

Kisumu Final Report

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Millennium Cities Initiative

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Kenya's third largest city, Kisumu, serves as a trading and transportation hub for western Kenya and bears the dubious distinction of having Kenya's worst set of health indicators and one of the nation's highest poverty levels.

While much work lies ahead for Kisumu to attain the Millennium Development Goals (MDGs), the City, in coordination with major development partners and the Millennium Cities Initiative (MCI), have been working on numerous efforts to upgrade the City's slums, vital infrastructure and the quality of its social services, and to improve the opportunities in the climate for private sector development.

The following report provides a brief, historical overview of the work conducted by MCI and its partner organizations in Kisumu from 2006 through 2014, as well as details on recent activities in a variety of sectors.

As MCI's work comes to a close this year, we are hopeful that the momentum and progress generated through many of these interventions will be sustainable, so that these programs may continue to enhance the delivery of critical social services, spur growth and better the quality of life for the City's residents.



SUMMARY OF WORK

HISTORICAL OVERVIEW 2006-2014

MCI has had a very active presence in Kisumu for the last nine years and has worked hard, in concert with the City Council of Kisumu, to effect change in the areas of public health, education, water and sanitation, gender and private sector investment. MCI conducted and published significant research, including MDG-based needs assessments on education, water and sanitation, public health and gender; an overview of some of the environmental challenges facing the city's water supply and shoreline; and surveys on industrial infrastructure, health facilities and three underserved informal settlements, where MCI carried out its own comprehensive poverty-related household survey.

MCI also initiated numerous social sector interventions in Kisumu to help fill identified gaps in coverage. In the area of public health, MCI Kisumu facilitated repeated shipments of medical equipment, supplies and medicines donated by the American NGO AmeriCares and the KNOCK Foundation, and arranged for multiple medical missions, including a team of urologists brought by KNOCK Foundation, International Surgical Mission Support, Cure Cervical Cancer and advanced surgical residents from Columbia University College of Physicians and Surgeons. Kisumu also benefited from the generosity of the Government of Israel and its Office of International Cooperation (MASHAV), which, made aware of the need by MCI, proceeded to design, build and train staff to operate Kisumu's first emergency room, at the Kisumu East District Hospital. MCI Kisumu also worked with a number of community groups and trained more than 100 community health workers in the downtown informal settlement of Manyatta, to help address some of the infrastructure and social service delivery challenges.

As part of MCI – Kisumu's focus on education and gender, several years ago MCI launched Kisumu's first School2School Partnership between two public high schools located in very different worlds: Kisumu Day, a boys' high school in downtown Kisumu, and Silicon Valley's Los Gatos High School, in California, USA. This program led to the donation by Los Gatos of many computers, a visit to Kisumu Day by the lead Los Gatos teacher, team teaching on global issues of common concern and the expansion of the program to other schools. MCI also partnered with the NY-based non-profit LitWorld to create four girls' clubs at city public schools, to foster literacy, encourage creativity and civic participation and strengthen self-esteem among disadvantaged Kisumu girls. Both of these programs are continuing beyond the tenure of MCI.¹

In the arena of private sector development, MCI created and published a city investment guide and handbook, an assessment of industrial infrastructure capacity and a working paper on the potential for developing a bamboo bike business in Kisumu. MCI also worked closely with our global partner KPMG, which published its own investment guide to the city and a working paper on the potential for sugar in Kisumu and the surrounding region. MCI organized Investment Days for Kisumu both in London and in Kisumu itself, and brought a delegation of German businessmen to the city, to examine for themselves promising sectors for development as well as specific investment opportunities. With MCI's support and encouragement, the Kenya Investment Authority (KIA) came and established an office in Kisumu City that continues to flourish, making it much easier to service prospective and actual investors than when MCI first arrived, when the only KIA offices were in Nairobi.



Beldina Opiyo-Omolo, MCI Public Health Specialist, with children in Kisumu's Manyatta community

¹ The four clinics set up by the Cure Cervical Cancer team will also continue beyond MCI's presence in the city.

COMMUNITY BUILDING IN MANYATTA

The Millennium Cities Initiative settled on Manyatta Informal Settlement as a key locus of its work in Kisumu to help spur both the settlements' economic growth and long-awaited infrastructure upgrades. MCI work in Manyatta was therefore concentrated on localizing the MDGs. Using as our entry point the Neighborhood Association, initiated by the non-profit SANA International, in collaboration with the City Council of Kisumu, MCI work was focused on strengthening this structure and clarifying its lines of authority, so that it could become the center of community development. One achievement has been to bridge the gap between the three seemingly parallel development structures, i.e., the Location Development Committee, under the area chief; the Ward Development Committee, under the area Member of County Assembly; and the Neighborhood Association, assisting it in becoming registered as a community-based organization.

