This is the sixth successive strategic plan for us since inception in 2005. During the previous strategic period of 2014-2016, we saw the scale up of the Jamii Centre model with community health promoters selling health products from door to door. We learned a lot of lessons about what worked well, but also faced a number of challenges with this rather complex program. We undertook several research activities on maternal health care, menstrual hygiene, WASH in schools, health facilities and households, cholera research and response among others. We were able to make major improvements on our water lab, in preparation of the accreditation process. In 2015 we organized for the last time the Kisumu World AIDS Marathon after doing this for the past 10 years. OVC program continued supporting orphans and vulnerable children. We entered into a number of new partnerships with SEAD and Innovation in Health Care, Social Innovation in Health Initiative, WASH Network and KEWASNET. In 2015 we was re-elected as Board Member of HENNET, the National Health NGO Network. We also strengthened its partnership with the Ministry of Health at National Level by participating in the Inter Agency Coordinating Committees for Environment and Sanitation as well as community Health. At county level we attended various stakeholders meetings and sat in technical working groups facilitated by the Ministry of Health.
Acknowledgment

Development of this plan was made possible through team work and dedication of a number of organizations and individuals. I would like to recognize and commend the role played by the following:

- SEAD and Innovation in Health Care, who financially supported the consultant.
- Dean Johnson from ThinkPlace, who facilitated the workshop and offered technical expertise and who developed this strategic planning report.
- The Board of Directors and Management team for supporting the activity.
- The SWAP team members and management team who contributed and displayed great team work during the strategic planning.
- Kweisos House and employees, who provided a good conducive environment and excellent food and catering during the strategic planning.
- Others who contributed to this process and not directly mentioned here.
Who we are

Safe Water and AIDS Project (SWAP) is a non-governmental organization that promotes community health through the awareness creation and door to door sale of health and hygiene products in Western Kenya.

We established a research department that evaluates the health and economic impact of health interventions, products and technologies. A water lab supports the research activities. We further support orphans and vulnerable children and responds to emergencies such as cholera outbreaks and floods. We were founded in 2005 and are registered as an NGO under the laws of Kenya. We have our headquarters in Kisumu City and operate in 6 counties around Western Kenya.

Our mission

To improve the quality of life of the vulnerable in community by building their capacities and supporting them to develop profitable health oriented micro-enterprises.
Our achievements and awards

1. We achieved many awards and grants, such as the Saving Lives at Birth Award 2013-2014, Crystal of Hope 2014, USAID DIV award 2014 -2016, HCM Sub Awards 2013 – 2016, finalist in the UN Water for Life Best Practices Award 2014 and Mapia Award 2016, which we achieved as we were globally recognised for our efforts, through our international networks. We have been specifically recognised for our work towards the MDGs and SDGs.

2. We established partnerships with institutions such as SEAD and Innovations in Health Care, Social Innovations in Health Initiative, HENNET, MOH, WHO, WASH Impact Network, KEWASNET, PSK, PATH, Liverpool School of Tropical Medicine, Tufts University, CDC, P&G that helped us to gain international and national visibility, and allowed us to build capacity and increase the technical support that is available to us.

3. Our exceptional governance structure for SWAP including an active board of directors with diversified skills and experience, hands on management team and increased access to systems and policies ensures accountability to NGO Coordinating board and our board of Directors, allowing for increased compliance to regulations at both organizational and governmental level.
4. We have issued over 30 publications in international peer reviewed journals of research trials while many others are waiting approval which have been fundamental in influencing policy making, designing of effective programs as well as attaining best practice for program & project documentation that has further improved our service delivery & heightened recognition of SWAP with National and International Research Institutions.

5. We have been proactive in addressing the health & sanitary needs of the vulnerable within the society, which is in line with our vision and mission.

6. Our research has diversified to WASH studies, maternal health care and menstrual hygiene as well as market research. The team collects both qualitative and quantitative data and receives technical support from CDC Atlanta.

7. The Water Lab has made major improvements and can do both bacteriological and full chemical test and is in the process to be accredited.

8. The Awards won gave us major publicity on National and International TV and video coverage. Especially the Crystal of Hope Award, an international award handed over in Vienna during the opening ceremony of Life Ball, drew the attention to SWAP worldwide.

9. We organized the annual Kisumu world AIDS Marathon, and have done this for 10 years. It is the only AIDS Marathon in the world.
Why do we exist, and what our aspiration?

