Safe Water and AIDS Project (SWAP)

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FROM THE DIRECTORS DESK

Over 10 years of operations in 5 counties in Western Kenya. 2015 was yet another year packed with activities and research serving vulnerable communities in remote areas. SWAP entered into new partnerships and maintained existing ones including the close and cordial collaboration with the Ministry of Health.

SWAP continued working in close partnership with CDC, PSK and Procter & Gamble. A video of SWAP’s work was featured in several parts of Africa “It’s Africa Time” which was supported by Procter & Gamble. They also supported the design and printing of SWAP’s newsletter capturing the 10 years journey. Several international students and research assistants came throughout the year to support mostly the research activities and help with fund raising.

SWAP expanded its office space when the neighboring premises became vacant. A section of program and the entire research team moved next door. It has a spacious meeting room. We further improved the small guesthouse which has been an ongoing revenue stream. It has been mostly occupied by visiting research assistants and students.

SWAP completed year 2 with USAID DIV funding and established 6 new Jamii Centers in Kajulu, Yala, Wagai, Kegondi, Ugenya, Sondu and Kegondi. Activities were ongoing at the 3 Jamii Centers established in year 1; Awasi, Kakamega and Marindi, and at the first Jamii Centers in Ahero and Nyakwere opened in 2010. 2016 will be the final year of the USD 1 million USAID funding when we shall evaluate the health and economic impact of the distribution model of health and hygiene products by trained community health promoters. It will prove if this model can be sustainable and scalable and if it has reduced morbidity and mortality. The partners from CDC, Procter & Gamble and George Washington University will support the research.

SWAP restructured the operations at Mumias Sub D, where we sell Procter & Gamble products to traders. A new team was employed, internal control systems improved and more frequent monitoring was done.

SWAP completed a 9 months extension of the USAID HCM Plus sub award with Population Service Kenya as prime recipient. The extension focused on malaria prevention in Ugenya. We were able to exceed our targets and have negotiated for yet another extension until April 2016.

In 2015 the 10th Kisumu World AIDS Marathon organized by SWAP, annually held on World AIDS Day. This was supported by Wijocha Foundation from the Netherlands with support from other well-wishers and the Richard Brodsky Foundation. 338 runners from all walks of life participated in the full and half marathon, relays and wheel chair race. A children’s walk saw over 300 vulnerable children and school kids participate. The occasion was graced by Mama Sarah Obama.

SWAP entered into an agreement with Skyjuice and Siemens to set up a water kiosk with a skyhydrant filter at Sondu River. This is still in preparation phase, since it requires various approvals, but will be operational early 2016.
As finalist in the SEAD and Innovation in Health Care Network the country Director and deputy, were invited in March to the SEAD summit in Durham (US) which was attended by 25 other innovators from all over the world. The workshop was on strategies for scaling impact, monitoring and evaluation, peer learning sessions, business models and networking meetings. The country director proceeded to Washington DC for the Innovations in Health Care Annual Forum attended by over 150 global health leaders and business investors and NGO’s.

As last year winners of the Crystal of Hope Award, we received another invitation by Life Ball Vienna in May 2015, to attend the entire weekend of glamorous events. The Country Director attended a Life Ball Kick off session with over 200 participants where SWAP received a donation of USD 10,000 from Lena Hoscheck, an Austrian well known fashion designer, who had chosen SWAP as a project to invest in. She sold over 6000 dresses from the “Hot Mama Africa” collection and on each dress some money was given back to SWAP. The weekend continued with gala dinners, champagne receptions, auction, red carpet walk, VIP party hosted by the Austrian President, Red Ribbon Concert, First Ladies Lunch and the opening ceremony of Life Ball. It was well covered by local and International Media.

SWAP became finalist in 2015 of the Social Innovation in Health Initiative. This is a two years collaboration between Cape Town University, Oxford University and WHO. SWAP was selected together with 25 other innovators as finalist. A team from Cape Town visited and prepared a documentary about SWAP. The Country Director was invited in December in Annecy with 10 other innovators to attend a two day workshop in Annecy in France and a one day meeting at the WHO offices in Geneva in Switzerland. This was an excellent experience to network and share experiences and discuss future opportunities. The film of each innovator was shown in Annecy and Geneva and Posters of the innovators were at the WHO offices.

SWAP joined the WASH IMPACT regional network, an initiative from Millennium Water Alliance. A regional East African launch of the network was attended by our program manager.

SWAP continued serving in the Board of Directors of HENNET, the National NGO Network.

SWAP entered in a partnership with Habitat for Humanity International and Portland State University for a 6 month water back study. This was completed and negotiations are ongoing for a follow up and a new study with an improved back pack.

SWAP completed the one year Gates Funded Antenatal Care Pilot in Siaya in collaboration with the Stockholm Environment Institute as prime recipient. The success of this study led to the submission of a phase II proposal, which was granted. In 2016 SWAP research team will be the implementing research partner for a larger ANC study in collaboration with Equity Bank, Stockholm Environment Institute and the Ministry of Health targeting 3600 pregnant mothers providing them financial incentives to attend ANC clinics and deliver in health facilities.

SWAP completed the Gates funded (Saving Lives at Birth Award) MSWANC antenatal care study apart from analyzing data and publishing. This was a collaboration between Rand Corporation as prime recipient of the grant, Ministry of Health, CDC and SWAP. The Deputy Country Director presented a paper at a Kenyatta University Conference sharing the initial results.
SWAP entered an agreement with PATH and Tufts University for a water filter study. This was initially expected to end in December, but after a visit from a PATH representative approval was given for an extension until April 2016.

SWAP entered an agreement with EAWAG, who previously supported the water kiosk project in Kisumu slums. This time SWAP became the research partner to do a ceramic filter study which ended in December 2015.

SWAP did qualitative research in Kibera Slums with funding from CDC, during a WASH deworming study.

SWAP was on the forefront to respond to cholera, which affected most parts of the country. SWAP did with funding from CDC research in Homa Bay and Kibera Slums in Nairobi and after that was given funds to respond to cholera in Kisumu County. SWAP is a member of the Ministry of Health Disaster preparedness team as well as the WASH and Health Promotion technical working groups.

SWAP entered into an agreement with Liverpool School of Tropical Medicine, the Ministry of Health, and CDC to be the implementing partners in a 4 and half years Menstrual Hygiene study. The protocol was submitted and the research will start in 2016. An international PHD candidate will support the research under guidance of the PI of the study. The study is a trial enrolling 3864 menstruating girls in 84 schools to examine acceptability, feasibility and safety of menstrual solutions in Siaya County.

The accreditation process of the water lab was ongoing. The lab manager attended a workshop to better facilitate this process and several steps and improvements have been done. Procter & Gamble is supporting this process and we are waiting transfer of USD 20,000 via CDC Foundation. Once the lab has gone through this process, it is likely going to be used by several partners and has potential to become sustainable.

SWAP’s success and achievement would not be possible without the support of the Board of Directors, committed management team, all SWAP staff who tirelessly worked in the community under sometimes difficult circumstances and with poor infrastructure. The true heroes remained the community health promoters, who walk from door to door, making a difference in the lives of vulnerable communities, improving health while generating income.

We have been very proud and excited to be associated with all those who contributed to the achievements and success of the past 10 turbulent years and we hope that you will continue provide your support. On behalf of the SWAP family, we wish you a happy, healthy and prosperous 2016.

Alie Eleveld
Country Director
LIST OF ACRONYMS

CSO     Civil Society Organization
CARE    Cooperative of American Relief Everywhere
CDC     Centers for Disease Control and Prevention
CHEW    Community Health Extension Workers
CHP     Community Health Promoter
CHV     Community Health Volunteer
CU      Community Unit
DIV     Development Innovation Ventures
ETL     Education Through Listening
FBO     Faith Based Organization
FGD     Focus Group Discussions
GoK     Government of Kenya
HCM     Health Communication and Marketing
HENNET  Health NGO’s Network
HWT     Household Water Treatment
IPC     Inter Personal Communication
KEMRI   Kenya Medical Research Institute
MoH     Ministry of Health
NGO’s   Non-Governmental Organizations
OVC’s   Orphans and Vulnerable Children
PSI     Population Services International
PSK     Population Services Kenya
P&G     Procter and Gamble
SBCC    Social Behavioural Change Communication
SWAP    Safe Water and AIDS Project
SWS     Safe Water Systems
STI     Sexually Transmitted Infections
USAID   United States Agency for International Development
WASH    Water Sanitation and Health
SWAP’s VISION, MISSION, GOALS AND CORE VALUES

**Vision:** A healthy and empowered community where everyone enjoys a 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:** Increase income from environment friendly and health oriented micro-enterprises and improve health status of the vulnerable communities.