When MCI started work in Manyatta in 2009, we came across several barriers to community development there, prime among which was that most community members were unaware that they are a resource unto themselves, and they lacked confidence in their ability to effect change. There was a sense of hopelessness and helplessness amongst them. Community members had a tendency to work on their own, rather than coming together to merge their efforts toward achieving a common development goal. At the same time, the intermediary agencies were also not working together to further community development, with certain existing power structures performing in ways that were demonstrably counterproductive.

Local development committees and development agencies organized themselves separately around each new effort, with little communication before them. Community members also feared or lacked opportunities to access financial services, and they lacked as well the appropriate technical support to equip and encourage their further development. The bureaucracies of the lead and other development agencies were also a big hindrance, including the City Council's own Social Services Department, which at the time lacked the requisite skills to steer effective community development.

Realizing this, MCI decided to engage further in community development activities in Manyatta, through capacity-building of the relevant agencies and leadership structures. At the City level, MCI formed linkages with the Council's Strategic Planning Unit, to help incorporate the Manyatta community development plans both in the City's own Development Strategy and in other development planning. At the community level, MCI helped build the capacity of the Neighborhood Association to lead by fostering a sense of neighborliness and community and by mobilizing local resources to address their challenges. MCI hosted a series of workshops and development forums where the various community-based actors and the Neighborhood Association shared and agreed on modalities for supporting each other. Under the Neighborhood Association's guidance, the community itself then took the lead in identifying its primary challenges and was able to map out the resources within the community, with a view toward suggesting actions to improve their living conditions that might be taken by their own members, in partnership with local groups and intermediary organizations.



Residents join a Group Savings & Loan training in Manyatta

MCI also saw an opportunity to change the “grant dependency” attitude in the community by mobilizing residents to develop enterprises that could help them address their own challenges. MCI introduced the Group Savings and Loan (GS&L) program - a community-managed, micro-finance project that, with no external funding, builds the capacity to work in small groups to mobilize savings and to access loans from personal savings. MCI trained eight women’s groups, which are still saving to date and which will continue beyond MCI’s close.

MCI saw an opportunity to help empower residents to solve their own challenges

Manyatta has seen many program activities brought in by various agencies, ranging from local government, to international aid projects to community-based groups. But government efforts have been disorganized, often operating at cross-purposes: Manyatta’s Location Development Committee contributes to the District Development plans; the Ward Development Committee contributes to the plans of the City Council; the LASDAP has its own process for contributing to the local authorities’ pro-poor plans, through funds devolved from the national budget; and still other committees contribute to plans supported under the Constituency Development Funds, available to each Member of Parliament at her/his discretion. Under the Kenya Slums Upgrading Program, in partnership with UN-Habitat, Manyatta was included in the situational analysis of Kisumu’s slums and has benefited from this program, with the construction of classrooms and a local market. The settlement’s only social hall, Kosawo, is run by the City Council.

But these overlapping governmental structures are only the beginning: in the course of MCI’s work in Manyatta, the Neighborhood Association mentioned up to 42 non-governmental organizations, local and foreign, that are either working or have worked here. Most of these came up with various structures to support their activities, which were centered around livelihood improvement for women and youth through various means, including access to financing; promotion of education activities; water and sanitation programs, where wells were upgraded and pit latrines constructed; health-related issues, including other Community Health Worker programs; environmental activities, including waste management and urban agriculture (gardens and livestock); and programs for youth, orphans and vulnerable children.

The work of some community-based organizations and individuals have been very successful, including orphanages and other orphans and vulnerable children-based programs; youth-centered programs, such as sports entrepreneurial activities; and social entrepreneurship, the largest being the *boda boda* (bicycle taxi) savings and cooperative society, the formation of housing and waste cooperatives and MCI’s own GS&L, all of which started up within the last year.

While all these programs have made noble efforts, it is becoming clear that they have largely not achieved the sustained development at the desired scale. Being pro-poor, resource allocations have been dictated by the perceived severity of the community’s needs. As such, there has been a “competition to be seen to be the most needy,” so as to influence the allocation of resources. This has resulted in gatekeepers and competition amongst the actors, thereby killing the spirit of inward community development. A majority of community members have come to believe that they are powerless in the fight against the challenges they face. As such, the rate of dependency has gone up, accompanied by a downward spiral of the community.

REPORT ON RECENT ACTIVITIES

ECONOMIC EMPOWERMENT

For the last 11 months, MCI - Kisumu undertook a Group Savings & Loan (GS&L) project, a community-managed micro-finance program, in Manyatta A and B Informal Settlements in Kisumu City. It builds the capacity of the community to mobilize savings and access loans from personal savings with no external funding. MCI funded the project, which aimed at using GS&L methodology in areas with high poverty levels, mostly in peri-urban and rural areas of Kisumu City, to financially uplift the health status of the project beneficiaries and their households.

