

EXIT STRATEGIES STUDY: KENYA



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Title II Program Areas in Kenya



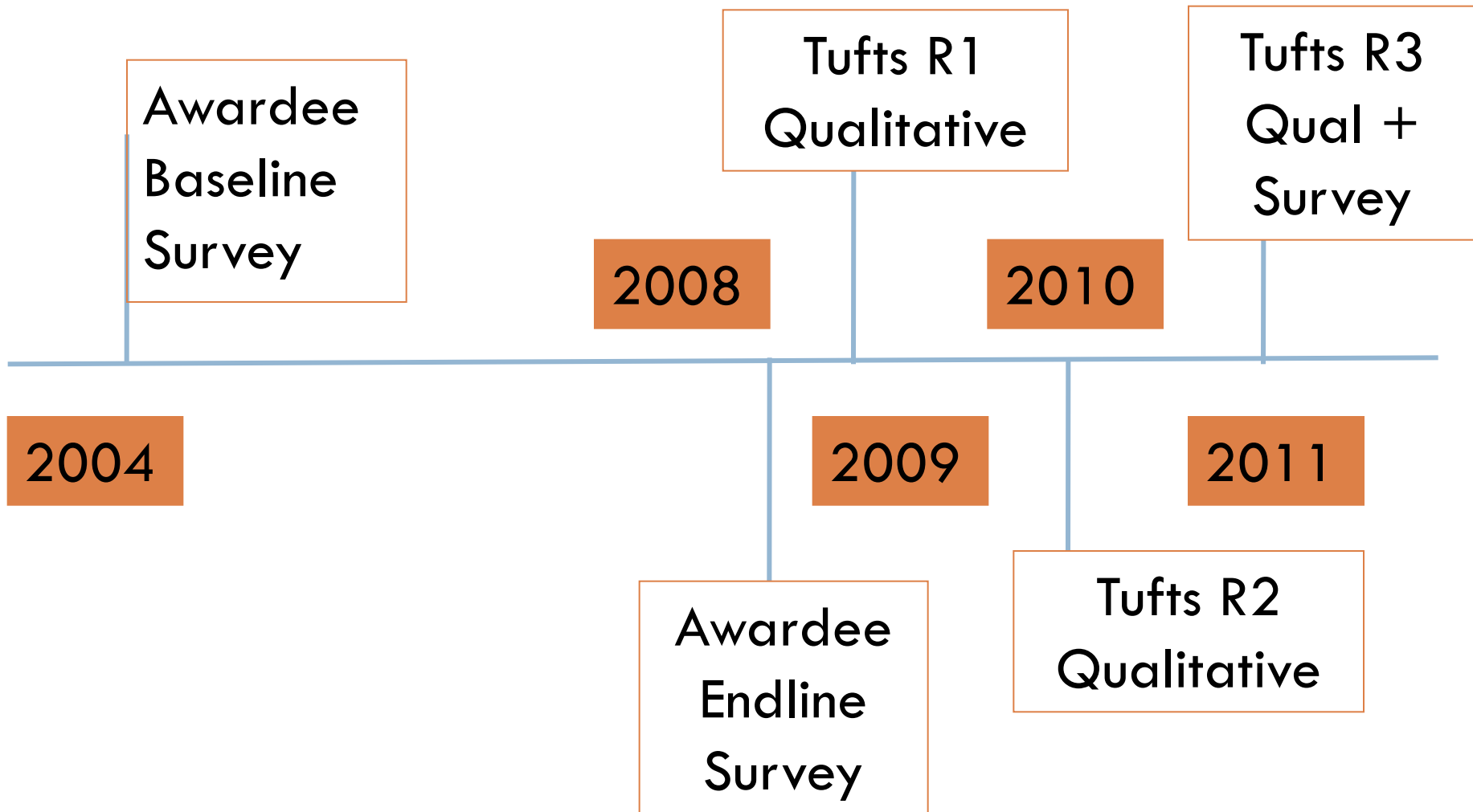
Food for the Hungry (FHK)

