

End of Phase II Project Report

Project Name: Cash for Health in Emergency

Department/program: Disaster Management/Health in Emergency

Project Geographical Areas: Taita Taveta County (Taveta Sub-County; Chala, Mahoo and Mata Wards)

Project Particulars

Donor Code: DN 1090

Project code: DPR 416

Project START Date: 18/09/2020

Project END date: 31/07/2021

Project total budget: GBP 87,395

Project Total expenditure: GBP 87,395



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1.0. EXECUTIVE SUMMARY.

Kenya Red Cross Society (KRCS) Taita Taveta County Branch implemented Cash for Health in Emergency Project which helped to improve access and utilization of health services and also addressed financial barriers caused by measures put in place to curb the spread of the pandemic. This was done through incentivizing pregnant, lactating women and adolescent girls to use of preventive services provided at different health facilities. The mode of intervention entailed the use of conditional and unrestricted cash transfers to encourage and support vulnerable pregnant women, lactating mothers and adolescent girls with children under five years to access health services as well as address the economic constraints caused by COVID-19. The project worked very closely with the Taita Taveta County Government Department of Health Services which constitutionally has the mandate to provide health services in the county.

The intervention was funded by British Red Cross (BRC) for four months as an extension of a six months' phase I and implemented in three wards namely Mahoo, Mata, and Challa in Taveta Sub-County. The Cash transfer intervention targeted 915 vulnerable households that had either pregnant, lactating or children under five years. Each of the household/beneficiary was given a cash transfer amount of KES 2,034 inclusive of the withdrawal charges upon confirmation that the beneficiary had visited a health facility and received appropriate health service(s) of interest. Confirmation of service uptake was done through verification of health facility records and community health volunteers' regular household visit reports. The project has contributed to the efforts to achieve Sustainable Development Goals, SDG 2; zero hunger SDG 3; quality health through supporting pregnant women, lactating mothers and mothers with children under 5 years.

The aim of the project was to contribute to improved general health conditions of the targeted community by increasing the uptake of health services such as antenatal and postnatal clinic visits, hospital delivery and complete immunization schedule for children under five as well as addressing the economic impacts of COVID-19.

The four months' extension phase focused more on community awareness and sensitization using public address, small community meetings, household level sensitization by community health volunteers, radio presenter mentions and talk shows on COVID-19 infection prevention and control to counter myths and misconception around COVID-19 vaccine, integrated medical outreaches and cash transfers. The activities were done in close collaboration with the sub county health department. Improving household income and building resilience was also factored in, with beneficiaries being linked to micro-finance institutions and getting financial literacy sensitization from local bank branches like KCB and Absa.

This narrative report provides a progress update on the implementation of the project in the extension period covering the months between April - July 2021. Below is a summary highlights of the main achievements during the period:

- Held successful stakeholders' engagement meetings with different partners namely, Deputy County Commissioner, Chiefs and Assistant Chiefs, Community Health Assistants, Community Health Volunteers, Sub County Health team leader and public health nurse, Community Members, and KRCS volunteers. During the meeting, the teams were sensitized on the key activities lined up for the four months' project extension phase, support and partnership required, expected outcomes as well as the challenges and gaps encountered in the previous phase that needed to be addressed to allow effective implementation of phase II.

- Cash transfers to 915 vulnerable households each receiving 2,034 shillings every month for 4 months to support them in addressing the economic impacts of COVID-19 and meet costs related to access to health service. 120 women from the targeted households made savings from the cash transfers and used the savings to start different income generating activities such as small grocery shops, food stalls/kiosks, second-hand clothes business, poultry keeping, crop farming and selling coconut. This was seen as part of improving household income and strengthening their economic recovery and resilience even after the end of project funding.
- Five integrated medical outreaches were done in Mahandakini (two sessions), Njoro, Kasokoni and Orkungu and reached a total of 389 people (278 females, 111 males) with treatment of various illness and 184 people (123 males, 61 females) got vaccinated against COVID-19
- Another 12 community sensitization sessions were done reaching approximately 16,000 community members on COVID-19 facts, prevention measures and treatment, maternal and neonatal child health as well as the work of Red Cross Movement. These were done through road shows targeting the whole of Taveta sub county population, and radio talk shows on Mwanedu FM in Voi reaching listeners beyond Taita Taveta County to neighboring counties such as Kilifi, Kwale, and Mombasa.
- The community health volunteers conducted household visit to follow up on the uptake of health services as well sustain behaviour change and practice on prevention of the spread of COVID-19. Four different sessions of project review meetings were held with community health volunteers in the entire target community units with 40 CHVs (28 females, 12 males) and 6 CHAs (3 females, 3 males).
- The mainstream media station, KTN was engaged in July 2021 to cover the project and document its activities and achievements for dissemination to the Kenyan public highlighting the work of the Red Cross movement and specific focus on the use of cash in improving health outcomes and livelihoods the county.
- A team from BRC and KRCS senior management conducted field monitoring visit in the month of June, 2021 and had an opportunity to interact with the communities supported through the project activities, gains realized and discussed possible long lasting interventions to support the community.
- A final post distribution monitoring was done at the end of the project and the survey determined that 95 percent of the respondents were aware of the reason why they were enrolled in the project and 99 percent were satisfied with the selection criteria that was used. The report further determined that 99 percent were satisfied with the cash distribution process and 78 percent of the beneficiaries could access cash agents within less than 30 minutes from their home on foot and everyone felt safe to access and spend their cash. Medical expenses however were the second priority in cash spending after food which was considered the first priority.
- The learning from the achievements of phase I of the project has been shared out for learning through various platforms that include physical meetings, virtual meetings, media and publications. The case study can be found in BRC Cash-hub through this link; <https://cash-hub.org/resource/use-of-cash-assistance-to-address-newborn-and-child-health-outcomes-an-evaluation-report-of-the-taita-taveta-cash-for-health-project/>

And also in the CaLP network through the following link [Use Of Cash Assistance To Address Maternal, Newborn And Child Health Outcomes | Cash Learning Partnership \(calpnetwork.org\)](https://calpnetwork.org/Use-Of-Cash-Assistance-To-Address-Maternal-Newborn-And-Child-Health-Outcomes-Cash-Learning-Partnership)

The project riding from the foundation formed from the first phase of implementation, did not face many challenges except for the relocation of beneficiaries to places outside the project area to far places that led to replacements before cash disbursements. A total of 100 (7 females in Chala Ward, 28 females in Mahoo ward and 65 females Mata ward) were replaced.