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

**COMMUNICATION**


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SWAP would like to acknowledge the financial, technical and moral support of the below listed organizations and individuals. We sincerely appreciate your donations and support.

Ministry of Health
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Population Services International/Kenya
USAID/DIV
UKAID/DFID
Gates Foundation
Procter & Gamble US and Germany
Hasbah Kenya
Harber Charitable Foundation
World Health Organization
Foundation for Life
Rand Corporation
Stockholm Environment Institute
Habitat for Humanity International
PATH
Life Ball
Liverpool School of Tropical Medicine
George Washington University – Public School of Health
Portland State University
University of Illinois
Maseno University
Tufts University
Duke University
University of Oxford
University of Cape Town
Erastus and Company
Shadrack and Company
Behan and Okero
CARE Kenya
Richard Brodsky Foundation
Foundation Wijjocha
Duke of Breeze
US Peace Corps
EAWAG
Siemens
Skyjuice
Sead and Innovations in Health Care
Social Innovations in Health Initiative
HENNET
Dr Richard Omore
Gabriele Norado
Rob Quick
Tom Henrich – Win Win and Beyond
Pascal Rubli
Mo Sprenker
Lena Hoscheck (Austrian fashion designer)
1 EXECUTIVE SUMMARY

The development of this annual report has been a team effort from all SWAP staff, specifically the management team members, who remained united and innovative managing complex programs with strict deadlines and targets and limited funding. The report provides an overview of SWAP’s achievements and challenges and an insight into all the interventions and activities. The main activities during the entire year 2015 included:

- 11 Jamii Centers operations with trained Community Health Promoters doing door to door sales and health promotion
- Training of Community Health Promoters and Community Leaders
- Marketing and sales of health products to partner organizations
- Community outreach and exhibitions
- Sale to traders at Mumias Sub Distributors Center
- Activities at the SWAP model village
- OVC and Widow Support
- Emergency response
- Cholera response
- 10th Kisumu World AIDS Marathon
- Cholera research in Homa Bay and Kibera Slums
- WASH deworming study in Kibera Slums
- Water Back Study in Seme
- Water filter study in Nyando
- Ceramic water filter study in Seme
- ANC study in Siaya
- National and International partnerships, advocacy and networking activities

1.1 Background

The Kenyan Demographic and Health Survey held in 2014 shows improvements in the health indicators though in SWAP’s area of operation still very high rates of infant and child mortality and other public health concerns.

The area is malaria endemic and the major causes of childhood morbidity and mortality remain acute respiratory infections, malaria, dehydration caused by severe diarrhea and malnutrition. The infrastructure is poor with limited access to safe water. And still prone to diarrhea outbreaks like cholera which was witnessed in several counties in Western Region in the year 2015.

Two weeks preceding the survey more than 35% of the children under five had fevers. Over 60% had access to an Insecticide treated net.

HIV rates and teenage pregnancy are high with over 19% of teenagers in the area between 15-19 years already reported a live birth. Western regions reported the highest level of physical and sexual violence committed by a spouse.

Maternal health care improved but still only 47% in Western Kenya and 64.8% of the babies were delivered by a skilled health care worker. Kakamega was listed as one of the counties were less than 50% of the women attend the recommended 4+ ANC visits.
Safe Water and AIDS Project (SWAP), in collaboration with the Ministry of Health, and other stakeholders are facing the challenge of reversing these negative health indicators which negatively impact 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 an extensive distribution network of Community Health Promoters and HIV support group members, who are engaged and trained to become Community Health Promoters, vending health and hygiene products and promoting health. They promote and sell these products to vulnerable communities in remote areas with limited access to health services. SWAP has established effective partnerships with various international networks and institutions as well as Academic Institutions.

SWAP further has a research wing undertaking various effectiveness studies, evaluating the health impact of its health interventions, technologies and products. SWAP has a human resource base comprising of over 40 employees, including administrative staff, research, field, training officers and a competent management team. SWAP is governed by a loyal and committed board of directors with diversified membership. The Country Director serves as secretary of the Board.

1.2 Project Area

SWAP has been operating in 6 Counties of Kenya with Programs and Research. SWAP’s Headquarters is in Kisumu, with 2 satellite offices in Homa Bay and Kakamega. However towards the end of the year the Jamii Center in Shikoye relocated to the Kakamega Satellite office and plans are underway to close the Homa Bay Satellite office early 2016 and focus on the 11 Jamii Centers instead.

The table below shows the counties where SWAP has its offices, Jamii Centers and research activities:

<table>
<thead>
<tr>
<th>County</th>
<th>Kisumu Headquarters</th>
<th>Ahero SWAP Model Village</th>
<th>Nyakwere Jamii Center</th>
<th>Awasi Jamii Center</th>
<th>Kajulu Jamii Center</th>
<th>Water back pack research</th>
<th>Water Filter Research</th>
<th>Ceramic Filter Research</th>
<th>Cholera response</th>
<th>OVC and Community Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kisumu County</td>
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<tr>
<td>Siaya County</td>
<td>Yala Jamii Center</td>
<td>Wagai Jamii Center</td>
<td>Sega Jamii Center</td>
<td>ANC study</td>
<td></td>
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<tr>
<td>Homa Bay County</td>
<td>Marindi Jamii Center</td>
<td>Homa Bay Satellite Office</td>
<td>Cholera Research and Response</td>
<td>OVC and Community Support</td>
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</table>

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 emergency response and research activities, and recognizes that motivation to change is a personal choice.

SWAP has mobilized and recruited Community Health Promoter who promote health and become 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, specifically at the household level. The Community Health Promoters are drawn from the Ministry of Health’s Community Unites as well as HIV support groups, widow groups; 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 and should play an active role in their own health and development. The Community Health Promoters sell products from door-to-door reaching each at least 100 households with support from their local leaders, who are actively engaged to help mobilize communities to adopt positive health behaviors. The Community Health Promoters operate around Jamii Centers which serves as business hub, where products are stored and where the community can access health information and products.

2. **PROGRAM ACTIVITIES**

SWAP’s program activities are conducted through existing community structures. Communities take an active role in their own health and development.

2.1 **Community Training Activities.**

SWAP builds the capacity of community health promoters to enhance their developmental goals and sustainability. This enables the community health promoters 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 generate income. The training offered to the community health promoters includes business trainings, safe water trainings, health and product promotion, education through Listening, primary health care, stock and record keeping. Focus after training is on follow up visits and on the site mentoring and education. The trainings are facilitated by the training manager supported by the Project Officers.

The training is for community health promoters who manage the Jamii Centers and who are prepared to sell the basket of goods from the centers and at the households in the community.

SWAP at the same time facilitates Orientation Leaders Workshops. These are to introduce SWAP into a new area and introduce the CHP’s in order for them to get support from the local leaders.

2.1.1 Business Skills Training
The Business Trainings are done to Community Health Promoters that are vending the health and hygiene products. The Community Health Promoters are recruited from the areas where the Jamii Center is located. The objective is to equip them with the basic business skills so as to manage their businesses effectively and become self-reliant. The trainings are done at community level. The business skills training includes social marketing and record keeping as well as stock management. The CHPs are prepared to collect data from the households which assists SWAP to understand the burden of disease in the community as well as demographic details. They further are trained on how to collect sales and financial data and reconcile the same.

2.1.2 Education through Listening - behavioral change Training
Education through Listening is a participatory, capacity building training for Community Health Promoters. The training was developed by Dr. Bobbie Person, a senior behavior scientist with international experience in operational research and programmatic field work. The goal of the training is to shift the traditional paradigm of didactic health education associated with scolding and punitive attitudes to one of behavioral theory-based social dialogue and affirmations of behavior change efforts and problem solving personal barriers to behavior change.

Education through Listening is built upon the practical application of behavioral and social theories to promote interpersonal behavior change communication. The training promotes an understanding of how and why people change a behavior and what gets in the way of them changing. Participants are coached to listen to what people are telling them and to identify their readiness to adopt a specific behaviors. The behavior change communication encounter and promotion messages are tailored to the person’s readiness to adopt the behavior.

The participant learns how to engage in a person centered approach to support the person to change their own behavior by examining the barriers they face when attempting to change and allowing the person themselves to problem solve solutions and identify the type of support they need to change. The participant also learns to engage in a similar type of encounter at the community level with small groups. The value of listening, timeliness, and keeping one’s word is highlighted.
Through partnership with Population Services Kenya (PSK), SWAP further included other social behavioral change communication techniques into this training including inter personal communication and small group sessions, which has been effectively used in thematic topics like malaria prevention and net hanging demonstrations.

2.2 Primary Health Care, Product and Health Promotion

The training is for community health promoters who manage the Jamii Centers and are prepared to sell the basket of goods from the centers and to the households in the community.

