<ul style="list-style-type: none"> Conduct Business skills trainings to 660 vendors. 		<ul style="list-style-type: none"> M&E Officer 		<ul style="list-style-type: none"> Participants' feedback Use of ETL
	<ul style="list-style-type: none"> Distribute health products to vendors. 	<ul style="list-style-type: none"> A total of KShs16 million to be realized 	<ul style="list-style-type: none"> Field Officers Sales and marketing officer. Enterprise manager 	<ul style="list-style-type: none"> Revenue realized in terms of cash. 	<ul style="list-style-type: none"> Stock records Stock take reports Reconciliation records.
	Promotion ,Sales and community distribution of point of use water treatment products (WaterGuard, Pur, Aqua tab, Ceramic Filters), in all the project areas	<ul style="list-style-type: none"> 55,500 bottles Water Guard 75,000 sachets of Pur 26,000 tabs of Aqua tab 1,500 ceramic filters 	<ul style="list-style-type: none"> Field Officers Program manager Finance Department Stores Officer Sales & Marketing Officer M&E Officer 	<ul style="list-style-type: none"> # of bottles of water guard sold # of sachets of Pur sold # of tabs of Aquatabs sold # of ceramic filters sold % of household effectively practicing SWS 	<ul style="list-style-type: none"> Stock records Stock take reports Monitoring records Monthly progress Reports Periodic monitoring reports Tracking sheets
1.3 Objective	Reduced incidences of HIV/AIDS and occurrence of communicable diseases	<ul style="list-style-type: none"> Support orphans 100 and vulnerable children in terms of partial fee payment. 	<ul style="list-style-type: none"> Community support officer Program manager M&E Officer 	<ul style="list-style-type: none"> # of OVC's supported. 	<ul style="list-style-type: none"> Monthly reports Periodic monitoring reports
	Health education sessions by field officers to the community support groups.	<ul style="list-style-type: none"> Increase knowledge of community support groups on HIV prevention to reduce infection rate Increase knowledge on the importance of correct & consistent condom use 	<ul style="list-style-type: none"> Field Officers Program manager M&E Officer Sales & marketing officer 	<ul style="list-style-type: none"> % of reduced HIV infection rate. # of condoms sold 	<ul style="list-style-type: none"> Monitoring records Monthly progress Reports Periodic monitoring reports
	Referrals to health facilities for treatment, VCT and further management of conditions, as well as to other institutions for a variety of services such as income-generating ventures.	<ul style="list-style-type: none"> Increase number of people attending VCT sites, Health facilities and other relevant institutions. 	<ul style="list-style-type: none"> Field Officers Program manager M&E Officer 	<ul style="list-style-type: none"> # of referrals done to various institutions. 	<ul style="list-style-type: none"> Monitoring records Monthly progress Reports Periodic monitoring reports.

Appendix III Summary of Products Distribution & sales, 2011

Product	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Total
Water guard 150 ml	3,169	2,671	8,190	3,507	5,309	3,356	2,034	8,973	2,733	3,019	4,102	6,719	53,782
PUR sachets (Purifier)	1,934	2,558	2053	1,093	6,019	950	746	604	540	753	31,699	27,765	76,714
Aqua tab	505	590	5,586	10,500	2,625	480	1,335	787	2,410	288	280	320	25,706
Ceramic filters	35	80	87	140	185	104	92	97	97	41	27	63	1,048
Water Storage Pots	12	30	32	7	10	18	20	2	19	0	1	15	166
Stands for Pots	8	11	17	6	5	2	9	2	7	0	0	0	67
Water Storage Buckets	27	20	57	50	55	1024	58	977	506	368	1600	16	16,596
Hand washing Basins	2	0	9	0	0	0	0	634	45	27	0	0	717
Stands for Buckets	6	8	28	48	8	10	9	3	68	36	51	40	240
Ushindi Soap medicated	978	1,470	3,646	1,800	3,123	1,474	1,596	10,041	1,239	1,907	1,357	814	29,445
Ushindi white/yellow Soap	17	12	0	0	0	0	0	0	0	0	0	0	29
Supanet (Round) Big	27	85	35	26	82	87	21	16	136	5	23	8	602
SupanetRound Medium	18	53	27	3	15	16	7	0	6	3	9	4	161
Supanet Rectangular	4,915	679	10793	5,037	12115	24,128	12114	12235	27,716	13,364	17,600	24,986	171,798
Powertab Extra	6	9	29	12	0	0	0	0	0	0	0	0	56
Mosq Bar Repellent	144	119	172	67	213	199	71	141	132	210	160	92	1,720
High Protein Flour	45	18	33	55	36	17	10	8	0	0	0	0	222
Savlon Skin Treatment	249	288	322	179	238	138	248	291	214	183	205	170	2,725
Povidone Iodine 100ml	2	1	0	1	1	1	3	0	0	0	0	0	9
Mouth Gargle 100 ml	0	2	1	0	0	1	0	0	1	0	0	0	5
Trust Condoms	537	339	441	348	214	976	482	587	280	586	428	8	5,226