A GS&L group is a group of people who save together and take small loans from those savings. The activities of the group run in cycles of one year, after which the accumulated savings and the loan profits are distributed back to members. The purpose of a GS&L is to provide simple savings and loan facilities in a community that does not have easy access to formal financial services. Each GS&L Group is composed of 15-30 self-selected individuals. Groups can either meet weekly or fortnightly, and members save through the purchase of shares. The price of a share is decided by the group. At each meeting, every member must purchase from 1 to a maximum of 10 shares. The share-price is set by the group at the beginning of the cycle and is fixed for the entire cycle.

The system is very simple; but the result is powerful. In a GS&L, savings are flexible, both among members and over time. Members do not have to save the same amount as each other; nor do they have to save the same amount at each meeting. Also, saving more frequently in very small amounts - whereby the cadre of those targeted by the project can build their savings more easily - contributes to improving the security of the household.

Savings are maintained in a loan fund from which members can borrow in small amounts, up to thrice their individual savings. Loans are for a maximum period of three months in the first year, and loans may be repaid in flexible installments, at a monthly service charge determined by the group. Each group may also have a social fund, which provides members with a basic form of insurance. The social fund serves as a community safety net and may serve a number of purposes, such as emergency assistance, festivals and funeral expenses. Each group agrees upon a contribution made by all members at every meeting. The social fund is not intended to grow, but to be set at a level that covers basic insurance needs. It is not distributed back to the members at the end of the annual cycle but remains a group asset.

There is no group ledger or complex system of accounts at the level of the group. The closing balance of the loan fund is simply counted, announced, remembered by all members and noted in a notebook at the end of each meeting. In order to track the individual savings and loan liabilities of its members, GS&Ls use a simple passbook that is appropriate for groups with limited literacy and numeracy skills. The materials, passbooks, loan fund and social fund of the GS&L are maintained in a lock-box, which is safeguarded by the group box-keeper between meetings. The lock-box has three padlocks, and the keys are held by three members of the group who are not members of the management committee. The system is robust and ensures that there can be no manipulation of the group's passbooks or funds outside of group meetings.



Group Savings & Loan participants gather in Manyatta

Groups operate in annual cycles. At the end of every cycle, the accumulated savings plus service charge earnings are shared out amongst the membership according to the amount each member has saved. The annual share-out resolves any outstanding issues and builds member confidence. It is an action audit that provides an immediate verification to all members that their money is safe and that the process is profitable. The new cycle starts after share-outs.

MCI - Kisumu has been funding the GS&L project in both Manyatta A and B in phases, depending on the number of tasks achieved within set periods of time. Manyatta Informal Settlement was targeted because MCI was already working there and also because of the very high levels of poverty and inadequate access to formal financial services in the community. The community of Manyatta, which faces challenges ranging from poor sanitation and inadequate shelter to a dearth of economic opportunities and formal financial services, was greatly in need of a plan to help individuals increase savings and access loans. This intervention was integrated with current activities undertaken within the Manyatta community.

Nine groups were trained initially, as against a target of four groups set by MCI. One group, comprised of young men, did not pick up after the first week because they thought MCI was bringing seed money to give them. The remaining eight groups were given intensive technical assistance and weekly group training on both the GS&L methodology and on eRecording, using mobile phone technology to record data on attendance, savings, loans, fines and meeting summaries.

123 participants
in 8 Manyatta
Savings Groups
report positive
growth in their
savings & income

The eight GS&L groups in Manyatta have seen positive growth in their savings and loaning, as required by the methodology. The total number of practicing clients to date is 123, for an average of 16 clients per group. This is above average: experience with urban groups has shown that the average membership is between 10-15. There are three groups in Manyatta A and 5 groups in Manyatta B. MCI has been monitoring the groups' quality through development and management of the project Management Information System (MIS) group visits and data verification. The project also conducted group visits, data collection and verification of Management Information System (MIS) data for quality assurance. These visits were being done to ensure quality and also provide corrective training to the gaps identified. The GS&L groups in Manyatta were the first ones in Kisumu City to employ eRecording, using android mobile phones to improve data collection and group records. So far, this has gone a long way in improving record-keeping and transparency at the group level.

The members' engagement in GS&L activities have since created impacts at different levels, according to informal discussions with group members. At the household level, many have reported an increase in household assets, the ability to sustain children in school, better housing, an increase in income-generating activities and more food in the house. There is already a captive audience in the eight GS&L groups formed in Manyatta by MCI! They want to know why MCI did not think about GS&L earlier. They are saying this is the best thing that ever happened to them, and many more groups would like to be trained.