1.1. Key Lessons Learnt.

- i. Separate sessions for adolescent boys and girls work well as it provides space and environment for them to share concerns and issues affecting them as compared to their engagement in open forums with all the other beneficiaries and community members. The project supported a total of 56 adolescent girls.
- ii. Women empowerment forums conducted during the community engagement sessions attracted active participation and feedback. Most of issues affecting women were low education levels, low empowerment in financial management for those investing the cash, sexual and gender-based violence issues, female genital mutilation and teenage pregnancy. The women required more sessions to enable them gain confidence and bargaining ability to face and challenge their oppressors.
- iii. Uptake of COVID-19 vaccine was very low among the priority groups such as the elderly, front-line workers and disciplined forces. The team incorporated COVID -19 vaccination in integrated outreaches to allow ease of access. This worked well and 184 people were vaccinated during the outreaches to increase the reach.
- iv. The engagement of community-based volunteers of KRCS in the project sites and recruitment of more from specific villages where the project was being implemented, contributed to real time feedback and made follow ups and close monitoring much easier and faster.
- v. Male engagement in maternal and neonatal child health issues is key in achieving intended results since men make most of the decisions at the household which affect and direct behavior among women and children in these communities. The project team conducted engagement sessions with men in the targeted villages and sensitized them on MNCH issues providing a platform for them to be involved and participate.
- vi. Effective communication and Community Engagement improves accountability and community ownership of the project activities resulting into good outcomes. Engagement and open communication when registering beneficiaries or making replacements made the communities to support the project activities including non beneficiaries because they understood the project and took part in some of its activities.
- vii. Communities have the capacity and ability to prioritize their own needs and initiate activities that will help them become resilient from whatever little support they receive. This has been shown by the households that made savings from the unrestricted cash transfers to start small income generating activities.

- viii. Considering integrating mental health services during medical outreaches at the community level, in future. Mental health has been neglected in targeting and service delivery; the team realized that households with cases of mental health were neither involved in community engagements nor were considered for other interventions. KRCS prioritized mental health integration and in total 13 differently abled beneficiaries were supported under cash for health. Women with mental health issues and with children under five years were referred for healthcare.
- ix. Encashment Monitoring was very vital in monitoring how the cash was being used, security situation, and the effects of cash transfer on the local market, uptake of health services and accessibility, and any challenges and feedback from beneficiaries. This has allowed close monitoring and managing risks especially for the beneficiaries who had proxies receiving money on their behalf.

2.0. FINAL /END OF PROGRAM/PROJECT PROGRESSS UPDATE

2.1 Summary of outcomes and outputs achieved

Outcome, Output and Activity name as per log frame	Outcome, Output and activity indicator	Target as per ITT	Achievement	Explain the difference
Outcome 1: Increase MNCH services uptake among pregnant or lactating mothers and children under five years' old	Percent of pregnant mothers and adolescent girls attending antenatal services.	100%	100%	A total of 44 pregnant women/adolescent girls enrolled in the project attended timely antenatal clinic services for the period under review.
	Percent of postnatal visits undertaken (within 30 days of delivery)	100%	100%	Among the pregnant women enrolled in the project, 19 women gave birth within the four months of project implementation and all received postnatal services within 30 days of delivery.
	Percent of hospital or skilled deliveries under trained attendant	100%	100%	A total of 19 deliveries realized during the project time from the 44 pregnancies among the beneficiaries were in health facilities namely Taveta Health Centre, Mata dispensary, Ndilidau dispensary and Re-keke dispensary. The remaining 31 pregnancies are yet to deliver.
	Percent of children over 24 months fully immunized	Target not set	Not determined	A total of 148 children below 2 years targeted were fully immunized at the close of phase 2 of the project
Output 1.0: Increase stakeholders' engagement in the project	Number of key stakeholder's engagement meetings held successfully	2	3	Three different stakeholders' meetings were held with the area chiefs and assistant chiefs, Sub county health team and KRCS volunteers.
	Percent of key stakeholders who positively welcome and commit to support the project implementation	100%	100%	The ministry of health and the local administration who were the key stakeholders support implementation of the project. The local administration has been key in conducting community mobilization, as the health department support in sensitization and outreaches
Activity 1.1: Conduct project inception meetings with stakeholders, including KRCS field staff & volun-	Number of sessions conducted for stakeholders to understand the project	2	2	Since the inception meetings were already done in the first phase of the project, a virtual meeting was held between BRC team, KRCS HQ and County teams to develop a common understanding on the project for effective implementation. Another meeting was held with stake-

teers, MOH team and chiefs.				holders to update them on the priority activities in phase II of the project, challenges faced in Phase I and required support and collaboration.
Activity 1.2: Sensitization of KRCS volunteers to support beneficiary verification and registration.	Number of volunteers sensitized to support the project implementation	10	10	A total of 10 KRCS volunteers (6 females and 4 males) were sensitized on beneficiary verification and registration. The volunteers were engaged in verifying the beneficiaries and new enrolments through household visits. Out of 915 beneficiaries, 100 (7 females in Chala Ward, 28 females in Mahoo ward and 65 females Mata ward) were replaced.
Output 2.0: Pregnant and lactating mothers understand the importance of and take up MNCH Services	Percent of targeted women of reproductive age taking up MNCH services (ANC, skilled deliveries, PNCs, growth monitoring, immunization)	100%	98%	Two beneficiaries went to Machakos and Mombasa and were lost to tracking since the CHVs could not follow them up while one had lied and used a baby-mother booklet that was not her own to register for the support, she had to be replaced. Another beneficiary passed away.
Activity 2.1: Conduct integrated medical health outreaches	Number of health outreaches conducted	4	5	Five integrated medical outreaches were conducted in the period under review. The outreaches were held at Orkungu, Njoro, Kasokoni, and twice in Mahandakini due to the need felt in the area and community request. The additional outreach was funded by the Ministry of Health.
	Number of people reached through community-based health outreaches	No target set	573 (231males,334 females)	No target was set for the outreaches since the outreaches are conducted on a need basis. The 5 outreaches were conducted between April and July reached a total of 573 people.
Activity 2.2: Conduct monthly household follow up visits by CHVs	Number of beneficiaries followed up by CHVs at household level	915	915 (females)	All beneficiaries were followed up every month (April-July) through household visits by the Community Health Volunteers. The CHVs presented their follow up visit reports during monthly meetings.
Activity 2.3: Conduct hospital visits to verify health service uptake by the beneficiaries	Number of hospital data verification visits done	4	4	Data verification was done in the month of April-July 2021, the exercise allowed the project officer to verify and get data on the uptake of health services undertaken by the beneficiaries.