The training includes the 6 best practices to keep the family healthy; 1) Prevent Diarrhea, 2) Prevent Malaria, 3) Eat Nutritious Food, 4) Plan your family, 5) Immunize your children and Attend ANC clinics and deliver in Health Clinics 6) Prevent the spread of HIV and PMCT. The Community Health Promoters are taken through all SWAP products, demonstration of its use and the health benefits. This is normally facilitated by the Ministry of Health officials who are invited to come for facilitation and after that play a role in supervision.

2.3 Village Savings and Loans

CARE Kenya introduced SWAP to the Village Savings and Loans method. The project officers were trained on this method and have been introducing this to their CHPs. This is encouraged to relieve SWAP of debt burden, but instead encourage the CHP’s to invest themselves in stock of products, which enhances sustainability and ownership.

2.4 Leaders Orientation Workshops

SWAP when starting a new Jamii Center or research activity has been organizing Leaders Orientation Workshops. The objective of these meetings is to introduce the local leaders to the project and the CHPs, share research finding and get their support on the program. The leaders include administrative leaders, representatives from NGO’s, CHEW’s, and County Health Management Teams among other influential people in the community. Under HCM, we trained 259 community Health Workers in Ugenya of which 36 were male and 123 female. We covered Malaria, Business, Education Through Listening, Record Keeping, Social Marketing and Product Promotion. Under USAID/DIV, we covered ETL, Primary Health Care, Business, Product Promotion, Social Marketing, Safe Water System and record keeping and 96 Community Health Promoters were trained of which 81 were Female and 15 were Male.

The table below gives a summary of the number of people who were trained

<table>
<thead>
<tr>
<th>Months</th>
<th>No. of People Trained</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>February</td>
<td>2</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>March</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>April</td>
<td>16</td>
<td>123</td>
<td>139</td>
</tr>
<tr>
<td>May</td>
<td>20</td>
<td>100</td>
<td>120</td>
</tr>
<tr>
<td>August</td>
<td>0</td>
<td>8</td>
<td>8</td>
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<tr>
<td>September</td>
<td>2</td>
<td>13</td>
<td>15</td>
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<tr>
<td>November</td>
<td>1</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>304</strong></td>
<td><strong>355</strong></td>
</tr>
</tbody>
</table>
2.5 **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 analyze and evaluate the health and economic impact of some of SWAP’s interventions and its distribution model, technologies and products. The research findings keep SWAP informed and the findings are also shared with the community leaders and on National and International forums and published in peer reviewed International Journals. All SWAP’s published papers are attached in annex II and can be downloaded on our website [www.swapkenya.org](http://www.swapkenya.org)

SWAP has been outsourcing the research to various international partners and academic institutions and it has created another revenue stream helping SWAP to become sustainable.

SWAP in 2015 was the implementing partner in the following studies:

1) Water Back Pack Study- Habitat for humanity international/Portland State University  
2) Water Filter Study - PATH/Tufts University  
3) Ceramic Filter Study - EAWAG  
4) Cholera Research – CDC foundation  
5) Kibera WASH and Deworming Qualitative Research - CDC foundation  

### 2.5.1 Water back pack study

SWAP did an evaluation of a water back, looking at acceptability, usage and health impact. This was done with funding from Habitat for Humanity International and with technical support from CDC and Portland State University who provided GPS sensors which were inserted in the back packs.

After a successful census followed by baseline survey and finally distribution of back packs to 240 participants, a total of (8) villages were being visited on each of the five surveillance rounds of backpack survey and one final evaluation follow up. The eight (8) villages included Kagoo B, Kakiki, Koulu B, Kandhere, Karabok South, Karabok North, Kamwanda West, and Thim all in Seme, Kisumu County.

Preliminary baseline results showed that most families in rural set up (Study area) do not have access to improved drinking water supplies (lack access to safe water) sometimes the source is often located at a great distance from the home hence causing greater burden on women and children as they are often responsible for this task. Of the total of 252 (N = 252) participants interviewed, 125 (50%) reported getting there water from open well, 74 (29%) reported using rain water and 27 (11%) reported getting their water from water vendor which is unknown source. 243 (96%) women reported collecting water by themselves from the sources and 4 (2%) reported children being responsible for collecting water on their behalf, 201 (80%) reported doing this on a daily basis and 35 (14%) do it after every two days. Only 135 (54%) reported treating their water and only 105 (42%) use waterquard.
Preliminary result also showed that water is often collected by women and children using a variety of methods, most often on the head, because of the weight of the loads and the repetitive stress placed on the spine, it results in gradual injuries to the back, neck, spine and other parts of the body.

Out of the 252 (N = 252), 241 (96%) reported carrying water on their head and 9 (4%) lifting using their hands. Results also showed that 137 (54%) complained of pain on the head, 91 (36%) had pain on the neck, 41 (16%) had pain on upper back, 53 (21%) had pain on the lower back, 115 (46%) had pain on the chest and 25 (10%) in their knee. All this had significance in reduction on normal performance of other duties by the respondents.

A table showing dates of each visit round and the number of households interviewed

<table>
<thead>
<tr>
<th>Total Households interviewed at different surveillance rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/02/15-05/09/15</td>
</tr>
<tr>
<td>16/09/15-27/09/15</td>
</tr>
<tr>
<td>13/04/15-23/04/15</td>
</tr>
<tr>
<td>11/05/15-21/05/15</td>
</tr>
<tr>
<td>15/06/15-25/06/15</td>
</tr>
<tr>
<td>15/07/15-03/08/15</td>
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</table>

Final analysis of the entire data findings and publication is still on.

2.5.2 Water filter study

SWAP entered into a partnership with Tufts University who received funding from PATH for a filter field study. This study is held parallel in Haiti and in Kenya.

SWAP supported the preparation of tools, submission of protocol to Maseno University and all other logistics and training required. The PI of the study Anna Murray, came on three occasions to provide technical support. Two communities were identified with 37 and 39 households for inclusion. The filters were imported and distributed and with follow up visits an evaluation was done on acceptability, usage and health impact. Following a visit from PATH US representative, SWAP and Tufts were given an extension to do further research in 2016 until April 2016.
2.5.3 Ceramic water filter study
The objective of the ceramic filter research project is to evaluate a silver based safe water storage insert on reducing the recontamination of safe water.

In our study we evaluated if a silver activated safe water storage insert reduces recontamination of water in the reservoirs of ceramic filters. We compared different designs: a normal ceramic filter, a ceramic filter with the insert in the water reservoir and a ceramic filter with an insert in the reservoir and in the tap. We also assessed if water handling practices and hygiene conditions in households in Kenya have a significant impact on the results. The study took four months from September to December 2015. EAWAG was the donor and provided technical support and a research assistant stayed throughout the duration of the study.

The field evaluation contained of 2 elements:

- Water quality tests to assess the bacteriological contamination levels in the water storage containers of the 30 households with silver san in the buckets only, 30 households with silver san both in the bucket and taps and 30 households without silver san in ether the bucket and the tap.
- Interviews with 90 households operating the filters to assess socio-economic factors, water handling practices and hygiene conditions

The final findings are still being analyzed; finally dissemination to the Ministry of Health and community will be done.

2.5.4 Cholera research
SWAP with technical support and funding from CDC and in collaboration with the Ministry of Health implemented an assessment of cholera outbreak and response in Homa Bay and Nairobi Slums. Focus groups discussions were done both in Homa Bay County and Kibera Slums in Nairobi and a detailed survey was done in Homa Bay.

Following the research SWAP received funding from CDC via the US embassy to respond to cholera in Kisumu County together with the Ministry of Health. This included training of County Health Management teams, Sub County Health Management Teams, CHEWS and Community Volunteers. SWAP provided supplies to 16 health facilities in Kisumu County in the most affected areas. These included Cholera testing kits, hand washing stations, ceramic filters, hand washing soap, water guard, Purifier and ORS Zinc. The project was successful and the outbreak was contained.

2.5.5 Wash study qualitative research
The purpose of the study was to provide evidence to identify appropriate and acceptable water, sanitation and hygiene interventions to reduce re-infections of children with soil transmitted helminths after deworming treatment in Kibera slums. This study was supported by CDC and SWAP was engaged to collect quantitative data in 2 villages (Gatwekera and Soweto Villages) through focus group discussions. The qualitative team spend two weeks to collect data and another 3 – 4 weeks transcribing and reporting. SWAP shipped supplies to Kibera for the same study. The research ended on September 30th 2015 and qualitative data analysis is ongoing.
2.5.6 Afya health credits incentive for antenatal care clinic attendance and hospital delivery

The study aimed to test whether well designed and targeted financial incentives could succeed with hard to change behaviors in ANC uptake. The project was a response to Bill and Melinda Gates “Grand Challenge in Global Health” under the topic of “Inciting Healthy Behaviors. The study was in collaboration with Stockholm Environment Institute who were the prime recipient of the grant. 200 pregnant women were recruited attending ANC clinics in health facilities in Boro Division, Siaya County. Clinic staff were trained and payments were made to women honoring their ANC appointments up to the 4 ANC visits and hospital delivery. SWAP collected both quantitative and qualitative data and results showed a significant change in ANC uptakes and hospital deliveries, this was not only observed on the study participants but the commitment also realized on non-study participants who had lots of expectation of being rewarded too. The positive drastic change in ANC trends was a major boost to the MCH department of the 6 health facilities and a major health indicator to Siaya Ministry of Health during the study period. Out of the 200 participants (N=200), 185(92.5%) honored 2nd ANC visit, 173(86.5%) honored 3rd ANC visit, 168(84%) honored 4th ANC visit. 155(77.5%) of the participants delivered safely in the hospital.