MCI - Kisumu staff attribute the program's first quarter success to a number of factors, including the extensive training given to participants, which helped them identify group leaders, form operational guidelines – "constitutions" – and implement detailed record-keeping. Staff also consulted with local officials and key stakeholders on the program methodology to garner community buy-in, and closely supervised the groups as they strived to save money and to earn interest from the loans they extended to group members. Notably, this is the first GS&L program in a peri-urban area and the first to adopt the mobile-based, eRecording model.

MCI is confident that the program will continue to be successful, and at the end of the first cycle in December, all eight savings groups will have made tremendous strides, not only in increasing their access to and knowledge of financial services, but also in boosting their own self-esteem. The community, too, stands to benefit – from these savers' knowledge, from their improved livelihoods and from the contributions they will undoubtedly make, to Manyatta's outlook, to the prospects of its inhabitants and to Kisumu as a whole.

As MCI winds up its programs and exits Kisumu, an organization called Alice Visionary Foundation Project (AVFP) will assume responsibility for the GS&L activities in Manyatta. AVFP will work with all the GS&L groups, integrating more programming into GS&L, both in Manyatta and in AVFP's rural programs in Amilo Village, Muhoroni Sub-County, Kisumu County. Participants in the Manyatta GS&L groups will also have the opportunity to exchange ideas and experiences with those of their rural counterparts in Amilo, no doubt leading to further education and expanded horizons all around.

Lessons Learned in Implementing MCI's GS&L Program in Manyatta

- A good community entry process, partnerships, a project that meets the needs of the members and the active involvement of the community all contribute to the ownership of the project, which is exactly what has happened in all the MCI GS&L groups.
- A strong chairperson of the group does, in fact, determine the progress and cohesion of the group as a whole and of its individual members.

Recommendations

1. In the final phase of Group Savings & Loan (GS&L) implementation in Manyatta, Alice Visionary Foundation Project (AVFP) should facilitate the training of all eight groups on the Selection, Planning and Management (SPM) of Income-Generating Activities (IGAs) and the Business Management training of members.
2. Given the number of GS&L clients with the National Hospital Insurance Fund (NHIF) Cards, AVFP might consider liaising with the NHIF Office in Kisumu, to request that a representative brief all GS&L clients on NHIF and the importance of acquiring a NHIF card.
3. AVFP should also consider liaising with several banks in Kisumu, to request that their representatives give brief talks on their products, so that GS&L Group members can choose from a variety of banks when they are ready to open bank accounts of their own.
4. AVFP should also be encouraged to liaise with Population Services International and the Ministry of Health, which together are spearheading the usage of mosquito bed nets, to request that a representative give a health talk on the importance of bed nets and, if possible, to provide or suggest ways for clients to acquire nets for each sleeping site in their households.

Urban Community Health Worker Training

The cost of and access to medical care remain problems worldwide. Many developing countries have Community Health Workers (CHWs) where there are shortages of highly skilled health professionals. CHWs play a major part in the delivery of Millennium Development Goals 4, 5 and 6 at the community level. With correct training, monitoring, supervision and support, such workers have been shown to achieve good health outcomes. Community units and community health workers are extensively used in Kisumu County for general health education, monitoring maternal health, childhood immunization promotion, referral of patients suspected of diseases, childhood nutrition, family planning and much more.

In an effort to strengthen and scale up the community health access and treatment in Manyatta, MCI and one of its development partners, CORDAID Urban Matters, working very closely with the Kisumu City Department of Health, supported a training of 100 urban CHWs in Manyatta B, followed by a second training of another 38 community health workers there. City health department staff served as trainers and facilitators of the urban CHW training, since which time, there has been an overall improvement in access to health services on the part of patients in Manyatta, as well as an improvement in medical outcomes. Until CHWs are able to work on a paid, professional basis in Kenya, our own experience shows that this program appears to arouse less interest than the savings programs, at least within this community.

Cure Cervical Cancer

Cervical cancer is the second most common cancer, with nearly half a million women falling ill with the disease each year. Sadly, three out of every four cases occur in developing countries, where many women often lack access to screenings, where it can take more than six months even to get a pap smear read, and, when a positive diagnosis is confirmed, where essential care is often unavailable, particularly for early treatment, which can be life-saving. In Western Kenya, where Kisumu is located, the mortality rate for cervical cancer is equivalent to that of maternal mortality, one of the leading causes of death in developing countries. The introduction of simple cervical cancer screenings – widely available in many developed countries – can help detect concerns, leading to treatments that vastly improve survival rates.



Dr. Patricia Gordon (bottom, 2nd from left), with cervical screening training group

Community Health Workers play a major part in the delivery of Millennium Development Goals 4, 5 and 6 at the community level

Dr. Patricia Gordon, a radiation oncologist at Beverly Hills Cancer Center, discovered through her travels that millions of women lack access to preventive cervical cancer treatment. Responding to this critical need, she founded Cure Cervical Cancer (CCC), a nonprofit dedicated to treating women for this often fatal illness and to establishing sustainable screening and treatment clinics around the world, including in Kisumu.