Output 3.0: Increase awareness on COVID-19 pandemic and vaccination	Increased number of community members taking up COVID-19 vaccine	Notable increase in numbers	184 people (123 males, 61 females)	There were many community members seeking to be vaccinated but could not get inoculated due to shortage of the vaccine
Activity 3.1: Conduct sensitization and awareness creation on COVID-19 and vaccination in the community	Number of community sensitization sessions conducted	No target was set	12	KRCS team carried out 12 sensitization sessions to create more awareness on COVID-19 infection prevention and control measures, treatment and vaccination. The sessions were also meant to counter the rumours and increase community awareness with correct facts and information so that they can make informed decision to take the vaccine.
	Number of people in the community reached through awareness on COVID-19	Not determined	16,000 people	The community sensitization sessions were done through road shows in Taveta sub county, and radio talk shows through local radio station, Mwanedu FM, with listeners coverage of approximately 16,000 people in Taita Taveta, and neighbouring counties such as Kilifi, Kwale, and Mombasa.
Activity 3.2: Engage a local radio station to conduct sensitization sessions on COVID-19	Number of local radio stations engaged	1	1	Mwanedu FM run in the local community language was engaged through a contractual agreement and ran sessions on community sensitization on COVID-19 prevention measures and importance of vaccination as well as vaccine vaccination centers.
	Number of community members reached	Not determined	16,000 people	The community sensitization sessions were done through road shows in Taveta sub county, and radio talk shows through local radio station, Mwanedu FM, with listeners coverage of approximately 16,000 people in Taita Taveta, and neighbouring counties such as Kilifi, Kwale, and Mombasa.
Activity 3.3: Engage mainstream local media house to document and broadcast project activities as a way of creating awareness	Number of broadcasting done on the project activities through local television media house	1	1	The national KTN television station documented the project activities and broadcasted to the whole public in the country. The broadcast covered the project achievements, work of Red Cross Movement and sensitization on COVID-19 vaccination.

Output 4.0: Address the economic impacts of COVID-19	Number of households supported to address their economic and health needs	915	918	Some 3 beneficiaries were replaced in the months of June having received 2 transfers and relocated to far areas from the project site. Therefore the 3 new beneficiaries only received cash transfer for the remaining 2 months increasing the total numbers of households reached.
Activity 4.1: Verification of beneficiaries data and inclusion status through community engagement	Number of beneficiaries verified and approved for cash transfers	915	915	Through the community based verification process, 100 beneficiaries were replaced either through graduation out since they no longer met the inclusion criteria or removal since they migrated outside the project areas to far places or towns. The replacement was done through community meetings, discussions and assessment of the newly enrolled beneficiaries
Activity 4.2: Conduct cash transfers through mobile money transfer mechanism to verified beneficiaries	Number of beneficiaries who received monthly cash transfers	915	918	915 beneficiaries received cash transfer in the period under review. In the month of June, three beneficiaries had been replaced by other beneficiaries due to relocation.
Activity 4.3: Conduct encashment monitoring field visits	Number of encashment monitoring conducted with detailed reports	3	3	Three encashment monitoring were done after cash disbursements to ensure beneficiaries were able to make cash withdrawals from local MPESA agents, no conflict is caused in the households or communities, and gather as much feedback as possible from the beneficiaries and communities at large.
Activity 4.4: Conduct post distribution monitoring for cash transfers	Number of post distribution monitoring conducted with detailed reports	1	1	Post Distribution Monitoring was done in the month of July and report annexed below with findings discussed in the report synthesis.

2.2 Synthesis of key results achieved

The extension of the project with additional funds gave another opportunity for Kenya Red Cross Society to create further impact in the lives of the vulnerable communities as well as desired behavior change. All these were realized through the following efforts and activities:

OUTCOME 1: Increase MNCH services uptake among pregnant or lactating mothers and children under five years' old

Output 1.0: Increase stakeholders' engagement in the project

The key stakeholders in this project were the staff from BRC staff, both HQ and field based KRCS staff, County Health Ministry/Department, County administration units, volunteers and the community. Their engagement was increased through the activities below.

Activity 1.1 Conduct project inception meetings with stakeholders, including KRCS field staff & volunteers, MOH team and chiefs.

There were several consultative virtual meetings and communications done between KRCS and BRC team in drafting the 2nd phase of the project and agreeing on common milestones to be achieved. Once this was done, the KRCS Headquarters and BRC team held a virtual meeting with the Taita Taveta County field team to discuss the second phase of the project, clarify key activities, targets, available funding and ensuring seamless continuity to build on the achievements of the first phase. During the meeting, the budget was reviewed and adjusted based on the foreign exchange gains to include costs that were under budgeted such as allowances for the CHVs, mileage costs, allowances for health care workers during outreaches and local media coverage of the project activities working with local television stations. This exercise was seen as best practice in ensuring that everyone understood the project activities and expectations for effective implementation.

Other successful stakeholders' engagement meetings were held on 13th, 15th and 16th April 2021 with separate groups of stakeholders to discuss the phase II of the project and this was necessary because the extension was not discussed neither was it anticipated during the inception of phase I. The partners included Deputy County Commissioner, Chiefs and Assistant Chiefs, Community Health Assistants, Community Health Volunteers, Sub County Health team leader and public health nurse, Community Members, and KRCS volunteers. During the meeting, the teams were sensitized on the key activities lined up for the four months' project extension phase, support and partnership required, expected outcomes as well as the challenges and gaps encountered in the previous phase that needed to be addressed to allow better achievements.

Key issues pointed out during the meetings were;

- Households with children over five years would be graduated out of the project and project beneficiaries who had migrated and relocated to other areas outside the target areas would also be removed and all replaced with other vulnerable families who have children under 1 year or pregnant mothers and most especially adolescent girls and women abled differently to improve protection and inclusion of the vulnerable.
- Beneficiaries using alternate numbers and experienced challenges in getting the cash from the their proxies, were agreed to get own telephone numbers with mobile money account before the first cash disbursement was done under the new phase.