Trust Condoms Studded	412	241	599	442	385	688	133	32	141	148	123	9	3,353
Family Planning Pills	17	5	1	38	171	65	26	38	119	37	19	46	582
Sanitary Pads (Always)	2,414	773	1490	674	1301	797	1034	671	1,006	954	1,045	404	28,116
Femistyle Sanitary Pads	1,393	240	366	164	217	22	330	265	102	264	190	41	19,113
Dream Girl Sanitary pads	25	13	43	35	0	45	16	3	4	6	0	5	195
Pampers	398	395	665	541	896	692	581	510	1080	856	1,260	1,236	9,110
Economical stoves	5	5	9	4	29	42	4	24	9	5	6	19	161
Taps	23	40	32	8	27	1,026	59	4	19	2	18	94	9,126
Moringa Leaf Powder 25g	52	125	102	165	210	111	207	106	174	92	38	67	1,449
Moringa Leaf Powder 50g	27	68	88	28	506	23	52	44	40	38	67	38	1,019
Moringa enriched flour	0	0	2	307	1247	947	37	19	557	462	725	56	4,370
Ariel 50g & 100g	0	0	0	0	0	144	999	3,277	3,679	5,827	6,815	5,606	26,347
Solar lamp ST1 & ST2	1	0	1	1	1	1	1	0	0	2	1	0	9
Spirulina	2	55	3	6	5	1	2	15	17	1	0	5	112

Appendix IV: Research Interventions & Studies

STUDY/PROJECT	INTERVENTION/ TIME FRAME	GOAL/OBJECTIVE	ACTIVITIES CONDUCTED	OUTCOME/OUTPUT
Evaluation of Education Through Listening, a community engagement methodology, to promote the adoption of safe household water treatment behaviors in communities in western Kenya, Vihiga County (ETL)	CDC-Atlanta & Georgia State University (July 2010-September 2011)	-The purpose of the evaluation is to compare the impact of the ETL implementation approach to a standard intervention approach on the purchase, utilization, and health impact of the water treatment technologies. -Implement a behavioral-based community engagement intervention, ETL, to encourage the purchase and use of safe water products in five rural villages in Western Kenya -Implement a standard community engagement approach to encourage the purchase and use of safe water products in five additional rural	Baseline survey	<ul style="list-style-type: none"> The initial results suggested that use of ETL as a behavior change technique can increase the reported and observed use of chlorine
			Training of Community Groups	<ul style="list-style-type: none"> The proportion of diarrheal disease was significantly lower in all households that reported treating drinking water (by any means and in both groups).
			Active Surveillance	<ul style="list-style-type: none"> After six months of surveillance, reported use of household water treatment with chlorine (WaterGuard or Aquatabs) was 12.7% in all households
			Conduct Focus Group Discussions, Key Informant Interviews and observations	<ul style="list-style-type: none"> Initial analysis suggests that reported use in ETL villages was slightly but significantly higher than in standard intervention villages (14% versus 11%, Pearson's chi-squared $p = 0.03$).
			Follow up survey	<ul style="list-style-type: none"> In addition, while low, the proportion of households with observed chlorine was also significantly higher in ETL villages compared to standard intervention (7.5% versus 3.6%, Pearson's chi-squared $p < 0.0001$).
			Feedback to the Community and stakeholders	<ul style="list-style-type: none"> In villages where health promoters received ETL training, 185 (77%) of 241 households purchased improved stoves, compared to 67 (46%) of 146 households in villages where ETL was not used ($p < 0.001$)