In early November 2013, Dr. Gordon came on scoping mission to Kisumu, where she was introduced to the MCI team and to local Ministry of Health by MCI Public Health Specialist Beldina Opiyo-Omolo and by Dr. Joel Cornfield, a veteran in serving the Millennium Cities as part of two KNOCK Foundation missions to Kisumu and to Mekelle, Ethiopia, for the purpose of conducting complex urological surgeries.

In April 2014, Dr. Gordon, Dr. Cornfield and his wife Judy Laner, together with other members of the CCC team, returned to Kenya, this time to establish four new clinics in Kisumu and one in Nairobi, with the help of MCI and the International Medical Corps (IMC). The CCC team trained 14 local healthcare professionals in a procedure known as “visual inspection with acetic acid” (“the vinegar test”) and in cryotherapy, a leading technique for treating any pre-malignant surgical lesions revealed by the visual inspection. In addition to practical training, the team equipped clinics with a bounty of much-needed supplies used in their routine cervical cancer screenings and treatments.

MCI’s Public Health Specialist was instrumental in coordinating the team’s work on the ground as it went about setting up three of the “See and Treat” clinics – the Jill Rotman Clinic, at the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), Western Kenya’s largest referral hospital, named in honor of Ms. Laner’s late sister; the Shelton-Rogers Clinic at Migosi Health Center; the Evelyn McEntire Clinic at Gita Health Center; and another clinic located inside Kodiaga Women’s prison in Kisumu. The clinics were named for loved ones of the founders, practitioners and donors associated with CCC.



Kisumu public health workers train in cryotherapy

Health professionals from JOOTRH, Migosi and Gita, along with professionals from Kodiaga Health Center (set up with IMC’s help), participated in three days of trainings on the “See and Treat” protocols. Following the trainings, the healthcare professionals were accompanied by CCC team members to begin setting up their own cervical cancer screening and treatment clinics. The objective was to create sustainable change – providing area healthcare professionals with essential skills necessary to perform low-cost, low-tech cervical cancer screenings and treatments for area women. Amazingly, more than 770 women were screened in Kisumu during these trainings – the most women Dr. Gordon has seen on a single mission since beginning her advocacy and outreach efforts with CCC. The team was also able to identify and treat 80 women who needed cryotherapy. MCI used an aggressive mobilization strategy to bring the “See and Treat” sessions to the attention of local women, with posters and promotional spots on five local radio stations, including with Dr. Gordon serving as a guest on three talk shows.

The Kisumu County Ministry of Health representative announced at the graduation of the trained healthcare professionals that there was no facility in the entire County that offered screening and cryotherapy for precancerous cervical lesions prior to CCC coming to Kisumu.

CCC, which has also helped establish clinics in the Millennium City of Mekelle, as well as in Guatemala, Haiti, Vietnam and in Kenya’s own Masai Mara, hopes to open more clinics in western Kenya over the coming year. In late October 2014, CCC returned to Kisumu to conduct refresher trainings for those trained in April and to see how the clinics are progressing. As MCI winds up its activities in Kisumu, arrangements have been with the Ministry of Health in Kisumu to take over the supervisory role of the activities and for them to work closely with the Ministry.

² MCI did not negotiate or enter into the MOU, and the Academy and Kisumu County Department of Health were solely responsible for fulfilling their obligations under the MOU between them. MCI provided limited support and assistance at no cost to the Academy or the Department.

The UK National Health System Partnership and Support to Kisumu

Following a visit by Dr. Fleur Kitsell and Dr. Mick Nielsen (MN) in November 2013, and with the help of MCI Public Health Specialist, Beldina Opiyo-Omolo in Kisumu, a partnership was established between the International Global Health (IGH) programme and the Kisumu County Ministry of Health. Through its “Improving Global Health through Leadership Development Programme,” the Thames Valley and Wessex Leadership Academy awarded a number of fellowships to National Health Service (NHS) employees, which afforded them the opportunity to participate in focused short-term international Project Assignments in Kisumu.

A Letter of Commitment between the Thames Valley and Wessex Leadership Academy and MCI was followed by a Memorandum of Understanding signed between Thames Valley and Wessex Leadership Academy and the County of Kisumu Department of Health.² The first two fellows, Dr. Mark Gradwell and Dr. Janitha Gamanayake, began five-month placements in early March 2014. The two came to provide their expertise to the Kisumu County Ministry of Health by virtue of the MCI connection. It was the Academy’s hope that the two volunteers sent to Kisumu would gain educational, social and cultural learning and experience that will help them provide better care for the community they will likely service locally, once they return to the United Kingdom.