- The team also encouraged the project to prioritize engaging adolescent mothers or pregnant girls in support group sessions and was to work with counsellors to provide psychosocial counselling and encouraging them to resume learning and continue with their education.
- Sensitize the Chiefs and Assistant Chiefs in establishing and supporting Maternal Pre-natal Death Surveillance Review (MPDSR) committees at the community level with an aim of ensuring quality of care for maternal and neonatal health.

Activity 1.2: Sensitization of KRCS volunteers to support beneficiary verification and registration.

A total of 10 KRCS volunteers (6 females and 4 males) drawn from the first team trained during phase I of the project were sensitized on beneficiary verification and registration process. The volunteers supported in verifying the beneficiaries and new enrolments through household visits working with the CHVs and the community. Out of 915 beneficiaries, 100 (7 females in Chala Ward, 28 females in Mahoo ward and 65 females Mata ward) were replaced through graduation or removal due to migrating outside the project area.

Output 2.0: Pregnant and lactating mothers understand and take up MNCH Services

Activity 2.1: Conduct integrated medical health outreaches

Integrated medical outreaches were used to provide health services closer to communities in remote areas, health services such as health education, case management, basic health screening and MNCH were provided. The community health awareness sessions created demand for health services this considering the distances involved to the nearest health facility and the capacities of the health facilities to provide the needed services in terms of staffing and drugs/vaccines.

In the period under review, KRCS in partnership with the department of health conducted integrated health outreaches in Njoro-Masai, Orkungu, Kasokoni and Mahandakini twice targeting community members in the entire village. The outreaches conducted also in cooperated COVID-19 awareness creation and vaccination, MNCH services, screening, health talks and general checkups. A total of 573 people were reached through health outreaches out of whom 389 people (278 females, 111 males) received MNCH services, minor ailments, screening and testing while in Mahandakani total of 181 people (120 males, 61 females) while Njoro 3 male received COVID -19.

Summary of services offered

i) COVID-19 sensitization and vaccination

Access to safe and effective vaccine is critical in ending COVID-19 pandemic. KRCS in partnership with the department of health intensified COVID-19 vaccine sensitization and encouraging community members to take up the vaccine. Two outreaches were conducted in Mahandakini for COVID-19 vaccine both first (May) and second dose (July). Of the 184 (123 males, 61 females) people who received the COVID-19 vaccine, male gender was noted to be the highest recipient accounting for 66.8% compared to female who accounted for 33.3%. Continued sensitization needs to be done in collaboration with other partners to ensure more people turn up for vaccination in the second phase that will include the general population.

ii) Nutrition/growth monitoring and Vitamin A supplementation

Community members benefited from the outreaches conducted and offered nutrition services. Using the MUAC, clients checked were categorized as having normal nutrition status or severe or moderately. Among the 27 under fives that were screened for Malnutrition, 5 were under weight and referred to facilities and also issued Rutf- Supplements. The team also took the opportunity to create awareness, improve interaction between mothers, educating on proper nutrition and diet. KRCS in partnership with the department of health continued to advocate for growth monitoring through outreaches and at household levels as one of the key elements of child survival and primary health care strategy.

iii) Immunization Services

Through the support from health department and partnership with KRCS, the outreaches enabled both beneficiaries and community members at large from remote areas to access immunization services as a way of improving their immunity of the under five and prevent them from diseases. Types of immunization issued during the outreaches included; PENTA 1,2,3; OPV 1,2 3; Measles 1&2, Rota 1&2, Pneumococcal, IPV, and Vitamin A.

iv) Antenatal services

Antenatal care is one of the indicators for the cash for health project in promoting the uptake of health services for pregnant women and adolescent girls. The ANC services enabled early identification of pregnancy related risks and complications. These outreaches also provided an opportunity for the nurses to sensitize women on health needs, selfcare and to ensured they attended all clinics as advised by the clinicians. However, for the outreaches conducted a few women turned up for the services, most women had already attended ANC visits in the first weeks of the month.

v) General services (minor ailments)

One of the key activities for the outreaches was to also offer services for minor ailments and lab tests for the target population. The county government was supportive in providing essential drugs for the sessions in all the targeted outreaches.

vi) Health promotion and education

Health promotion and education play a primary role in disease prevention and pave way for better healthcare within the community. The team used the outreaches as a platform to share critical information to the community members i.e. MNCH, HIV, WASH, STIs, family planning and other health issues. Health talks have resulted to improvement of performance indicators showing health uptake increase in the population.

Number of people reached by health services offered in various health facilities

Outreach site	Immunization			Vit. A(immunization)		Family Planning	ANC services	De-wormers & LLTNs for pregnant mothers, IPT 1&2	Counselling and Testing	Growth Monitoring		Screening for Malnutrition		Minor Ali-ments	Lab services
	<1 yr	>1 yr	COVID -19 Vaccines	6-9 mnths	12-59 mths					Under weight	Normal	>12.5	<11.5		
Mahandakini (first dose)	0	0	101	0	0	0	0	0	0	0	0	0	0	0	0
Njoro-Masaini	11	33	3	2	33	1	2	4	0	0	53	0	0	52	7
Orkungu	3	4	0	0	0	0	1	0	0	4	26	15	4	38	5
Kasokoni	1	0	0	2	0	6	1	3	8	1	7	7	1	49	5
Mahandakini (second dose)	0	0	80	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	37	184	4	33	7	4	7	8	5	86	22	5	139	17