### ANC uptake and Hospital deliveries (N=200)

<table>
<thead>
<tr>
<th></th>
<th>Participants who honored ANC appointments</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Visit</td>
<td>185</td>
<td>92.5%</td>
</tr>
<tr>
<td>3rd Visit</td>
<td>173</td>
<td>86.5%</td>
</tr>
<tr>
<td>4th Visit</td>
<td>168</td>
<td>84%</td>
</tr>
<tr>
<td>Safe Hospital Delivery</td>
<td>155</td>
<td>77.5%</td>
</tr>
</tbody>
</table>

The study was completed in October 2015.

The conclusion is that even though government has done its best to improve maternal health which is aimed at reducing the well-known birth related complications such as hemorrhage, high blood pressure and obstructed labor a lot still needs to be done especially on infrastructure, factors contributing to negative attitude of health workers and facility upgrades.

Maternal mortality Rate (MMR) is still high and this could be avoided if the mother is managed well in a fully equipped health facility by a qualified health professional. The ministry of health needs to assess compliance through robust monitoring and evaluation mechanism at the facility level and to work closely with other partners to develop the capacity.

SWAP will be the implementing partner during the scale up of this pilot (Phase II) which will target 3,600 pregnant women in 36 health facilities in Siaya county.
Summary on the number of participants enrolled in each health facility (Boro division)

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Proposed target</th>
<th>Participants Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Boro Dispensary</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>2. Kadenge Ratuoro Health Centre</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>3. Kaluo Dispensary</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>4. Karuoth Dispensary</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td>5. Nyadhi Dispensary</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>6. Segere Dispensary</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>200</strong></td>
<td></td>
</tr>
</tbody>
</table>

2.5.7 Water lab

SWAP has a water laboratory where quality assurance of research samples is done. It has been used for nine years for several studies for sample quality assurance, sample coding, training other staff members, student trainings and sample storage. The SWAP Laboratory can be used to analyze approximate 60-70 samples in a day. The following tests can be conducted at SWAP lab: testing for total *coliform*, *E. coli*, turbidity of water, salinity, water conductivity, chlorine test, total chlorine test and free chlorine.

The technology used in the lab is IDEXX quantity tray method using colilert reagents and membrane filtration method technology (*coli*-blue broth). Colilert Reagent is used for the simultaneous detection and confirmation of total *coliforms* and *E. coli* in water. Colilert utilizes nutrient indicators that produce color and/or fluorescence when metabolized by total *coliforms* and *E. coli*. When the reagent is added to the sample and incubated, it can detect these bacteria at 1 CFU/100ml within 24 hours with as many as 2 million heterotrophic bacteria/100ml present. The presence/absence test is used for drinking water samples and the quanti-tray enumeration procedures are used for raw water samples.

SWAP opens the lab for partner organizations and individuals who wish to test their water. Testing is also done of the water at the sky hydrant filter in Ahero to monitor its quality. SWAP towards the last quarter of the year rented space and facility in the lab to MITI Health, whose research required lab facility. SWAP helped the MOH during cholera outbreak with water testing of water sources to identify the risk areas.

In 2015 SWAP started the process of the accreditation of the Lab. Major improvement were made and SWAP managed to acquire the NEMA approval. SWAP’s lab manager also went to several trainings and consulted with the Government authorities. SWAP submitted a proposal to
P&G to support the lab which was granted. Funds will be transferred via CDC Foundation to SWAP early 2016. This will enable SWAP to outsource the lab services and be self-reliant.

Water Lab SWAP

2.6   Emergency – OVC and Community support
Most of the support for this program was provided by Harber Charitable Foundation (HCF) with additional support for few individual orphans from Foundation 4 Life and Gabriele Norado.

The fund is mainly used to support Orphans and Vulnerable Children with partial school fees, school requirements and shopping for basic needs as well as psycho social support and referrals.

There are few individual total orphans who are donor selected and get full support. Otherwise most orphans are referred by the field staff and are scrutinized by our community support officer to assess if there is any community or family support possible. Based on that the level of support is determined mostly resulting in paying a contribution while leaving any distant family to clear the remaining balance. We are trying to avoid total dependency on SWAP’s fund and need the community share this responsibility and the costs.

The funds are further used to support widows and in rare cases widowers. They often stay in poor shelter and if not inherited don’t receive community support to repair or rebuild their houses. SWAP together with the community contributes towards building houses and also supports widows with startup capital to do some income generating activities; e.g. farming, rearing chickens or selling SWAP products.

Other support is for community cases like medical support, funeral support and nutritional support in case of desperate families. A small percentage goes to staff when they have a calamity like robbery or other immediate family problem. SWAP has also provided some support during the cholera epidemic providing hand washing stations and water treatment and soap to the affected families and health facilities.
In 2015 SWAP supported 80 Orphans and vulnerable children, 20 widows and 50 other desperate cases from the community.

2.7 **Kisumu World AIDS Marathon**

Safe Water and AIDS Project (SWAP) is one of the leading organizations organizing the Kisumu World AIDS Marathon, held each year on the 1\textsuperscript{st} of December, World AIDS Day. This is the only AIDS Marathon in the world. This year has marked the 10\textsuperscript{th} year to hold the Marathon in Kisumu County. People participate from all walks of life to be part of the day in Kisumu. With this growth there is also expanded HIV awareness within the local community and media and the annual presence of Mama Sarah Obama. The marathon in 2015 was supported by Foundation Wijjocha and funds supplemented by the Richard Brodsky Foundation and donations of money and in kind after door to door fund raising campaign. Some statistics in the table below.

<table>
<thead>
<tr>
<th>Participants</th>
<th>GENDER</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total Enrolled</td>
</tr>
<tr>
<td>Full Marathon</td>
<td>37</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td>Half Marathon</td>
<td>135</td>
<td>80</td>
<td>215</td>
</tr>
<tr>
<td>Disable(Wheelchair)</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Children walk</td>
<td></td>
<td></td>
<td>300+</td>
</tr>
<tr>
<td>Relay</td>
<td>44</td>
<td>12</td>
<td>56</td>
</tr>
<tr>
<td>Totals</td>
<td>226</td>
<td>97</td>
<td>338</td>
</tr>
</tbody>
</table>

Mama Sarah Obama giving medals to the marathon runners
INCREASING COMMUNITY ACCESS TO HEALTH PRODUCTS: “SWAP Basket of Goods”

In an attempt to improve health and hygiene at the community level, SWAP, through the Project Officers, works closely with selected community health promoters to sell health products (commonly referred to as “the Basket of Goods”) at affordable prices. In this partnership, the community health promoters 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.

The products are preventing major diseases and are all health and hygiene related.

They include:

**Water Treatment Products/Diarrhoea Preventive products**
Water guard
Aquatab
Purifier
ORZ Zinc
Ceramic Filters

**Hygiene Products**
Camay Soap
Ushindi Medicated Soap
Lido Bar Soap
Always Sanitary Pads
I care Pads
Pampers – Diapers
Toilet Tissue
Hand Washing Station
Delivery Kit

**Nutritional Products**
Fortified Flour
Moringa Oleifera
Mix Me- Micronutrient Powder
Albendazole Deworming Tablets

**Malaria Preventive Products**
Mosquito nets

**Energy Saving Products**
Solar Lamps
Improved Cook Stoves
3. SWAP MODEL VILLAGE, JAMII CENTERS AND SUB DISTRIBUTION CENTER.

SWAP, with technical & financial support from Procter and Gamble, had established 3 Jamii Centers in Ahero, Nyakwere and Rangwe and 1 Sub-Distribution Center in Ekero, Mumias. In 2013 SWAP closed Rangwe due to limited funding, long distance and transport challenges and due to the fact that it became impossible for one field officer to manage both Rangwe and Homa Bay. However, with Aphia Plus HCM funding through PSI, SWAP was able open three new centers in Wagai, Yala and Sega. The project officers engage trained community health promoters who sell from the centers and from door to door. Each Community Health Promoter is given at least 100 households and sales targets. On weekly basis they meet at the center, share experience, reconcile their sales and receive mentoring from the project officers. The Sub Distribution Centers promote and sells Procter & Gamble products to traders in the area in a defined territory in Mumias.