STUDY/PROJECT	INTERVENTION / TIME FRAME	GOAL/OBJECTIVE	ACTIVITIES CONDUCTED	OUTCOME/OUTPUT
Use, Acceptability, & Performance Evaluation Of Life straw Family Filter (LSFF)	Life straw Family Filter (Vestergaard-Fransen, SWAP, CDC study) 2009 - 2012	<ul style="list-style-type: none"> - Assess user acceptability (Consumer acceptance, perception), ability of consumers to properly and effectively set up, operate, clean and use Life straw Family Filter. - Evaluate the effectiveness of Life straw Family Filter in disinfecting water and preventing diarrhea - Assess the durability of the Life straw Family Filter in rural African households and its average lifespan. 	Water testing for turbidity, coli forms & E-coli	<ul style="list-style-type: none"> • 22 households in 6 Sampled villages of Life straw intervention were administered with water testing questionnaires. Source and stored water was tested for turbidity using, residual chlorine coliforms using a DelAgua portable laboratory.
			Baseline survey & Surveillance	<ul style="list-style-type: none"> • Out of a targeted 272 Households 222 were administered with Baseline Questionnaires
			Training of community on use and give outs of Life straw Family Filters	<ul style="list-style-type: none"> • About 120 respondents were trained on how to operate the Life straw family filters and distributed with the gadgets while 102 did not receive the gadgets but both groups were visited for Life straw surveillance and follow up activities in 2010 - 2011.
			Follow-up visits of Life straw Family Filter user Households (Nov 2009 – Mar 2011”)	A total of 197 households were visited and follow up data collected from 119 participants in March 2011 <ul style="list-style-type: none"> • A total of 238 water samples were collected from the households and tested for coli form & E-coli.
			Quarterly visits (Aug 2011 – Aug 2012)	About 100 households are currently being visited on a quarterly basis to continue assessing usage of the Filter and health impact as a result of its usage

STUDY/PROJECT	INTERVENTION/ TIME FRAME	GOAL/OBJECTIVE	ACTIVITIES CONDUCTED	OUTCOME/OUTPUT
<p>The Impact of Targeted Incentives and Enhanced Services on Use of Maternal Health Services in Rural Western Kenya (SWANC)</p>	<p>SWAP, KEMRI/CDC, Kenya Ministry of Health & Medical Services (MOHMS), Kenya Ministry of Public Health and Sanitation (MOPS), CDC Foundation</p> <p>Mar 2011 - Mar 2012</p>	<p>To integrate the distribution of hygiene kits with maternal health services to increase delivery in health facilities, postnatal checks, use of <i>WaterGuard</i> to treat water, and ability to demonstrate proper hand washing technique</p>	<p>From March to July 2011, we distributed 2253 hygiene kits, 1236 packets of protein-fortified flour, and 794 clean delivery kits.</p>	<p>From 2010 to 2011 the mean number of first antenatal visits per facility over a four-month period remained constant (19.0 vs. 18.9, $p=0.96$). However, there was an increase in the average number of fourth antenatal visits (5.2 vs.8.0, $p=0.0038$), facility deliveries (7.3 vs. 10.3, $p <0.0001$), syphilis testing (8.4 vs. 17.6, $p <0.0001$), and positive syphilis test results (0.10 to 0.49, $p <0.0001$)</p>
			<p>Nurses at each clinic submitted monitoring data (How kits are being dispensed, and also on Syphilis testing) by mobile phone text message on a weekly basis.</p>	
			<p>We collected service utilization data from logbooks maintained by each participating health facility</p>	
			<p>Monthly monitoring and restocking of Syphilis test kits, medication, hygiene kits, flour and Delivery kits is on going until April 2012</p>	<p>There was also an increase in the average number of fourth antenatal visits (5.0 vs.8.4, $p=0.0015$) and deliveries (7.5 vs. 10.5, $p <0.0001$) per facility.</p>
			<p>Follow up survey is scheduled in March 2012</p>	<p>The study is still running and the final findings will be provided at the end of the study (Next annual report)</p>
<p>The Acceptability, Effectiveness, and Health Impact of a Novel Antimicrobial Hand Towel in households with children under 12 months old in peri-urban and rural communities in Nyanza Province, Kenya (SWHAT)</p>	<p>SWAP, Vestergaard Frandsen, CDC Foundation, KEMRI/CDC</p> <p>May 2011 - Oct 2011</p>	<p>- Evaluate the acceptability of a 30 x 40 cm hand towel with antimicrobial properties</p>	<p>Enrolled 125 mothers of children <12 months old, conducting baseline and weekly questionnaires and microbiologic testing of hands across 9 weeks using the “glove juice” method consisting of testing the pH and turbidity of samples as well as performing the Colilert assay for <i>Escherichia coli</i></p>	<p>At baseline, mean <i>E. coli</i> contamination was higher among group A than group B mothers (16727 vs. 9403 MPN/100ml, $p=0.02$).</p>
		<p>-Assess the consistency of use of this hand towel</p>		<p>Mean <i>E. coli</i> hand contamination in group A decreased while using the AT (16727 vs. 2846 MPN/100ml, $p=0.004$) and the PT (16727 vs. 396 MPN/100ml, $p=0.002$), as compared to baseline.</p>
		<p>-Determine the effectiveness of hand disinfection using this hand</p>	<p>Conducted a 6 month cross-over trial to assess the impact of the hand towel on the health of 350 women of children <12</p>	<p>Group B achieved no decrease in hand contamination with either towel.</p>