Core values

- We progressively look back, and use those experiences to determine our future direction.
- We are resilient, and adapt to positive and negative changes and needs in society.
- We ensure integrity in staff, by having controls, systems, processes in place and practice zero tolerance to corruption.
- We strive for better results & high productivity in products and services, and excellent execution of our duties.
- We believe in maximising the skills and expertise of our human resource in the delivery of health interventions and research, providing quality, efficient and effective services.
- We strive to provide result oriented health services, minimizing costs and maximizing outputs.
- We are innovative and change is our constant. We embrace the unknown and are willing to go the extra mile to achieve our goals.
- We embrace diversity among staff, partners, and stakeholders. We always ensure there is a positive spirit which underpins the way we interact with others.
- We always promote honesty, trustworthiness, and transparency in all that we do.
Where we operate

We currently operate in Kisumu, Siaya, Kakamega, Vihiga, Ahero, Sondu, Homa Bay and Migori. We are currently undergoing a downsize in reach, which will see that area reduced to Kisumu, Vihiga, Siaya, Homa Bay and Migori. These are important places for us to operate, due to the high burden of disease morbidity and alarming mortality rates. People in these areas are also subject to high poverty index and low service in terms of infrastructure.

Products and services

The current services and offerings provided by SWAP can be clustered by:

- Health Promotion and Sales
- Research
- Laboratory services
- Support to OVC
- WASH
- Emergency response
- Social Enterprises
Reflection on past strategy

We have been working towards the 6 key strategic objectives, across 6 thematic areas. These were:

- To establish 18 new Jamii Centers with 360 new CHPs (drawn from HIV support groups and community units) reaching at least 36,000 households with health products and information by end of 2016.
- To inform and influence health policy and programming through research, knowledge creation and information dissemination.
- To support up to 300 OVC with scholarships and psychosocial support by end of 2016.
- To reduce the prevalence of diarrheal diseases to less than 2 per cent in key target areas by end of 2016.
- To respond with preventive, basic and health interventions to the people affected with catastrophes in target areas.
- To establish at least three viable, health-oriented social enterprises.
Our objective was to scale out the sale of health based products in the community through the establishment of Jamii Centers.

The specific objective was to establish 18 new Jamii centers, with 360 new CHP’s who would be drawn from HIV support groups and community units. The target was to reach 36,000 households with health products and information by the end of 2016.

The strategic objective was based on the USAID DIV proposal which initially talked about 18 Jamii Centres. It was decided in year 2 that 18 centers would stretch our resources to wide, and not allow time to dedicate time and resources to making the centers effective. A new target was agreed with funders, to revise this target down to 11 centers and a total of 220 CHPs.

We did achieve the establishment of 11 centers, and trained a total of 275 CHPs, however the centers did experience high dropout rates of CHPs. This was due to adverse market conditions, such as high competition with other organisations in the region, and our inability to provide pay conditions that were competitive in the marketplace.

The success of the establishment of centers was largely due to the support of a strong network of partners such as USAID, Population Services Kenya, Procter & Gamble and the Ministry of Health.
These centers did encounter significant challenges, such as:

- **Over ambitious targets** meant that the centers found it difficult to reach the targets which were proposed.
- **Competitive advantage of competitor organisations** meant that we were not able to provide favourable reimbursement to CHPs, which effected the retention of CHPs in most centers.
- **Fraud and corruption** became an issue due to less than favourable market conditions. This was not helped by the lack of funding to introduce internal controls, real time software and monitoring tools; however these were introduced towards the end of the period in response to this issue.
- **Low profit margins** the majority of ‘popular’ products had low profit margins. This directly impacted the retention of CHPs and the profitability of the model.
- **Flooding of the market with cheaper, substandard products.**
Research

Our main research objective was to inform and influence health policy and programming through research, knowledge creation and information dissemination.

We were largely successful in achieving this, and have regularly presented findings and research to international audiences around the outcomes of the research areas. We have also seen products that were introduced to us due to studies, and are now included in the product mix which we distribute, such as ceramic filters and improved cook stoves.

We have diversified its studies and have done research on nutrition, cook stoves, WASH in households, schools and clinics, immunization, maternal health care, behavioural change, hand washing and maternal health care.

We have become a member of several technical working groups (Health Promotion, Household water treatment and safety, policy, advocacy and research, maternal, neonatal, adolescent and child health, WASH). We have also shared some of our achievements and research findings at HENNET forums, the Health NGO Network where we are represented in the board. We also had opportunities to do presentations for the several county health management teams in the area of operations as well as at National forums and International forums.

We are a member of the National Inter Agency Coordinating Committee (ICC) for the Community Health Strategy as well as the National Environmental Sanitation and Hygiene ICC.
Publications of research has been completed, and over 30 studies have been published in peer reviewed international journals. We have also been able to disseminate research findings through its international networks such as WHO International Network of Household Water and Treatment, Social Innovation in Health Initiative, SEAD and innovations in Health Care and shared the research findings with the County Health Management Committees.