3.1 SWAP model village

The SWAP model village in Ahero, remained a well visited and utilized demonstration village, where community members have access to health education and products, safe water and a venue for meetings and trainings. The village has received many visitors from all over the world.

The sky hydrant filter continues to offer filtered water drawn from the river Nyando, which has very contaminated and turbid water. Water is sold to the community members around after which they can dose the water with chlorine from the chlorine dispenser. SWAP conducts testing of water for quality control on a regular basis.

The kitchen with improved cook stove is utilized for demonstration as well as for cooking during meetings and trainings. The training center is frequently used by other partners as well including the Ministry of Health. The model village also has a Jamii Centre, which was the second center established in 2010 with funding and technical support from P&G.

3.2 Jamii Centers

In 2014 SWAP established the following Jamii Centers:

1) Awasi Jamii Center
2) Marindi Jamii Center
3) Shikoye Jamii Center

SWAP established in 2015 the following Jamii Centers:

1) Yala Jamii Center - January 2015
2) Wagai Jamii Center - January 2015
3) Kajulu Jamii Center - January 2015
4) Sega Jamii Center - October 2015
5) Sondu Jamii Center - August 2015
6) Kegondi Jamii Center – October 2015
Already existing centres were:
   1) Ahero Jamii Center within SWAP Model Village
   2) Nyakwere Jamii Center

Sub Distributors Centre
   1) Mumias Sub D in Ekero

All 6 centres opened in 2015 were stocked with health products and had a project officer overseeing the work of the community health promoters. Community health promoters were trained on business skills, social behavioural change communication including ETL, primary health care, health and product promotion, social marketing, stock management and record keeping. Most of the centres have been issued with bicycles to support the CHPs reach out to a wider area.

Centers established in 2014

1) Awasi Jamii Center
Awasi is situated in Kisumu County, Nyando Sub County along the Kisumu Nairobi highway. The office is within the premises of Red Cross and SWAP is renting the space. The Project officer Risper has previously worked for SWAP in the research department as project officer during the Gates funded Antenatal care study (Saving Lives at Birth Award) The centre has consistently promising sales and is one of the best performing centres. Awasi remained with 18 active CHP’s out of the 26 graduated. The CHPs have weekly meetings on Thursdays and they do Village Savings and Loans. They take loans and reduce on outstanding debts and invest in new products.

2) Shikoye Jamii Center
Shikoye is situated in Kakamega County. The Shikoye Jamii Center relocated to Kakamega. Reasons were that it did no longer make sense to keep both Kakamega satellite office and Shikoye, situated close to each other and most of the CHPs preferred to come to Kakamega town since they go there anyway for their shopping and other errands. Shikoye was after heavy rains becoming increasingly difficult to access. The other challenge was the high rent we were paying which was almost the same as the Kakamega office which was more spacious and already well known by the community members. So many walk in and partner organization access the Kakamega office apart from the CHPs to procure health products, which makes it more sustainable. Shikoye’s sales are good but slightly lower than the other centres established in year 1 due to the fact that PSK does not allow subsidized nets to be sold in Kakamega. These nets are in most centres the biggest source of revenue. The weekly meetings are on Thursday. Out of the 30 CHPs graduated 17 are actively selling products. They are as well piloting the Village Savings and Loans concept and take loans, reduce debts and invest in products. Shikoye is at times affected by heavy rains, it being situated next to the rain forest. Also many CHPs are during that time attending to their fields, since it is an agricultural area.
3) Marindi Jamii Center
Marindi is situated in Homa County and in Rangwe Sub County. The area is situated along Lake Victoria and has high burden of disease and the highest HIV rates country wide. It is established at the Marindi Health Facility, so no rent paid and low cost of operations as well as advantage of patients being referred to the centre.
The number of CHPs graduated was 30 but drastically reduced to 12 following recommendations of the business consultant Tom Henrich to drop those with low sales and focus only on the committed and most active CHPs. The Project officer is also managing once per week the satellite office in Homa Bay, where he serves previous clients and traders. The weekly CHP meetings are on Thursdays. The field officer joins the CHPs during household visits for business mentoring. They as well started introducing the Village Savings and Loans and encourage CHPs to invest in products.

6 Centers established in 2015
Cumulative sales performance (KES)

<table>
<thead>
<tr>
<th>Item</th>
<th>WAGAI</th>
<th>YALA</th>
<th>KAJULU</th>
<th>SONDU</th>
<th>SEGA</th>
<th>KEGONDI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 JAMII CENTERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative Sales (KES)</td>
<td>1,740,358</td>
<td>1,829,896</td>
<td>1,542,402</td>
<td>875,543</td>
<td>916,937</td>
<td>1,280,669</td>
<td>8,185,805</td>
</tr>
<tr>
<td>Costs of sales-Variables costs (KES)</td>
<td>1,340,076</td>
<td>1,445,618</td>
<td>1,326,465</td>
<td>717,945</td>
<td>751,888</td>
<td>934,888</td>
<td>6,516,881</td>
</tr>
<tr>
<td>Contribution Margin (KES)</td>
<td>400,282</td>
<td>384,278</td>
<td>215,936</td>
<td>157,598</td>
<td>165,049</td>
<td>345,781</td>
<td>1,668,924</td>
</tr>
<tr>
<td>Average sales per Month (KES)</td>
<td>158,214</td>
<td>166,354</td>
<td>192,800</td>
<td>291,848</td>
<td>229,234</td>
<td>640,335</td>
<td>1,678,785</td>
</tr>
<tr>
<td>Period/Months(UNITS)</td>
<td>11</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

1) Kajulu Jamii Center
This center is situated at the Mennonite Church on the outskirts of Kisumu. SWAP improved on a previous donated community kiosk by PSK to turn it into a Jamii Centre. SWAP is not paying rent but contributing towards some security costs. We recruited 19 to start with, but some came with high expectations and dropped out. We then later recruited and trained a new set of 10 CHPs. In total 13 are active. The CHPs are meeting every Wednesday. Sales have improved with support from the Kisumu Sales Officer However we have not seen very impressive sales, possibly due to the fact that it is closer to town setting and many shops around. Records were done manually since SWAP had no budget for point of sale software for the new centres and the centre is not yet connected to electricity. The project officer recently resigned due to personal reasons and SWAP has recruited a new project officer, who is going to be assisted by a senior CHP with extensive knowledge of the area and experience in community work.
2) Yala Jamii Center
Yala Jamii Center situated in Siaya County was previously operating under the USAID APHIA II sub-award through PSK. Activities during this sub award were focused on diarrheal illness prevention, malaria and HIV. This ended in 2014 and in January 2015 SWAP relocated offices and set up the Jamii Center in Yala Town working with CHPs from the neighbouring area. Some CHPs to continue with the Jamii Centre model were engaged in the previous project and already had knowledge of the health benefits of the products. 30 CHPs graduated and 15 remained active. Unfortunately the project officer during the month of October resigned. He managed both Yala and Wagai Jamii Centres. We have since replaced him with a project officer who previously worked in the APHIA II HCM plus program in Ugenya and who knows the area well. The meeting days of the CHPs are every Wednesday. Sales have improved with the change in project officer and debt recovery is promising from previous CHPs meetings held in the Yala office.

3) Wagai Jamii Center
Wagai Jamii Center situated in Siaya County and as above was in transition from USAID APHIA II HCM activities which ended December 2014 to now a Jamii Center under USAID DIV. It was managed by the same Project officer as Yala who has since been replaced. The meeting day of the CHPs is Thursdays. 28 CHPs graduated and 15 are active. Their sales have been promising with a drop in sales during transition. In both Wagai and Yala we are using point of sale software, but it is not yet real time and therefore still need frequent monitoring visits to the site to early detect and correct early any regularities.

4) Sondu Jamii Centre
Sondu Jamii Center is in Kisumu County, Nyakach Sub County. It was established in September 2015. The centre was set up at the Sondu Health facility. 15 CHPs were recruited and trained. The CHPs invest with cash which is topped up with the same amount on credit. The centre has been connected to electricity recently. In Sondu we shall next year have a skyhydrant filter set up next to the river to provide safe drinking water to the communities. This will be supervised by the same project officer. The area is densely populated and looks an area where good sales can be done. Finding enough cash to invest in products is difficult for the CHPs but we want to test this to avoid risks and losses. It creates more ownership if CHPs invest in the products and they will take care of the products better.