MCI’s Public Health Specialist met the two volunteers on arrival and helped them with accommodation logistics. She also served as a point of reference and as an informal adviser to them regarding living and working in Kisumu, Kenya; during the entire placement period, MCI shared its office space with the two volunteers, as needed.

The first volunteer, Dr. Mark Gradwell, worked on a cost-based analysis of options available for the improvement of pre-hospital public sector emergency services in Kisumu County, in response to a request in March 2014, issued by both the Minister and Director of Health for the County Government of Kisumu, Dr. Elizabeth Ogaja and Doctor Ojwang’ J. Lusi. At the end of his assignment, Dr. Gradwell presented to the County team a comprehensive analysis designed to best assist the county government in its future decision-making, including an itemized and locally sourced cost estimate and strategy proposal. The focus of Dr. Gradwell’s final report was on the development of the *second* component, care during transportation, but the report did acknowledge that for this to be implemented, effective links among all levels of care and of government would be required.

This situational analysis and interview of stakeholders revealed that Kisumu County had a total of seven facilities with vehicles available for emergency patient transfer. One of these was found to be fully equipped to meet the certified ambulance order from the Kenya Bureau of standards, as well as the standards set out by the Kenyan Central Government’s Draft Ambulance Act of 2014. There was no formal monitoring system in place for the other County vehicles, which were found to be poorly maintained, modified vans, each with a stretcher, each fulfilling multiple functions related to running the host facility, each rarely fuelled adequately.

Extended consultation with stakeholders revealed that Kisumu County initially required a minimum of seven ambulances, including two fully equipped to provide Advanced Cardiovascular Life Support (ACLS) and five equipped to provide Advanced Life Support (ALS). It was clear from all estimates that the provision of sufficient pre-hospital emergency services would be expensive. Dr. Gradwell’s excellent presentation was very well received by the Governor of Kisumu County, the Minister of Health, County Medical Director, Director of Procurement and Finance and a number of other County executives. The Governor assured Dr. Gradwell that the work he had done and his report would strongly influence future health policy.

Kisumu
County Health
Minister plans
to follow up on
recommendations
of British Public
Health Experts
supported by MCI

HEALTH-RELATED CAPACITY BUILDING, *cont'd*

The second volunteer, Dr. Janitha Gamanayake, carried out a project focused on improving the training for and the services provided by Community Health Workers (CHWs) in Kisumu County. Since the devolution of the Kenyan health system (under the 2010 Constitution), which came into effect in 2013, the County government has control over management of health needs for the local population. The Kisumu County Government is keen to promote the community health teams, understanding that they are the backbone of health mobilisation at primary care level. Yet at present in Kisumu County, once they have completed the basic training, the CHWs do not receive regular standardised refresher training or updates. Some units receive further training in certain indicators and various degree of support, depending on the partners with which they are associated. The Ministry of Health for Kisumu County was aware of this lack of standardization of services provided by CHWs in Kisumu and the demoralised CHW work force.

The overall goal of Dr. Gamanayake's assignment was to find a way in which the County Ministry of Health might improve the services provided by CHWs by improving their quality of and record-keeping with regard to referrals, as well as their medical knowledge and skills sets, and to devise ways to standardize their services across the County. She carried out a baseline information-gathering of the current situation by interviewing and attending meetings with various health professionals from the Ministry to the CHWs themselves to those served, the public. She also carried out background reading on the current health strategy in Kenya, and the community strategy at both the country and county levels; she also reviewed community staff training manuals, the CHW training curriculum, and the tools used at the health facility level and by CHWs for medical reporting and recording.

From the interviews of the CHWs, a point repeatedly raised was the lack of updating or refreshing of their clinical knowledge. It appeared, from this limited sample, that once the basic training had been provided, the CHWs were never given any further guidelines or written information, such as a handbook. At the end of her assignment, Dr. Gamanayake presented her report to the County health team and to many other health partners. The Kisumu County Minister of Health stressed that her findings would help inform the County's Community Strategy and spoke about various aspects of the county's CHW programme, including the fact that currently, CHWs are volunteers and not formally employed by the Ministry. Replacing their current stipend arrangement of KSh 2,000/month with a regular wage of KSh 3,000 per month (the national minimum for CHWs) would have major budgetary implications, she said, resulting in an additional cost to the County of approximately KSh 100m that would require identifying a source for this funding, to add to the County government's current budget allocation. The Ministry agreed that it would be helpful to introduce some options for career progression for CHWs – possibly facilitating entry into clinical officer posts, nursing or even medicine.

Her other priorities for the Community Strategy included the Community Led Total Sanitation (CLTS) project and Integrated Community Care Management (ICCM). She envisaged key roles for CHWs in rolling out both these projects. The pediatric elements of ICCM were particularly important, she said, clarifying that the rollout would focus on the four major killers in that age group, namely malaria, pneumonia, diarrhoea and malnutrition. She acknowledged that, in order to go forward, this work, too, was likely to require partner support.