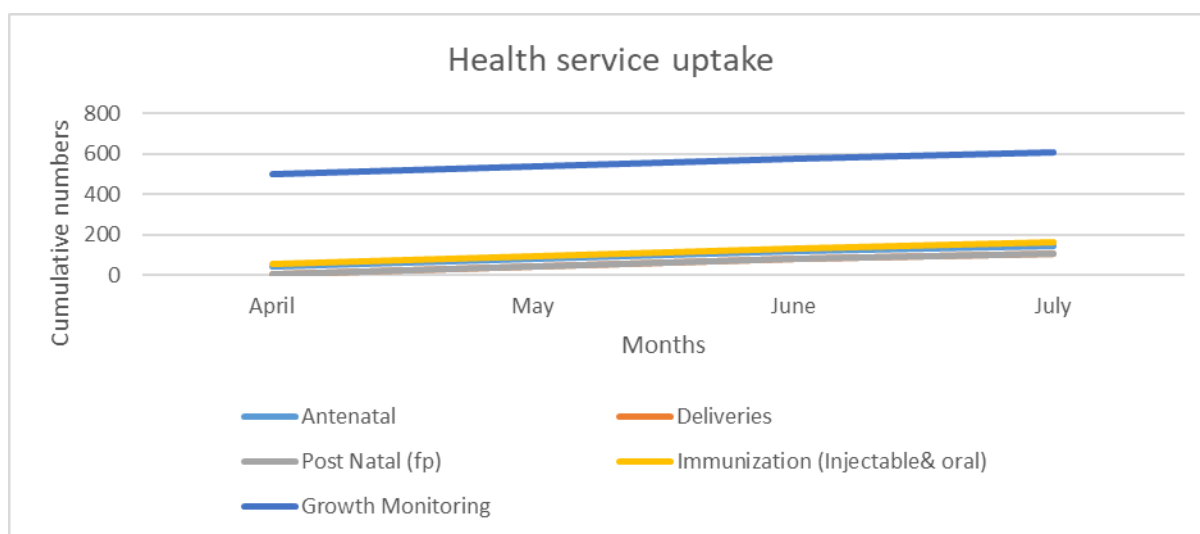
Activity 2.2: Monthly household follow up visits by CHVs and verification with health facilities

The 40 (28 females, 12 males) trained community health volunteers working within the 6 target community health units were allocated households to monitor the uptake of health services through mother-child booklet. The team supported in monitoring and reporting on the progress of the project beneficiaries in taking up the immunization, clinic visits, hospital /skilled deliveries and other related health services. The CHVs also supported in conducting COVID-19 IPC measures integrating COVID-19 vaccine awareness to promote the uptake of health services, sensitizing the adolescent on teenage pregnancies, and urge pregnant women to take up Linda Mama and NHIF that would cover hospital costs incurred during delivery. A total of 4 rounds of household follow-up visits were done for all the 915 beneficiary households during the second phase of the project.

Analysis of the CHV reports and hospital verification visits indicated exponential increase in health service uptake.

Months	Antenatal	Deliveries	Post Natal (fp)	Immunization (Injectable & oral)	Growth Monitoring
April	44	6	6	58	503
May	38	3	4	106	579
June	35	4	19	77	572

July	29	6	99	153	385
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One child (from Rashia) was reported underweight at birth and referred to Taveta Sub County hospital for further growth management. Only one beneficiary from Salaita was reported to have had miscarriage in the month of April. The beneficiary was counselled and received postnatal services.

Output 3.0: Increase awareness on COVID-19 pandemic and vaccination

Activity 3.1: Sensitization and awareness creation on COVID-19 and vaccination in the community

The KRCS team carried out sensitization sessions to create awareness on COVID-19 infection prevention and control measures, treatment and vaccination. The sessions were also meant to counter the rumours and increase community awareness with correct facts and information so that they could make informed decision to take the vaccine. The awareness sessions were done through public address loudspeakers mounted on KRCS vehicles, small gatherings, community feedback meetings, household visits by Community Health Volunteers, radio presenter mentions and talk shows on the local radio station (Mwanedu FM).

The project officer together with the Public Health Team conducted sessions to discuss the key messages to be shared during radio presentation. Talk shows were carried out for two weeks as the presenters drove the campaign from 24th May to 6th June 2021 on breakfast show based on the information shared during the zoom briefing with the MOH and Project officer. The sessions provided a platform for the listeners to ask questions and comment on the topic of discussion. Some of the questions raised and addressed during the sessions included;

Listener 1; the listener wanted to know if the project is supporting the CHVs with stipend considering they support the implementation of the project. This was clarified by the project officer

Listener 2; Asked why the project is not expanding to the entire county other than Taveta

Listener 3; applauded Red Cross for implementing the project, and requested if further mapping was to be done to support more mothers in other areas since COVID-19 still isn't ending.

Listener 4; Claimed her wife was left out despite their low income, however the project officer explained that Njukini was not part of the target area and that was the reason she might have been left out.

Listener 5; Applauded the project and wanted to know about its sustainability.

Listener 6; Inquired if monitoring is conducted to determine how money is being utilized to avoid situations where it may lead to family conflict

Listener 7; Appreciated the project but claimed the 915 beneficiaries were very low considering the current economic situation.

Listener 8; Wanted to know how Red Cross had been working with government to mitigate some of the factors contributing to poverty levels and sanitation issues

Listener 9; Wanted to know if the mothers could receive more than 2034 shillings.

Listener 10; Applauded the project but advised to consider visit and support some of the health facilities across the county according to him the conditions are not good.

Listener 11; Suggested that the 2034 should be reduced to accommodate and support more mothers.

Listener 12; From Bomeni requested that we consider motivating CHV from his ward to sensitize community to avail their children for immunization.

Listener 13; From Voi- wanted to know if Red Cross is also advising the women to practice family planning.

Listener 14; From Sofia Voi – Wanted to know what the Counties contribution to the project was.

Listener 15; From Kamtonga Mwatate- felt that the project is aiming at sensitizing, others to take their children for immunization that may affect them in future and doing population control- This was clarified by the project officer on the objectives of the project and importance of immunization which was echoed by the Sub County Nurse who explained in detail the impact of immunization.

Listener 16; From Kilifi- Wanted to know if the amount will be increased if COVID-19 persists.

Listener 17; From Mbololo- Asked if the project was geared towards encouraging irresponsibility among men and increase population since more women might consider getting pregnant.

Listener 18; Wanted to know the effects of COVID-19 vaccine and why youths were turned away at vaccination centres

Listener 19; Wanted to know if a HIV Positive mother can infect an unborn child when pregnant

All questions raised were addressed by the project officer and the MOH staffs present during the sessions. An audio record saved on compact discs for the two sessions was shared and store at the office

for future reference. The team recommended on more radio talk shows to be conducted on issues to do with health and any other projects implemented by KRCS.