5) Sega Jamii Centre
Sega Jamii Center is located in Siaya County, Ukwala sub-county. We put up a structure at Sega Health facility. This was initially started under the USAID APHIA Plus Extension, the sub award of Population Services Kenya. During the extension the focus was for nine months on malaria prevention. Since October 2015, it was changed into a Jamii Center under USAID DIV. Recruitment was done of 15 CHPs and training took place early November. However operations with few active CHPs previously worked started on the 1st October when the centre was fully stocked with health products. A refresher training and introduction to the products and record keeping was done.
6) Kegondi Jamii Centre
Kegondi Jamii Centre is located in Vihiga County. It is at Kegondi market close to a Hospital and shopping centre. The project officer who previously managed the Kakamega office was recruited to become Project officer in Kegondi, since she already had extensive knowledge of stock management and product promotion. She was previously working with few CHPs from the same area who helped to identify the place. SWAP is renting the office at a very affordable rate. The additional CHPs were recruited, a total of 17. Training of them was done early November, but sales started in October. Kegondi uses the same model of testing half cash topped up with credit sales.

Already existing centres were:

1) Ahero Jamii Center within SWAP Model Village
Ahero Jamii Center is located in Kisumu County, in Nyando Sub County within the SWAP model village, where also water is sold through the skyhydrant filter and where there is a training room, demonstration kitchen and community library. The centre is a beehive of activities and receives many walk in’s. It is the second centre which was set up with financial and technical support from Procter & Gamble and started operating in 2010. The total number of active CHPs are 10, most of them have been there since the start. In October they became the best performing centre despite the small number of CHPs. The CHPs are meeting on Wednesdays.

2) Nyakwere Jamii Center
Nyakwere is located in Kisumu County, Nyando sub-county along river Miriu. It was the first centre established with seed funding and technical support from P&G. It has 7 active CHPs. They meet every Friday. The area is very remote and the location of Nyakwere is within the market, which opens once per week. The sales are not very high but we are not paying rent there are very few ongoing costs. It is supervised by the same project officer as in Ahero, who is relative new but active. He travels frequently between the two centres to closely monitor the activities.


### 3.3 Sub Distribution Centre

**Mumias Sub Distribution Centre**

SWAP established a Sub Distributors Centre in Ekero where we rented warehouse space within the shopping centre in 2012. The centre sells Procter & Gamble products which are procured from an agent (Hasbah Kenya Ltd) to traders in assigned area. In 2015 we replaced the entire Mumias staff, due to unaccounted stock variances. The new team realized an income of up to Kes 1.5 million monthly from sales of products. This is able to pay off their salaries, rent and vehicle cost and surplus is supporting SWAP’s operations.

### 2 FUNDING AND PARTNERSHIPS

**USAID DIV**

SWAP has completed the second year of USAID DIV and has met the targets of establishing 6 new Jamii Centers in year 2. SWAP has worked on a revision of the deliverables for year 3, the final year of funding, whereby we propose not to open new Jamii Centers but instead improve on the existing ones, run them more efficiently, invest in tracking point of sale real time software and increase revenue with the aim of having them become more sustainable and avoid variances and losses. In 2016 we shall do the end line survey, collecting both qualitative and quantitative data evaluating the health and economic impact and the level of sustainability. SWAP will receive technical support during this research from CDC Atlanta. SWAP received Tom Henrich, one of the partners under the USAID/DIV agreement who came between 23th July and 5th August 2015 to provide technical support, mentoring, check on progress, challenges and offer business skills. A proposal to make changes in year 3 of the Fixed Obligation Grant was discussed and shared with the contact person at USAID DIV.

**PSK partnership**

SWAP completed the 9 months extension from USAID/ HCM sub award through PSK. We trained all community units in Ugenya in Siaya County on Primary Health Care, Health Promotion, Education through Listening and social marketing with the focus on malaria prevention. The sub-award ended 30th September 2015 and SWAP organized within the last month exit meetings and preparations of the transition to the USAID DIV funded Jamii Center started with recruitment of the most active CHPs who continued selling health products. We identified one of the two project officers Isaac, to continue working at the centre as project officers. We received delegations from PSK for a site monitoring visits on quarterly basis. SWAP signed a teaming agreement with PSK for a further extension of three months in 2016 in Wagai focused on malaria.

**Wijjocha Foundation** from the Netherlands transferred Euro 10,000 earmarked for the tenth Kisumu World AIDS Marathon which was held on 1st of December 2015. SWAP will organized the marathon for the last time, since it is very involving and labour intensive.
SWAP became finalist in the Social Innovation in Health Initiative Program for 2015 together with other 25 worldwide innovators. This is a partnership with Oxford University, University of Cape Town and WHO. SWAP received an invitation for the first global consultation on social innovation in health. This event took place from 2 – 4 December 2015 and brought together a community of people passionate about social innovations in health and collectively develop a future agenda for how to advance this work. 70 participants – academics, donors, international agencies and country representatives were invited for this event. On 2 & 3 December 2015, the meeting was attended by the Country Director and took place in Annecy, France and on the 4th of December after which she travelled to Geneva for a more public event at the World Health Organization. This event was an opportunity for us to share our innovative work on a global platform, meet like-minded individuals and contribute our voice to the future conversation.

SWAP being finalist 2014 and member of a cohort of innovators with the Innovation in Health Care has had several interactions with the team in Nairobi during meetings, workshops and conference calls. SWAP received a team of 5 representatives from Innovations in Health Care. This was to create a better understanding of SWAP. The team visited the SWAP model village and held a workshop with the senior management team. They have also send in requests for proposals. SWAP’s country director and M and E manager attended a workshop led by ThinkPlace Foundation, a leading strategic design consultancy firm with a permanent Kenyan presence specializing in applying human centered design principles to complex public health initiatives. During the session we learned design thinking tactics that will help better grow our business and meet customer needs as well as how to communicate internal learning processes using these tactics to external partners and funders.

SWAP entered a partnership with Skyjuice and Siemens to establish a second skyhydrant water filter at Sondu River. The selected site is next to the river which is highly contaminated and turbid, however people still draw water there for household use. The team came in October for a site visit after approval was granted for the skyhydrant by the Sondu Council. SWAP will start the preparations and plans are to have the Skyhydrant up and running early in the year of 2016.

The process of accreditation of the water lab continued and is a long and slow process. The lab supported the Ministry of Health during cholera surveillance. SWAP further supported the MOH with cholera response and preparedness with CDC funds. The cholera response was successfully completed and the epidemic contained. CDC Nairobi send a representative for a site visit to monitor the activities and SWAP submitted weekly reports. SWAP also utilized the lab during two water filter studies for quality control and water testing. Procter & Gamble approved USD 20,000 to help with the accreditation process. The funding will be channelled through CDC Foundation. SWAP worked on contracts and budgets and expects the funds to be transferred in 2016.

SWAP celebrated Global Hand Washing Day together with the Ministry of Health and other stakeholders in Homa Bay County and in Seme in Kisumu County both area affected by cholera previously. SWAP donated hand washing stations and soaps and gave a financial donation towards the event.
SWAP attended the Annual and a Special General Meeting apart from quarterly board meetings of HENNET, the National health NGO network where SWAP is member of the Board of Directors. The network is stimulating the linkages between NGO’s, FBO’s, Private Sector and the Ministry of Health.

Our Program Manager attended the WASH Impact Network Launch of which SWAP is an active member. This was attended by partners and donors from Eastern Africa. Through this network SWAP is seeking accounting expert support and applied for the same. International accountants volunteer to work for few months at NGO’s and charities. SWAP send in the proposal to Accounting for International Development which was approved for 2016.

The Country Director’s biography has been selected for inclusion in the 33rd edition of Who’s Who in the World 2016, which profiles the most accomplished men and women in the world. Who is who in the world provides instant access to over 65,000 personal profiles. VIP number 37016796.

SWAP assisted Procter & Gamble US with video and photo shooting of water sources and SWAP’s work. A film crew came from South Africa. A video “Its Africa Time” was aired internationally and showed the work of CARE and SWAP.

SWAP senior management staff attended the 10 year celebration of the CSDW Procter & Gamble in Nairobi. SWAP’s CHP Rose, joined the meeting and did a purifier demonstration in front of the larger audience. CSDW Procter & Gamble further supported the newsletter for the 10 years celebration of SWAP.

SWAP received Sandra Urias for three months, an MPH student from University of Illinois to provide technical support to the research team. SWAP received Mo Sprenger an International Student from Germany, who was very instrumental in helping to fund raise and organize the Kisumu World AIDS Marathon.