Dr. Ganamayake also developed several copies of a Community Health Workers' handbook to provide guidance to County CHWs in the management of common medical conditions encountered in the community and to provide minimum required knowledge to carry out their services, based on the CHW training curriculum. This handbook can also provide CHWs with an opportunity to record the contents and completion of ongoing trainings that they might undergo as CHWs.

The Minister and her team identified a number of areas that might be worked on by future NHS Fellows, should they continue this partnership with Kisumu County, including projects focused on supply chains; leadership development within health teams; an examination of the informal community health care provision in slum areas, to see how this conformed to recommended standards; and rolling out the Community Led Total Sanitation (CLTS) and Integrated Community Care Management (ICCM) programs in the community.

Girls' and Mothers' Clubs Projects

In Kenya, as in many sub-Saharan countries, girls have lower primary and secondary school completion rates than boys. Yet learning can empower girls, providing them with critical skills that enable them to become higher wage earners and community leaders. MCI has always strived to create opportunities for women and girls in Kisumu through our research and our programming, in the belief that this work can have a profound impact on those women and girls' health, education and livelihood, while also having a positive effect on their families and communities.

In 2009, MCI teamed with LitWorld, a New York-based NGO dedicated to improving literacy worldwide, to bring learning and personal enrichment opportunities to girls in the Millennium Cities. Together, MCI and LitWorld introduced LitClubs for adolescent girls in Kisumu, Kenya, which offer welcoming environments within which girls could build literacy skills and connect with peers locally and worldwide, boosting self-esteem in the process. MCI and LitWorld collaborated with the Kisumu City Education Office to establish four Girls' LitClubs in primary schools in Kisumu City. LitWorld trained six female teachers to serve as facilitators and to share LitWorld's curriculum, which helps girls to read and write, while celebrating their strengths and empowering them as young adults.

Together with a LitWorld Regional Coordinator who was hired by MCI in April 2013, as part of the MCI/LitWorld partnership, MCI's Public Health Specialist has been continuing to facilitate an experimental Mothers' Club, aimed at supporting the girls in their literacy and confidence-building efforts by engaging their mothers, hopefully thereby bringing into the home an interest in building a reading culture.

These clubs have provided safe places for girls, both real and virtual, in which they have been able to share and communicate with other girls, both in their own communities and half a world away, using literacy as the core strategy for increasing girls' confidence and empowering them through interactions with their peers. The girls learn how to communicate through writing and sharing stories, experiences and their thoughts and dreams with their peers. The girls have learned values – confidence, love, self-esteem, sharing and the value of others. The Kisumu LitClub girls have been a constant help in their community, helping out in church, at school and at home. Through the learned values, the teachers have noticed change in the students – they are willing to share their stories of life back at home, hence helping their teachers understand better what they go through. There is a sense of sisterhood amongst the girls in the LitClubs as they exchange stories and encourage each other when times are rough. The girls have also donated clothes to the other girls in church or at school.



Mothers' Club members, supporting their daughters in literacy and confidence-building

Kisumu LitClubs
improve girls'
literacy and
confidence and
connect them
to their peers
worldwide

As MCI winds up its project activities in Kisumu this year, Alice Visionary Foundation Project will assume responsibility for the LitClubs, working closely with LitWorld to serve more at-risk girls in Kisumu, and hopefully expand the program to include more mothers as well as at-risk boys, in response both to a stated need and to this overwhelmingly successful program. We know that this remarkable project will only continue to boost girls', teachers' and mothers' self-confidence, increase their appetite for learning and their involvement in their respective communities and hopefully lay the groundwork for their realizing their full potential.

URBAN DEVELOPMENT

MCI - Kisumu has been supporting the Manyatta Housing Visioning process, together with Urban Matters and Municipal Strategic Planning Unit (MSPU), a project of the Dutch non-profit and MCI partner, CORDAID. Housing provision is a key basic service that the City Council is expected either to offer or, in partnership, to effectively facilitate the delivery of the same and is dependent on the accessibility to other basic services, such as clean and safe water, a clean and healthy environment, a well-planned neighborhood, safety and proper road and energy infrastructure.