The project engaged four (3 males, 1 female) KRCS volunteers in conducting sensitization through road shows and the use of public address system mounted on KRCS vehicle. Sensitizations were carried out in Kiwalwa, Eldoro, Madarasani, Kitobo, Kimorigo, Rekeke, Lotima, Ngutini, Kimorigo, Mata, Cessi, Rekeke, Kimala, Kachero, Jipe-Mkwajuni, Orkungu, Chala, Lessesia, California, Mahoo, Rashia, Salaita, Bahati, Timbila, Machungwani, Mahandakini, Njukini, and Town centre. Key messages designed by the Sub County Disease surveillance coordinator together with the project officer were shared with the KRCS volunteers and Public Health Volunteers to disseminate using the Public Address system. The messages shared to community members included what is COVID-19, transmission, preventive measures, signs and symptoms, what to do when one experience the symptoms, the COVID-19 vaccine, who were the target groups in the first phase and where they could get the vaccine. Approximately 16,000 people were reached in Taita Taveta, and neighbouring counties such as Kilifi, Kwale, and Mombasa.

One of the national television stations, KTN, also documented the project activities and to be broadcasted to the whole public in the country as a feature story. The broadcast will cover the project achievements, work of Red Cross Movement and sensitization on COVID-19 vaccination.

Output 4.0: Address the economic impacts of COVID -19

Activity 4.1: Verification of beneficiaries' data and inclusion status through community engagement

The beneficiaries registered in the first phase of the project were transitioned to the extended phase II. Consultations were done to sieve cases considered as still vulnerable in meeting hospital needs and graduate out those who no longer met the requirements of the project such as households with children above 5 years; pregnant women who do not attend ANC despite the conditionality put on the cash transfers, women who had refused to deliver in health facilities despite receiving monthly cash transfers and those who had migrated to far away towns out of the project sites.

The field team held several consultation meetings with the community leaders and beneficiaries as well as the general community members to conduct thorough verification and analysis of all the beneficiaries. This was to allow the team to identify those who had relocated, household with children who had graduated (children above five years, finished immunization schedule) and no longer within the target group, and those who had defaulted on health services despite receiving cash transfers so that others who met the targeting criteria but were left out in phase I due to limited resources could be enrolled. The exercise was carried out by the community health volunteers who did mapping, KRCS volunteers and project officer supported by the areas chiefs/ village elders conducted the verification and validation.

The project team engaged nurses to offer counselling services for the households being graduated, this was to enable them to understand why the actions was being taken and still encouraged health seeking behaviours when they fall sick or become pregnant. A team of 10 volunteers (6 females, 4 males) were engaged in verifying the beneficiaries and new enrolments through household visits. Out of 915 beneficiaries, 100 (7 females in Chala Ward, 28 females in Mahoo ward and 65 females Mata ward) were replaced.

Concerns were raised especially for those with children who had graduated since none really wanted to be replaced. However, the engagements provided a platform to explain and make the beneficiaries understand that above 5 years, the children would no longer attend clinics but only visit facilities when they are sick or for general health check-ups. Despite the group of 100 beneficiaries being graduated out, five of them gave appreciation to KRCS for the support received during the 6 months, one beneficiary further emphasized that the cash received supported her to start poultry keeping as an income generating activity at her household level and sustain her financial needs.

Activity 4.2: Cash transfers to beneficiaries through mobile money platform

Four rounds of cash transfers were successfully completed through mobile money transfer mechanism reaching 915 vulnerable households each receiving 2,034 shillings every month. The cash transfers were meant to support the vulnerable families meet the financial needs in addressing the economic impacts of COVID-19 especially the costs related to access to health service. 120 women from the targeted households made savings from the cash transfers and used the savings to start different income generating activities such as small grocery shops, food stalls/kiosks, second-hand clothes business, poultry keeping, crop farming and selling coconut. This was seen as part of improving household income and strengthening their economic recovery and resilience after the end of project funding.

Activity 4.3: Encashment monitoring

Encashment monitoring was conducted after every cash disbursement. Analysis of the field encashment reports indicated that 94% of beneficiaries received the full amount of cash transferred of 2,034 shillings on the same day the cash was disbursed, while some 4% of beneficiaries received the entire amount a day or two later since their husbands who are the proxies had travelled to look for food and money for other household needs.

Beneficiaries from other target areas did not have to spend any cash on transport to make cash withdrawals because MPESA agents were available within the local market centres reachable on foot walking about 30 minutes to reach the market centres. However, about 11% of the beneficiaries, majority from remote areas in Njoro, Mata village, Grogan, and Orkungu spent between 200 – 400 shillings on a return trip using motorbike popularly known as *boda boda* to reach market centres where reliable MPESA agents with adequate cash float are located. All the beneficiaries interviewed felt safe during cash withdrawal and expenditure and confirmed that security in the implementation areas is well maintained and there was no fear of insecurity among the community members.

The findings from the encashment monitoring showed that 112 women made savings from the monthly cash transfers and financed small household income generating activities. A total of 40 households bought chicken for poultry farming, 2 households begun fish selling retail business, 8 households started small grocery shops, 2 households started selling bananas in stalls, 25 households bought goats for rearing, 22 households put up small shops/kiosks for selling small household consumables like flour, salt, sugar, soap etc, 5 households begun food vending stalls/kiosks, 2 households selling coconuts, 1 household started business of selling second hand clothes business, and 5 households strengthened their farming activities. In Orkungu, a total of 20 women also came together, contributed cash from the cash transfers to raise capital and begin art-work of making necklaces, bracelets, and rings from beads and that are sold in local markets to earn some income. This initiative was a result of community sensitization and empowerment sessions done in all the target areas. These income generating activities are seen to sustain the gains of the project and promote community resilience beyond the project life-time.

Activity 4.4: Post distribution monitoring

The post distribution monitoring (PDM) is one of the key activities in Cash and Voucher Assistance (CVA) programs meant to assess the project processes including checking whether right amount of cash was received, payments made on time, the targeting was correct and understood by communities, etc. The PDM was also used to measure the project outcomes as well as unmet needs that would be considered in future community support programs.

A team of 10 KRCS volunteers (6 females, 4 males) were trained on mobile application data collection through KoBo collect, the questionnaires and interview techniques to support data collection during the PDM survey. The post distribution monitoring survey determined that 95 percent of the respondents were aware of the reason why they were enrolled in the project and 99 percent were satisfied with the selection criteria that was used. The report further determined that 99 percent were satisfied with the cash distribution process and 78 percent of the beneficiaries could access cash agents within less than 30 minutes from their home on foot and everyone felt safe to access and spend their cash. Medical expenses however were the second priority in cash spending after food which was considered the first priority. 76 percent of the respondents were aware of how to register complaint and feedback in the program. The most preferred channels to raise the complaints and feedback were through local leaders (49 percent) and through the KRCS toll free line (36 percent). The remaining 15 percent gave their feedback during field activities, by visiting the office in Taveta or calling staff and volunteers. Out of the 54 respondents who reported to have used the C&F mechanisms 53 were satisfied with the response given and the time it took to get the response.