The country director was invited back to Life Ball in Vienna as last year winner of the “Crystal of Hope Award”. On 13th May 2015 Alie was guest speaker in the Hotel Imperial in front of 200 guests and media. Lena Hoscheck, Austrian fashion designer donated during that occasion Euro 10,000. Alie was invited for all the other functions; VIP party at Liechtenstein Palace, Champagne reception and first ladies lunch at Belvadere palace, red carpet walk, Red ribbon concert, gala dinner and opening ceremony of Life Ball. With the funds raised SWAP was able to do more trainings, invest in more stock and shift the research and part of the program/M and E team to the next door premises in August. And it gave SWAP more international recognition.
5. INSTITUTIONAL CAPACITY

Throughout 2014 SWAP received technical support from Population Services Kenya to help SWAP improve its systems. The technical support was on programmatic issues, monitoring and evaluation and finance. Quarterly visits from PSK reviewed the programs and external audits were done of our finance department, in particular use of funds for the HCM 9 months extension focused on malaria in Ugenya. SWAP staff were trained on USAID rules and regulations and Monitoring and Evaluation. Towards the end of the year PSK auditors did a nine month review of SWAP’s systems and internal control and provided recommendations for improvements. Juliet Ndolo, Finance Manager facilitated a one day USAID rules and regulations training to all SWAP staff after she was trained in Nairobi. All SWAP staff was trained on product promotion and social marketing.

Tom Henrich, business consultant and previous Procter & Gamble employee provided business support and mentoring. He is one of the leading partners in the USAID DIV scale up of the Jamii Centers and also provided funds and technical support for the first Jamii Centers prior to the scale up. He came to review our data train the staff and provide suggestions on how to improve. Business mentoring continued through skype conferences and emails.

HENNET continued to play a major role in capacity building of various staff members. Meetings were organized to update the members on health and devolution, advocacy, immunizations and other health related topics. Most meetings were held in Nairobi. SWAP continued serving on the Board of Hennet.

SWAP was selected out of 120 applicants to join the Innovations in Health Care and SEAD 2015 cohort of innovators. More details of this partnership is described below.
Innovations in Health Care:
- Innovations in Health Care aims to improve health worldwide by supporting the scale and impact of promising innovations.
- Innovations in Health Care is supported by and collaborates with a global and diverse group of organizations that are committed to strengthening and increasing the scale of health innovations.

The Social Entrepreneurship Accelerator at Duke (SEAD) is a global health enterprise accelerator executed by partners within and outside Duke University.
- Launched in 2012, SEAD is a USAID-supported effort that mobilizes a community of practitioners, investors, policymakers, faculty, staff, and students to identify, assess, build capacity of, and scale health and healthcare enterprises in developing countries around the world (focused now on India and East Africa).
- Through SEAD, a subset of Innovations in Health Care innovators have the opportunity to participate in a rigorous program of engagement and evaluation designed to help them scale their impact.

The Country Director and Deputy attended the launch of the Innovations in Health Care in Nairobi and were invited for networking meetings to interact and establish partnerships with other innovators. They further attended the SEAD annual summit in Durham in US, which is held annual and attended by all yearly selected finalist (25) for three years. They further met financial advisers through this network for technical advice on the business model and how to increase revenue.

The summit in Durham was an intensive workshop with the following topics: strategies for scaling impact, monitoring and evaluation, peer learning sessions, non-profit and for profit funding, business models for scaling impacts and networking meetings. Both met with various partners and USAID representatives. After that the Country Director proceeded to Washington DC for the Innovations in Health Care Annual forum. This was attended by over 150 global health leaders and business investors as well as NGO’s from different parts of the world. The forum included networking reception and dinners, meeting with representatives from Baxter, Medtronic, Novartis, Robert Wood Johnson Foundation, Basic Needs, World Economic forum, Calvert Foundation, Deutsche Bank, Grand Challenge Canada, Impact Investment Partners and USAID. SWAP as well as other 2015 innovators was given an opportunity to do a power-point presentation. This was followed by session on funder’s perspectives on acceleration of global health innovation, harmonizing public and private sector efforts to improve health globally, strengthening the ecosystem to support health care innovation in East Africa and replication of new models of care across borders and continents.

The Country Director met with representatives of Centre for Innovation – Result for development institute (R4D) while in Washington DC. SWAP was referred to them by Millennium Water Alliance. They did after our meeting profiling for SWAP as one of the key organizations taking water and sanitation to the poor.

SWAP became as well finalist in the Social Innovation in Health Initiative (SIHI). 25 innovators were selected coming from all over the world. The SIHI team made a visit to SWAP and did a documentary of the organization.
A follow up visit was done to do more interviews and shoot more photos. SIHI is working in partnership with WHO, University of Oxford and University of Cape Town.

Alie (Country Director) attended a two day forum in Annecy in France and a one day meeting at WHO in Geneva. This was as a result of the Social Innovation in Health Initiative partnership. Out of the 25 finalist, 10 were selected to attend these meetings.

- The purpose of the event in Annecy was:
  - Develop a comprehensive blueprint on social innovation in health inclusive of each of the innovators perspectives
  - Identify further opportunities for social innovation in health and co-create a future research agenda.
  - Discuss and share strategies by which local social innovation capacity can be enhanced in the global south.
  - Celebrate the initiative’s leading social innovators.

- The purpose of the WHO meeting was three fold
  1. Celebrate the value of social innovators in health. Innovators shared about community based solutions and how these have made an impact in health care in the local context.
  2. Identify new strategies to enable social innovation in health. Key findings were shared from a recent collaborative consultation.
  3. Engage global perspective. Four panellist shared their opinion and perspective on the role of social innovation in health systems and discuss the enabling factors and challenges for this approach.

Two SWAP team members from accounts attended a training on Mpesa Bulk payment by Safaricom in Nairobi, which was introduced to reduce cash and risks and has since been the preferred method of payment.

Aloyce Odhiambo, Data Manager attended a Gates funded workshop in Seattle, together with the PI of the ANC study from Stockholm Environment Institute. The workshop was on strategic mapping. He further did a training on statistical analysis by AMREF Nairobi to build his capacity.

Jared Oremo, Lab Manager, attended the ISO accreditation workshop which is a requirement and networking opportunity for SWAP’s accreditation process of the water lab.

SWAP was member of the Kenya Federation of Employers and the HR/Admin Manager attended several meetings on behalf of SWAP on HR related issues.

The Deputy Country Director presented the MSWANC study results (saving lives at birth award) during a conference at Kenyatta University. This was a global conference on Patient Centred Care and an opportunity to network and share research findings.

All staff were given a refresher on first AID and fire prevention by FIRES. Many of the staff members attended local organized stakeholders forums and WASH network meetings. SWAP was also represented as member of the MOH working groups on health promotion, WASH and disaster preparedness. During the cholera outbreak many meetings were attended with SWAP being one of the key implementers during research and response.
5.1 Governance

SWAP is governed by a committed Board of Directors with diversified skills. The board is guided by a Governance manual which is reviewed annually. The board met four times in 2015 and held its Annual General Meeting in December.

In 2015 one of the Board members resigned, John Ndege, and relocated to Nairobi. This position has been replaced by board appointment later in the year by Victor Odero.

The board members are as follows:

1) Dan Schmelzer – Chairperson
2) John Ndege – Treasurer resigned – Replaced by Victor Odero
3) Alie Elelved – Secretary
4) Rob Quick – Member
5) Alex Mwaki – Member
6) Beryl Audi – Member
7) Nathalie Houben – Member
8) Chrispin Owaga – Member

The Management Team consists of SWAP employees who are heading various departments. They formally meet once per month, but avail themselves for consultations on a daily basis. The country director serves as the link between the management team and the board. The management team is guided by terms of reference. The management team reviewed in 2015 all existing policies and shared these with the board for approval. Towards the end of the year the Finance Manager resigned and was replaced by Nicholas Ogendo, but still in acting position and therefore not yet management member. Chrispin Owaga relocated to Nairobi. His position remained vacant in 2015 but efforts were made to find a replacement.

The management members are:

1) Alie Eleveld – Country Director
2) Chrispin Owaga – Deputy Country Director – Resigned and relocated to Nairobi
3) Catherine Nanjala – HR and Admin Manager
4) Juliet Ndolo – Finance Manager – Resigned towards the end of the year
5) John Okumu – Financial Analyst
6) Edith Alu – Program Manager
7) Penina Ogendo – M and E Manager
8) George Odhiambo – Training Manager
9) Jared Oremo – Research / Lab Manager
10) Aloyce Odhiambo – Data Manager

5.2 Administration & Human Resource

The administration is comprised of the front office, the human resource, procurement, stores, transport and the maintenance staffs. Following is a summary of the main activities carried out by the department during the year. Appraisals were conducted of all staff in February 2015. SWAP reviewed towards the end of 2015 all manuals and they were approved by the Board of Directors.
5.3 Recruitment 2015

SWAP allows the recruitment of new staff to be done after identifying the need for a certain position, assessing the financial situation and agreeing on the terms of payment before posting and making the position description for advertisement. Adverts are circulated internally, Brighter Monday and through the HENNET network. In 2015 a number of people resigned or were terminated due to various reasons. SWAP replaced the entire Mumias Sub Distributors team. All staff who resigned or were terminated are listed below:

<table>
<thead>
<tr>
<th>NO</th>
<th>NAME OF EMPLOYEE</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chrispin Owaga</td>
<td>Deputy Country Director</td>
</tr>
<tr>
<td>2</td>
<td>Juliet Ndolo</td>
<td>Finance Manager</td>
</tr>
<tr>
<td>3</td>
<td>Evans Samo</td>
<td>Project Officer Yala and Wagai</td>
</tr>
<tr>
<td>4</td>
<td>Faith Watta</td>
<td>Sales and Marketing Officer</td>
</tr>
<tr>
<td>5</td>
<td>Ruth Okatch</td>
<td>Sales and Marketing</td>
</tr>
<tr>
<td>6</td>
<td>Fred Koga</td>
<td>Project Officer</td>
</tr>
<tr>
<td>7</td>
<td>Elvis Omondi</td>
<td>Financial Accountant</td>
</tr>
<tr>
<td>8</td>
<td>James Airo</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>9</td>
<td>Joseph Kungu</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>10</td>
<td>Antony Juma</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>11</td>
<td>Eunice Dola</td>
<td>Project Officer Kajulu</td>
</tr>
</tbody>
</table>

In 2015 we recruited the following new employees.