As the Manyatta Housing Thematic Group team planned to initiate the housing strategy visioning for Manyatta, MCI advised the team that it was important for them to touch base with each of the departments of the City Council of Kisumu, so as to understand their operations, both in terms of actual service provision and the future plans for Manyatta, with respect to providing the various basic services. However, a meeting with individual departments would not only be time-consuming and costly, but would also not provide the members with an opportunity to help jump-start the interconnections among the various services, in preparation for their integration. In a bid to effectively consult with the Council, the Urban Matters housing team proposed a meeting with the Municipal Strategic Planning Unit, a team of committed professionals from different departments working within the existing structures of the CCK as tool for strengthening strategic capacities and promoting city development. The housing thematic group members also had an opportunity to listen to presentations by the various City Council departments (Housing, City Planning, Environment, Social Services, Treasury, Engineering) regarding the various services they offer to Kisumu residents and to link these to housing issues. Despite the engagement by capable actors, since the City's inception, the Manyatta community continues to remain effectively cut off from the hum of Kisumu's central business district. Possibly because both Manyatta communities are situated nearly at the City's lowest point, in an area prone to flooding twice annually, as well as to contaminated and stagnant water and malaria conditions year-round, the original designs for the City of Kisumu did not include plans for incorporating these swamp-like outskirts in its structural planning.



Typical residences in Kisumu's Manyatta neighborhood.

In early 2013, MCI partner CORDAID Urban Matters, which instigated and helped lead the development planning process in Manyatta, invited MCI to bring Columbia University's Urban Design Program/Urban Design Lab to Manyatta, to help them and the community re-envision and re-design the informal settlement. CORDAID had seen some of UDL's prior work on Accra, Ghana, and believed that UDL's approach might work well in this chronically underserved community. In January 2014 some 25 UDL faculty and young professional architects, hailing from all over the world and participating in this ground-breaking, graduate-level program, were able to come to apply their collective knowledge, skills and experience to Kisumu City's most impoverished informal settlements, comprising Manyatta A and B, where MCI has long been working, in association with local and international partners.

MCI, UDL, CORDAID and other partners seized this opportune moment to listen closely and to amplify the concerns and ideas put forward by the residents of Manyatta, thereby propelling them for the first time, into the center of the conversation about their community's future. Through this remarkable partnership, we were able to bring our technical skills to realize their aspirations, in accordance with local topography, cultural mores and with tenets of sustainability, structure and urban design. As MCI wound up its activities in Kisumu, a publication was finalized by the UDL team to showcase this thoughtful, sensitive and forward-looking work aimed at strengthening the Manyatta communities. It is our hope that the work started by MCI and its partners in planning Manyatta will continue and that the partnership will bring other capable technical and financial partners, to work together with the people of Manyatta, the City Council, County government and all the development partners working in these communities on housing and social development.

CONCLUSION

MCI - KISUMU SUMMARY

While working in Kisumu City, MCI has sought to promote a self-investment-dependent development concept within an environment heavily skewed toward donor-oriented development paradigms. We have striven to enable a different working environment, framework and ethics between the Kenyan government agencies, the international agencies and the local organizations. We have encountered challenges associated with the introduction of these new ideas, such as the slow uptake of new concepts and a distinct lack of capacity in managing these new approaches to collaborative development work. Yet through it all, we have demonstrated that information-sharing is key to citizens' empowerment and to developing and strengthening partnerships, and that focusing on positive relationship-building through the deepened involvement of interested stakeholders can ease conflicts and create a favorable environment for conflict resolution and genuine, lasting development.

MCI's efforts in Kisumu also fostered a number of readily replicable practices, including:

- Engaging key partners with renowned expertise who proved brilliantly capable of training local governments or departments to lead research protocols or direct interventions;
- Our own uniquely comprehensive, MDG-based research tools for measuring urban poverty, which we have now fine-tuned, on the basis of our own experience;
- Strengthening backward and forward linkages to the surrounding countryside, in the areas of securing maternal and child health, continuity in education through to the secondary and tertiary levels, and involving dozens of gifted graduate students in seeking creative solutions to some of the cities' most pressing problems;
- Increasing awareness amongst the City's various agencies and communities, which has proven useful in steering development practices as well as specific projects.

MCI's ability to carve out a niche as the neutral actor in the local development arena proved extremely useful and should be continued by at least some of those who succeed us, in order to achieve sustainable development in and around Kisumu.

Other challenges MCI experienced in Kisumu included changes in local leadership, the prolonged global economic uncertainty and, the stark diminishment of financing from the traditional donor community. In fact, these challenges pose ongoing threats to the City of Kisumu and to poor urban citizens' ability to sustain their hard-won momentum in ascending the ladder to lasting economic freedom and wellbeing.

It would be useful for the City of Kisumu and Kisumu County to allocate some seed funding that might trigger the freeing up of other resources from the various stakeholders. In Kisumu City, a great deal of research has been done that has not been followed by notable development. The ensuing public fatigue has made it difficult to have quality deliberations regarding development planning, when there is no certainty that the plans will be implemented or lead to tangible improvements that touch people's lives. To maximize impact, it may be useful to refocus efforts aimed at halving extreme poverty - that is, achieving MDG 1 - on informal sector development, while focusing more intently on City-level governance so as to sustain both the proven interventions and the progress made in the areas of education (MDG 2) and public health (MDGs 4, 5 and 6).