The reason that we have seen so much success in the research area is due to strong Partnerships, and a loyal and committed relationship with CDC Atlanta, who is referring us for research studies. The success of research is also due to very committed staff members with extensive knowledge and skills on research and data management. Also our water lab has been integral in attracting research partners around water purification and disease control.

The SWAP staff members
Challenges

There are significant challenges which are effecting the growth and sustainability of the research business area. These are:

- **Resourcing constraints**
  The current team is understaffed and the team doesn’t have sufficient capacity. Resourcing this team with qualified staff is a challenge due to a lack of skills in the local market, and also funding restrictions. There are some skills such as scientific report writing which need to be expanded upon in the current team.

- **Projects are small, and numerous**
  Due to the lack of funding, the research areas are taking on multiple projects, which are significant in scope but small in budget.

- **Inability to attend national and international forums**
  The team is unable to have a presence at forums which would help increase the presence and reputation of SWAPs research ability.

- **Insufficient equipment and vehicles**
  Whilst there has been investment in equipment for the research team, there are still some outdated and unreliable equipment which effects the team’s ability to produce research outcomes, an example of this is unreliable vehicles to access sites in the field.
Support to OVC

The objective of our support to OVC was to provide over 300 OVC with scholarships and psychosocial support by end of 2016.

We have been successful with reaching this target with an average of 100 orphans supported every year. We have been able to provide this support with limited financial resources, by looking at ways to cost share these activities with members of the community. There has been significant and consistent support from the donor which has helped reach this target.

It is clear that there is a growing demand for support of OVC in our region, and there is opportunity to expand this support in the future.

Some opportunities to improve our effectiveness in this area is to look at improving the way which we evaluate the impact of our intervention. We would also benefit from developing a more concrete strategy for how to manage this relatively small arm of our operations. Some areas which we could improve would be looking at a more structured way of evaluating which orphans are most in need, and also understanding what support to deliver in order to get the most impact for these individuals.
Water, Hygiene and Sanitation

The objective of our Water, Hygiene and Sanitation areas were to reduce the prevalence of diarrheal diseases to less than 2 per cent in key target areas by end of 2016. There is a lot of evidence that we have successfully delivered on this objective in partnership with other organisations. Some of the projects that we have led or partnered on are:

Studies

Water Back Pack Study – An study funded by Habitat Humanity Internationality and with technical support from CDC Atlanta and Portland State University, which looked at the acceptability, usage and health impact of the water back pack for the collection of water. A baseline survey was done after which back packs were distributed to 240 households in 8 village after which a final end line survey was done.

Water Filter Study – This was a study funded by PATH with technical support from Tufts University. 2 communities were identified and the imported filters were distributed with regular follow up visits. This was to evaluate acceptability, usage and health impact.

Ceramic Water Filter Study – A study funded by EAWAG who provided a research assistant to oversee the study. The objective of the study was to evaluate a silver based safe water storage insert on reducing the recontamination of water in a ceramic filter.

SE Flow Chlorine generator Study – A study with funding and technical support from PATH, looking at the effectiveness and use of a SE flow chlorine generator in 4 health facilities in Siaya, Kisumu and Homa Bay.
**Sustainability study** - A CARE funded study with technical support from CDC looking at the sustainability after provision of hand washing and drinking water units, soaps and purifier in 30 schools and clinics.

**Baseline and Endline Survey** - USAID DIV – Prior to the scale up of the Jamii Centers SWAP did a baseline survey in the areas around the Jamii Centers in 2014 followed by an endline survey in the final year of the intervention in 2016.

**Kiosks**

We also have 2 water kiosks operational, which draw water from the river and filter it though skyhydrant filtration. This can filter provide 5,000 litres per day to communities around Sondu and Ahero. Ahero water sales reduced due to piped water introduced into the area.

Sondu however has great potential. We raised additional funds for this through Global Giving.

**Responding to WASH related outbreaks**

We also worked with partners to respond to cholera outbreaks in Homa Bay and also Kibera Slums, and also Cholera response in Kisumu County. A study on this work saw that there appeared to be a decrease in reported 2-week diarrhea prevalence from 22% at baseline to 17% at follow-up, with decreases observed in all 4 sub counties. There was also a statistically significant decreased percentage of children hospitalized with diarrhea from baseline (0.6%) to follow-up (0.3%).
Our WASH programming has been successful for a number of reasons. We are well known and recognised by The Ministry of Health as one of their key partners in this space. This led to multiple funding opportunities being presented for research and also implementation.