<table>
<thead>
<tr>
<th>No</th>
<th>Name of employee</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elvis Owino</td>
<td>Financial Accountant</td>
</tr>
<tr>
<td>2</td>
<td>Nicholas Ogendo</td>
<td>Acting Finance Manager</td>
</tr>
<tr>
<td>3</td>
<td>Bertram Oumu</td>
<td>Project Officer Sondu</td>
</tr>
<tr>
<td>4</td>
<td>Shadrack Okoth</td>
<td>Project Officer Ahero</td>
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<td>5</td>
<td>Caroline Achieng</td>
<td>Project Officer Kajulu</td>
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<tr>
<td>6</td>
<td>Lichin Obiero</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>7</td>
<td>Daniel Odero</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>8</td>
<td>Samuel Mbugua</td>
<td>Mumias Sub D Sales Rep</td>
</tr>
<tr>
<td>9</td>
<td>Maureen Akinyi</td>
<td>Office Assistant</td>
</tr>
</tbody>
</table>

The research team further recruited enumerators and hired qualitative research during the various studies. Most Jamii Centres had interns and they were also supporting the activities at the Headquarter. 40 employees were on the payroll.

5.4 Admin / procurement

SWAP did prequalification of suppliers through annual tenders. All assets are tagged, insured and updated in our asset register. SWAP has an updated procurement and HR policy which is being implemented.

In August SWAP acquired additional space at the neighboring premises and various people moved including research, M and E, Program Manager, Training Manager.
This also provided a meeting / conference room and SWAP turned the servant’s quarter into a guesthouse which had tenants from the time it was furnished. The additional space created better and more conducive working environment.

5.5 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. The finance Manager is assisted by a senior accountant who doubles up doing the finances for both research and implementation. He is further assisted by a financial accounts assistant and a data clerk. For stock management SWAP used Tally ERP and for Finance SWAP used Quickbooks. John Okumu doubled up as Financial Analyst and Internal Audit Manager. His work helped improve systems and close some of the loopholes. He reports monthly to the management team on his findings and participates in a lot of mentoring and on the job training of staff. SWAP is subjected to annual external audits, in 2015 by Erastus and Company and towards the end of the HCM extension SWAP had an internal audit from PSK looking at our financial systems and policies, risk areas and providing recommendations.

Funding received during the year 2015 – Kes 42,464,914.71, this was reduces in comparison to 2014 when we received close to Kes 90 million income from grants. However further revenue was from sales from the Jamii Centers, Mumias Sub Distributors center and some income from the lab, rent of guesthouse, office and lab space as well as photocopying services, sales of airtime.

<table>
<thead>
<tr>
<th>Month</th>
<th>Donor</th>
<th>Details</th>
<th>Implementation</th>
<th>Research</th>
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<tr>
<td>April 2015</td>
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<td>December 2015</td>
<td>Pascal Rubli</td>
<td>Donation Subsidized Water Filters</td>
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<td>December 2015</td>
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**Challenges**

Challenge has been on stock management and how to track real time all product sales and debts of CHP’s. It requires major investment and was not included in the USAID DIV proposal.

Another challenge has been to meet the sales targets for the CHP’s to become self-reliant and SWAP to become less donor dependent. Some Jamii Centers are getting closer to meet the targets and others are still under performing. SWAP will introduce mentors in year 3 and will do closer monitoring as well as invest in real time point of sale software.

Another challenge is the funding gaps and limitations, SWAP team is multi-tasking. The especially towards the end of the year due to delay in funding and donors paying on refund.

The high turn-over of staff, due to personal reasons and corruption. SWAP practices zero tolerance to corruption, so unaccounted variances in stock and under-banking leads to summary dismissal. Others left because SWAP’s salaries may not be very attractive in comparison to larger well-funded organizations.

**Way forward**

In 2016 SWAP will do an end-line survey and will learn invaluable lessons from the outcome of the research. We shall know if there is health impact and if this Jamii Center model can be sustainable. Based on the lessons learned we shall do a strategic planning which will guide us on the way forward.

SWAP will complete the USAID DIV funding period and submit all milestone reports as per donor guidelines.

SWAP will complete the HCM extension activities in Wagai focused on malaria and possibly develop another proposal for more funding together with PSK.

SWAP will complete the accreditation process of the water lab and make major improvements as well as invest in equipment and reagents.
SWAP will apart from the end line USAID DIV study undertake the following studies:

- Menstrual study with funding and technical support from Liverpool School of Tropical Medicine and in collaboration with Kemri/CDC and the Ministry of Health and Education. The study will take 4 years and will be done in Siaya County at 84 schools
- ANC study in Siaya County with funding from Gates Foundation and technical support from Stockholm Environment Institute and in partnership with the Ministry of Health and Equity Bank targeting 3600 pregnant mothers
- Complete the Water filter with funding from PATH and technical support from Tufts University
- Complete a Market research study on Diapers with funding and technical support from Procter & Gamble Germany
- Follow up study for the water back pack with funding and technical support from CDC

The country director will attend the SEAD summit in Durham and the Annual Forum of the Innovations in Health Care in Washington DC.

OVC and emergency support will continue, cases will be assisted as they are presented and referred. SWAP will continue to respond to any disease outbreak, flood and other calamities.

SWAP will continue to build efficient partnerships and fundraise for ongoing programs and research.

SWAP will receive a team from Shadrack and Company to undertake the Annual External Audit starting in February 2016.
## Annex I

### Products Sales Jamii Centers Summary 2015

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ANNEX II - Published Papers – Research Findings -Evidence of Impact

1) Center for Disease Control and Prevention – Atlanta, Department of Health and Human Services: Baseline Data from the Nyando Integrated Child Health and Education Project. MMWR – CDC Weekly report – Vol 56 October 22, 2007

2) Matthew C Freeman et al- 07-03-2009: Increasing equity of access to point of use water treatment products through social marketing and entrepreneurship: a case study in Western Kenya. Journal of Water and Health

3) Julie R Harris et al: Effect of point of use water treatment and safe water storage interventions on diarrhea in infants of HIV infected mothers, 15 October 2009. Journal of Infectious Diseases


12) Patel et al : Impact of a hygiene curriculum and the installation of simple hand washing and drinking water stations in rural Kenyan primary schools on student health and hygiene practices. American Journal of Tropical Medicine and Hygiene 2012 (under review)


19) Alexander K. et al: **Water, Sanitation and Hygiene Conditions in Kenyan Rural Schools: Are schools meeting the needs of Menstruating girls:** Journal Water – April 9, 2014

20) Bobbie Person et al: **It is good for my family's health and cooks food in a way that my heart loves; qualitative findings and implications.**

21) Graves et all: **Teacher perspectives on implementing and sustaining a handwashing promotion intervention in Western Kenyan primary schools.** Int Q Community Health Educ, 2014; Vol. 34(2) 159-170 (doi: [http://dx.doi.org/10.2190/IQ.34.2.d](http://dx.doi.org/10.2190/IQ.34.2.d)).

22) Graves JM et all: **Enhancing a safe water intervention with student-created visual aids to promote handwashing behavior in Kenyan primary schools.** International Quarterly of Community Health Education 2012; 32(4):307-323.


26) Mason et all: **Adolescent school girls experiences of menstrual cups and pads in Rural Western Kenya, a qualitative study.** Waterlines Vol. 34 No. 1 – January 2015


28) Slayton R et all: **A cluster-randomized controlled evaluation of the impact of a novel antimicrobial hand towel on the health of children under 2 years old in rural communities in Nyanza Province, Kenya.** " the American Journal of Tropical Medicine and Hygiene May 2015