3.0. Community Engagement and Accountability (CEA)

Community engagement is crucial in creating avenues for active participation by community members and ownership to promote success of the project. Community members including direct beneficiaries and non-beneficiaries were sensitized on the project activities including passing information about COVID-19 infection prevention and control, clinical and immunization services, and review of beneficiary data through verification process for proper accountability. Sessions were held with communities in small groups in Lessesia, Malukiloriti, Rekeke, Grogan, Nakruto, Mahandakini, Rashia and Orkungu villages to inform them on the extended project activities. The sessions were also used to collect feedback from the beneficiaries. These sessions reached a total of 538 (325 females, 213 males) people.

The KRCS toll free line was disseminated to the communities for channelling feedback and or complaints. Approximately 7 beneficiaries contacted KRCS through the toll-free line for inquires on cash disbursement. KRCS also used its volunteers and CHVs based in the community as well as the local leaders known to some of the beneficiaries to collect feedback which was then acted upon immediately.

Since the main purpose of the cash transfers was to support vulnerable pregnant women, lactating mothers and adolescent girls and those with children under five years to access health services, it was important to sensitize the community especially men who hold much influence on the households, to put the cash in the right use to achieve project objectives. The banking institutions local branches such as Absa bank and Kenya Commercial Bank were used to sensitize project beneficiaries on financial literacy and investment for growth. Main topics covered on financial literacy were good financial records keeping, measuring expenditures and return on the investments and how to manage profits for

household use as well as growing their businesses. These sessions were organized in consideration of the beneficiaries who had begun small business such as groceries shops, kiosks, agri-business, to empower them and promote sustainability. A total of 124 women were sensitized through the engagements.

4.0. PROJECT MANAGEMENT

ASPECT	NARRATIVE
<p>Synthesis of number of beneficiaries reached in the life of the project (Total direct beneficiary numbers, disaggregated by sex and age group as per the beneficiary data summary)</p>	<p>A total of 915 (females) beneficiaries from 56 villages in three wards namely; Mata (558), Chala (176) and Mahoo (181) were enrolled and reached through cash transfers.</p> <p>Out of the 915 direct beneficiaries, 5 women are mentally challenged, 4 have hearing impairment, 2 are immobile due to physical disability on the legs while 2 have hand disabilities.</p> <p>A total of 56 direct beneficiaries are teenage girls between the age of 15-19 years who are either pregnant or already gave birth to children.</p>
<p>Accountability to communities: (Participation of communities, transparency and sharing of information with communities, handling of complaints and feedback (how many & what categories of complaints were lodged by communities and how many have been fully addressed? What are the challenges with the pending complaints?), community led monitoring & evaluation)</p>	<p>Accountability to the community was key in implementation of the project. Community members were well engaged in meetings to sensitize them on extension of the project, replacement and registration of new beneficiaries, sharing and handling complaints or feedback and joint implementation of activities during the four months.</p> <p>Community members used the toll-free line, community meetings, the local areas Chiefs, Village Elders, and Community Health Volunteers.</p>
<p>Partnership management/ engagement (Any new partners, forums engaged, budget and target reviews based on discussion with donors, Any partnerships disengaged and reasons)</p>	<p>Partnership was strengthened during the extension phase. Meetings were held with stakeholders to discuss the project extension and partnership areas. This also provided an opportunity to discuss achievements realized and challenges encountered during the six months' implementation of the first phase. Another stakeholders' session was conducted just before closing the second phase of the project to share on the achievements and issues that still needed attention such as curbing teen pregnancies, FGM etc.</p> <p>Meetings were also held with the donor to review budget and to get updates on the progress of implementation.</p>
<p>Gender and social inclusion achievements (Gender mainstreaming, involvement of people with special needs, any forums participated in regard to this)</p>	<p>The project team ensured all interest groups (women, adolescent, men, people abled differently and single parents either from divorce/separation or death of partner) were taking part in the project through the following approaches:</p> <p>i) The targeting criteria took into consideration such vulnerabilities including those abled differently i.e. 5 mentally chal-</p>

	<p>lenged, 2 physically disabled, 2 hearing impairment. These beneficiaries were monitored closely throughout the project to ensure they got the necessary support and ensured the children under five got access the health services.</p> <p>ii) Efforts were also made to engage men in the sensitization for health uptake however this has met challenges as very few men turned up for such sessions. Meetings have been held separately for men only to allow free participation.</p> <p>iii) The project team engaged adolescent girls enrolled in the project and those not in the project. These sessions aimed at sensitizing them on adolescent sexual reproductive health and encouraged them to go back to school and continue with their learning despite having been pregnant.</p>
<p>Risk management (mitigation measures against foreseen risks in the project. Need to have risk mgt plan supported by internal audit team)</p>	<p>The major risks to the project during the period under review were migration or relocation of already enrolled beneficiaries from their respective villages to other areas that are out of the project target areas and male proxies who were mostly husbands used the cash transfer on other expenditures.</p> <p>These risks were handled through community engagement with the area chiefs, village elders and the CHVs and engagement sessions with men. Beneficiaries who had migrated were replaced with other vulnerable households meeting the laid criteria and identified through community participation.</p> <p>The team also conducted close follow up through encashment monitoring with the beneficiaries who had alternates to ensure that the cash reached the intended beneficiary and was well utilized.</p>
<p>Key Programing Changes (Explain major changes across lifetime of the project, includes variations in project/program design, key milestones witnessed etc)</p>	<p>The project realized some foreign exchange gains and the budget was revised upwards to absorb the amount gained by increasing the community-based activities.</p> <p>Some of the cash beneficiaries made savings from the cash transfers and invested in various income generating activities. A total of 40 households bought chicken for poultry farming, 2 households begun fish selling business, 8 households started grocery business, 2 households started selling bananas, 25 households bought goats, 22 households' small kiosks, 5 households begun food kiosk vending, 2 households selling coconuts, 1 household started business of selling secondhand clothes business, and 5 households strengthened their farming activities. In Orkungu, a total of 20 women also came together and begun artwork of making necklaces, bracelets, and rings from beads.</p> <p>Key milestones were witnessed in terms of number of hospital deliveries, antenatal attendance, immunization and general behaviour change in access to health services. Additionally, community mem-</p>