We also have a strong presence in numerous technical working groups such as the Maternal, Neonatal, Child and Adolescent Health, Disaster preparedness and response and WASH and is a respected and valuable knowledge partner. We are also members of the WHO International Network of Household Water Treatment and Storage, WASH impact network, KEWASNET and other WASH related networks. We are an active member of HENNET, the National Health NGO Network, where we are represented in the board of directors. HENNET stimulates the linkages with the Ministry of Health, Private Sector and the NGO’s.

Our water lab has also advanced its capability in WASH work, as it enables us to provide evidence of contamination in water sources. It is used for research purpose and can be outsourced for other partners and the Ministry Health for surveillance. The lab is undergoing the accreditation process.
Emergence Response

The objective of our involvement in emergency response is to respond with preventive, basic and health interventions to the people affected with catastrophes in target areas. We have been relatively successful in doing this, with three key examples of this work:

- Cholera research in Homa Bay and Kibera Slums – we did a cholera survey and Focus Group Discussions in both areas with funding and technical support from CDC.
- Interventions in Kisumu county with training for County and Sub County Health Management teams and Community Health volunteers and supplies of water treatment and hand washing stations to 16 clinics in the affected areas.

On a smaller scale, we have also made several contributions out of its own emergency response budget, with support to affected families of cholera, flood, and also other catastrophes such as displacement.

We have received funding from two main sources, the CDC provided through the US Embassy, and also the Harber Charitable Foundation. The Harber Charitable Foundation has provided ongoing support for both orphans and vulnerable children and emergencies since 2006.

We have also received technical support from CDC, to assist us with providing effective outcomes to affected individuals. Other support has come through our partnership with the Ministry of Health and other stakeholders.
We actively participated in an emergency hub, which is facilitated by UNICEF and where partners provide resources and response activities whilst there has been support from numerous stakeholders, we don’t have the capacity to respond to the overwhelming demand in times of crisis. The current team is not sufficient to provide the extensive level of support and response which is required.

Social Enterprises

Our objective was to establish at least three viable, health-oriented social enterprises.

We established the Mumias Sub Distributors centre which provides employment for the local community, and supports the distribution of health related products to traders the community. This business is now self-sustaining but not yet making profit. We have also successfully created the SWAP model village, which houses a Jamii Center, training room, improved kitchen, and Skyhydrant water filter which provides water to the community.

One of the main revenue streams from this village was water sales, however this has been stifled by the County Government introducing tapped water, which reduced these sales and we are no longer able to pay for the villages operations from this.
We also recently established a water kiosk/skyhydrant filter in Sondu. The sales from this kiosk are tracking well.

We have received financial support from a wide range of partners, such as the Aquaya Institute, Skyjuice, Procter and Gamble, Janivo Foundation, and Siemens. We also received technical support from Procter and Gamble for the Mumias Sub Distributors Centre and received a sub distributors status which allows us to get bonuses and discount for all P&G products.

There were operational challenges in each of the enterprises, such as:

In the Mumias Distribution center we saw high staff turn over due to incidents of corruption, under banking and stock variances. In the distribution center, it was difficult to meet aggressive targets which were set.

The Ahero SWAP model village met a lot of bureaucratic delays for approvals as well as increase in funding requirements. The introduction of tapped water also dramatically effected sales.

The Ahero center also had challenges with staff turnover, caused by fraud, stock variances and under banking.

Sondu is successful at the moment, however funding was limited which meant that initially we were unable to complete the center as proposed. This center has also seen long and bureaucratic processes for approvals. However the crowd funding through Global Giving assisted and raised over USD 7,000 to make improvements on this projects.
Strategic Initiatives

As we look into the future, there are some critical objectives and shifts that we need to undertake to remain a strong presence in West Kenya.

Scale down SWAP’s programs’ coverage and human resource
This is an important initiative to bring our costs in line with current and future funding. This will also give us an opportunity to and offer better quality and effective service by reflecting on some of the issues which have occurred in the recent years, and incorporate this into the whole of organization future business practices.

Focus more on research and WASH programs
The product distribution model is innovative but complex and a risky enterprise and there are high chances to experience losses. We already have a lot of experience in research activities, which provides revenue streams for other operational costs.

Leverage our extensive knowledge through consulting
There is an opportunity for us to leverage its intellectual property and talented and experienced staff through consulting. The extensive networks could be an opportunity to profile our consulting arm and it is a potential revenue stream. The three years learning lessons with the social enterprise can be a useful source of information for other organizations and countries.
Work to make the Lab a sustainable venture
There is a lot of opportunity to scale the lab offerings, as there is significant demand for these services and increasing knowledge and expertise in the SWAP team. We received funding for the accreditation process.