		towel plus soap compared to a normal towel plus soap	months old and their household family members	FGD participants reported the towel reminded them to wash hands and not to dry hands on clothes.	
		-Determine the effectiveness of hand disinfection using this hand towel plus soap compared to subjects' usual hand washing procedures	Did Weekly visits to record health outcomes occurring within the previous 48 hrs among the family members, collecting information on episodes of acute respiratory illness (ARI), diarrhea, and skin infections	Conclusions: Hand towel presence may provide behavioral cues for proper hand washing. Hand contamination decreased, regardless of towel type, only in the group with higher baseline contamination.	
			Qualitative assessment of towel adoption and acceptability was conducted using in-depth interviews and focus group discussions		
The safe water and hygiene project in healthcare facilities, swach - Kenya, 2011 (SWAP/CHAK/UNICEF)	SWAP, KEMRI/CDC, MOH, The Christian Health Association of Kenya (CHAK), United Nations Children's Fund (UNICEF) March 2011 - April 2012	Evaluate the impact of a program to install water stations and train health workers and their patients about water treatment and hygiene on knowledge and practices of health workers and their patients	Ministry of Health (MOH) and CHAK health facilities were randomly selected for participation in the baseline evaluation	Seventy-eight percent (77.5%) of facilities reported treating water stored in the clinic using WaterGuard (87.1%), PuR (12.9%), AquaTabs (9.7%), and boiling (9.7%). Forty-eight percent (47.5%) of facilities received free WaterGuard or AquaTabs from the Ministry of Public Health and Sanitation (6) and NGO's, including PSI (9), APHIA II (2), UNICEF (1) and Voluntary Male Circumcision Programme (1) facility.	
			Facilities were surveyed for primary water sources, use of water treatment products, type of water storage vessels and hand washing stations, and the availability of soap and oral rehydration salts (ORS)		
			566 women with children <1yr of age living in the enumeration area nearest the health facility were surveyed in their homes about Safe water and hygiene practices		Seventy-one percent (70.5%) of the 566 households reported treating their water using; WaterGuard (79.7%), boiling (25.8%), filtration (12.8%), PuR (3.5%), and AquaTabs (2.0%). A few households reported use of aluminum sulfate, solar disinfection, sedimentation, and chlorine dispensers installed at water sources.
			-103 Kiosks and shops in the enumeration areas were visited and surveyed to determine the availability of water treatment products, soap, ORS, and anti-diarrheal medications		-Water treatment products and ORS were observed in few kiosks (WaterGuard: 23.3%; AquaTabs: 1.0%; PuR: 3.9%; ORS 6.8%). Soap was present in 84.5% of kiosks. Anti-diarrheal medications, including Diastop and / or Diadis, were found in 8.7% of kiosks
			- Conducted 40 facility assessments Collected 75 health care worker self-assessments. HCW training on safe water and hand hygiene was	-Among the 75 HCWs surveyed, 10.8% reported previous formal training on safe water and hygiene and 30.7% reported informal training by a colleague. HCWs (69.3%) reported teaching their	

			subsequently conducted by SWAP trainers	clients about safe water and hygiene.
			SWAP installed safe water and hand hygiene stations at each of the 40 facilities during their visit. Facilities are being followed for one year by the SWAP team using announced and unannounced clinic visits	-One facility reported not having a regular supply of ORS. Upon observation, all of the remaining 39 facilities had ORS packets, but 33.3% reported running out of ORS in 2010. Sixty-eight percent (67.5%) of facilities identified an oral rehydration treatment corner within the facility. Zinc was reported in 65.0% of and 57.7 of these facilities reported running out of zinc in 2010
			-Follow-up evaluation of the facilities, HCWs, and neighboring communities will be performed in April – May 2012.	-The most commonly reported reasons for not teaching clients was the lack of knowledge about safe water and hygiene (82.6%), followed by too many patients waiting (8.7%). With regards to WaterGuard and AquaTabs, HCWs reported teaching their clients: Few facilities (10.0%) reported receiving free soap from the Ministry of Public Health and Sanitation (4 facilities) and CHAK (1 facility). The majority of facilities (90.0%) reported buying soap and 42.5% had a budget to purchase soap.

Appendix V: SWAP ORGANIZATIONAL STRUCTURE