	<p>bers were well informed on COVID-19 IPC measures and turned up for COVID-19 vaccination exercises during outreaches.</p>
<p>Monitoring, Evaluation and Learning (Key results of Data Quality Assessments and recommendations, Key evaluation/review recommendations being tracked/realized, M&E capacity strengthening initiatives undertaken, M&EAL gaps to be addressed)</p>	<p>Comprehensive project M&E framework and monitoring tools developed/harmonized at the beginning of the project based on identified programme monitoring and reporting needs. Monitoring was conducted effectively for the 915 beneficiaries and verification done through facility registers.</p> <p>MEAL team together with the project team including 10 (6 females, 4 males) KRCS volunteers conducted post distribution monitoring in the month of July targeting 298 households.</p>
<p>Exit strategy and sustainability (what is the exit and sustainability plan for the project and what the progress towards achieving the same?)</p>	<p>Community exit meetings were conducted targeting beneficiaries and the CHVs to explain the end of the project. The sessions were meant to prepare the communities for withdrawal of project supported activities but at the same time strengthen the need for communities to continue with the positive result realized such as health seeking behaviour. The CHVs committed to continue with sensitization on COVID-19, vaccination, clinic visits and vaccinations during their routine work within the health units.</p> <p>The financial literacy sessions were done to equip beneficiaries who made savings and set up IGAs with skills to continue running their activities and grow even bigger sources of income.</p>

6.0. MOST SIGNIFICANT CHANGE (MSC) STORIES AND OR CASE STUDIES:

The field activities were followed very closely by Kenya Red Cross Society and the Ministry of Health to monitor progress of both planned and unplanned project related activities that had been initiated by community members. The process had identified some cases considered community significant change stories some of which have emanated from multiplier effects of the project as illustrated below:

6.1. Human interest story 1: Kidong' A Village.

In-set is Agnes Bulili locally known as Mama Baraka, a name coined from her child, a jovial woman who happily narrates how the cash transfers from the Red Cross has assisted her realize her dream of owning a domesticated animal. Agnes has faced hard economic times as the main bread winner after her husband got involved in a



road accident that left him disabled and unable to work anymore. She has been doing odd jobs and casual labour to get food and other basic needs for the family including access to health services. She narrates her story "The cash sent to us from Red Cross for the past 9 months has enabled me to support my family with basic necessities such as clothing, food and boosted hopes in my family. I saw the cash from Red Cross as God sent assistance to me and I thought of what life would be after the end of the project, so I made some little savings from each cash transferred every month and bought two goats (1 female and 1 male) and the female goat has already sired. I pray that the goat will breed and fill a shed then I can get enough milk, sell some to meet my family needs". Agnes Bulili says the cash transfers has salvaged her family from sliding into deeper poverty which was worsened by COVID-19.

6.2. Human interest story 2: Chokaa C Village

Mary Kambua is one of the direct beneficiaries of the cash for health project. Kambua narrates that her pregnancy was much of a blessing because this is the main reason why she was identified by the Red Cross and Community Health Volunteers to become one of the project beneficiaries. A mother of two children now having given birth to her second born child during the project implementation period. She narrates that she was a worried



woman before the project because she didn't know how she would manage her delivery since all the hospitals were closed down as a result of healthcare workers strike. She doesn't have any reliable source of income to attend pre-natal clinic services in private health facilities and her main worry was the actual delivery since her first delivery had complications. Her hopes were restored by the project support since she made savings every months as she waited for her delivery date. She also had money to attend pre-natal clinic for check-up and monitoring of her pregnancy at the nearest private hospital.

Mary explains "When the time came, I delivered at the hospital through caesarean section in a private health facility since the healthcare workers were still on industrial strike and the Government hospital were closed down. I was not ready since I didn't even have baby's clothes and I had not saved up enough money since I knew I would deliver in a public facility where they don't charge much money. The healthcare workers strike took me with a lot

of concern and worries that kept going through my mind wondering what I would do when the time comes. I left everything to God and consoled myself that if the pregnancy was meant to take my life, then be it. When the project started in our area and I got registered as one of the beneficiaries of the cash transfers, my hopes were restored and I immediately making savings from the cash transfers from Red Cross that the savings assisted me in paying for the hospital delivery costs at Chamvini Health Centre". She says that she was very happy when the project received more funding and extension because she was able to meet transport and hospital costs to take her new borne to the clinic for immunizations and growth check-up. In order to boost her source of livelihood, she established a small wooden stand where she sells vegetables, onions, tomatoes, potatoes, cereals and other grocery commodities in small scale. She hopes to continue earning some livelihood from the profits made after selling the commodities beyond the lifetime of the project. "I am so grateful to Red Cross and I wish the project continues since it has really benefited me, thank you." She said.

6.3. Human interest story 3: Orkungu women begin bracelets and necklace making



A group of 20 women from Maasai community supported by the project through cash transfers came together and formed a women group where they discuss issues affecting women in the community and strengthen their welfare through cash contributions towards a business plan agreed upon by their members. One such activity is artwork where they have agreed to make some little cash contributions of 100 shillings from each member from the cash transfers to raise capital to buy materials such as beads and strings to make necklaces, bracelets, and rings and sell in the local markets. Through this

initiative, they build and improve each other's skills in the art as well as improve their source of income. This initiative was a result of community sensitization and empowerment sessions done at Orkungu to project beneficiaries on income generating activities women can engage in for livelihoods. They have a dream of growing to large scale production where they can sell their products to larger markets and even to tourist market along the coast.

7.0. CHALLENGES AND RECOMMENDATIONS

Key challenges experienced during implementation of the project had been relocation of beneficiaries to other areas that were not the target areas. This led to replacement and registration of new beneficiaries in the process of implementation.

Emerging issues noted during implementation of the project included high number of teenage pregnancies, with 33 known cases and mental health issues. The issues were shared with relevant stakeholders i.e. area chiefs, CHVs and department of health to support.

8.0. ANNEXES:

Annex 1: C&F log sheet; MOH Data phase 1&2



C&F TOOL CTP.xlsx



MOH Data phase
1&2.xls

Annex 2: PDM report



PDM 2 report
Taveta.docx