CARE

ADRA

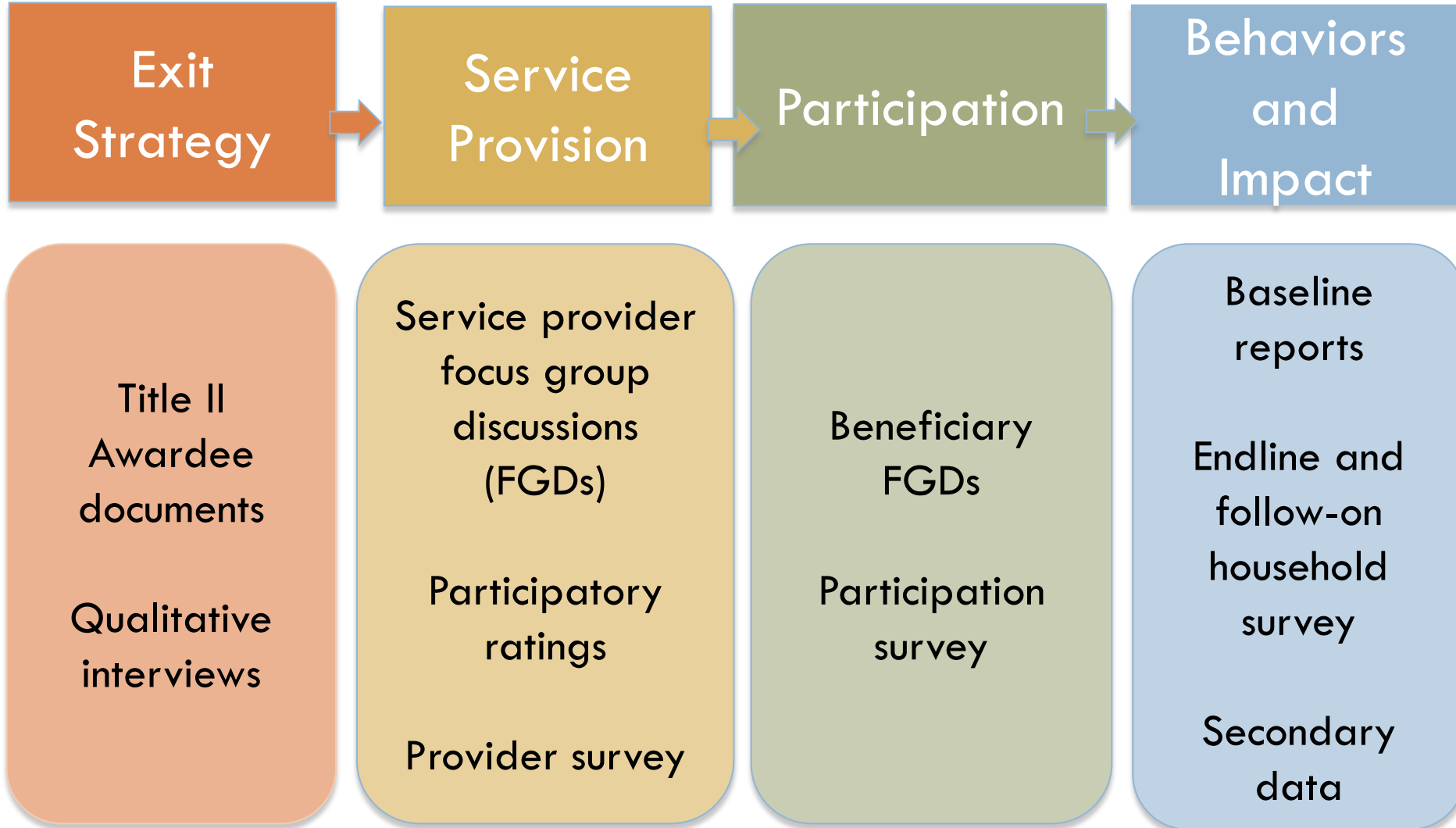
Data Collection Timeline

3



Key Data Sources

4



Health Sector

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Exit Strategy:

- Ministry of Health (MOH) linkages intended to provide community health worker (CHW) supervision, training, supplies
- Improved health practices would be self-sustaining
- Supplemental rations were withdrawn to be replaced with locally available nutritious foods

Key Assumptions:

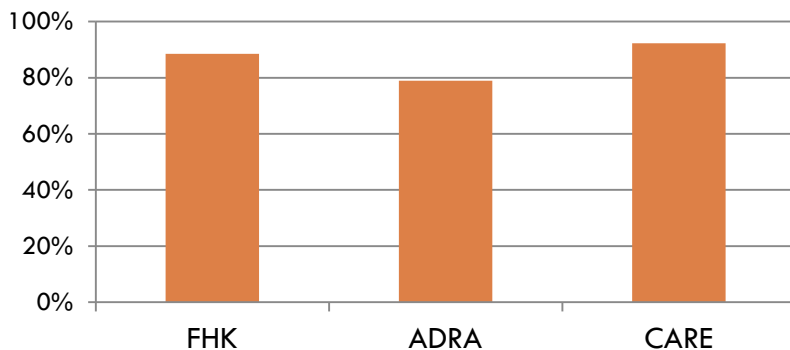
- MOH has capacity, resources, and motivation to supervise CHWs
- CHWs would continue work without remuneration or other benefit
- The benefit of service delivery would outweigh CHW opportunity costs
- Mothers could access locally available nutritious foods and obtain resources needed for other practices

Health Service Providers

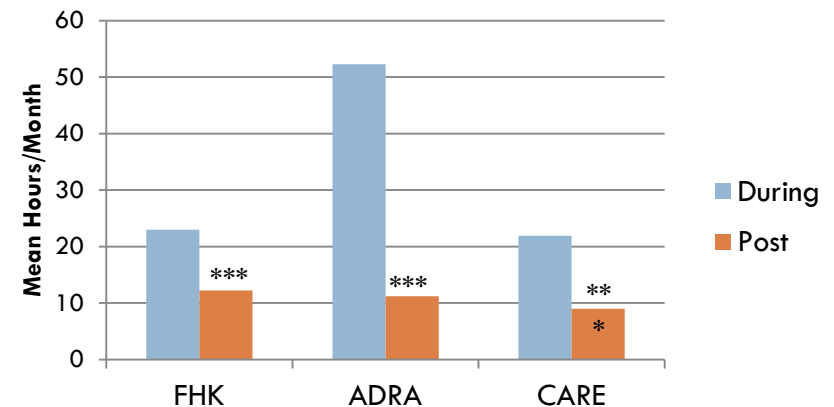
Service Provision

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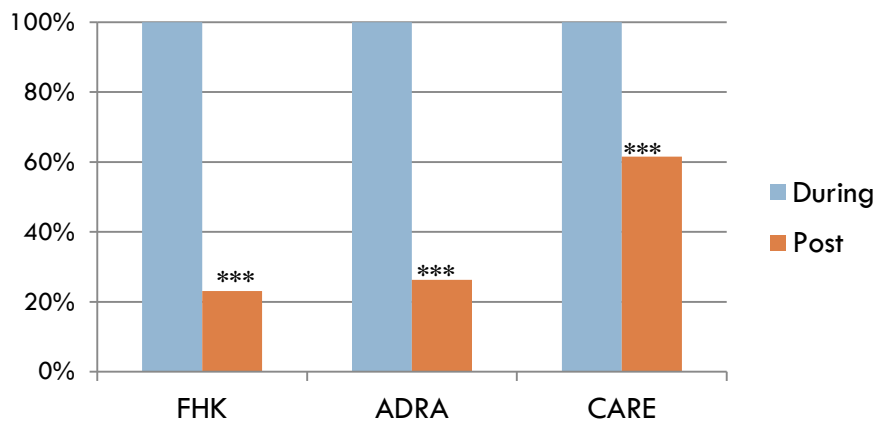
% Reporting Still Serving at Follow-Up



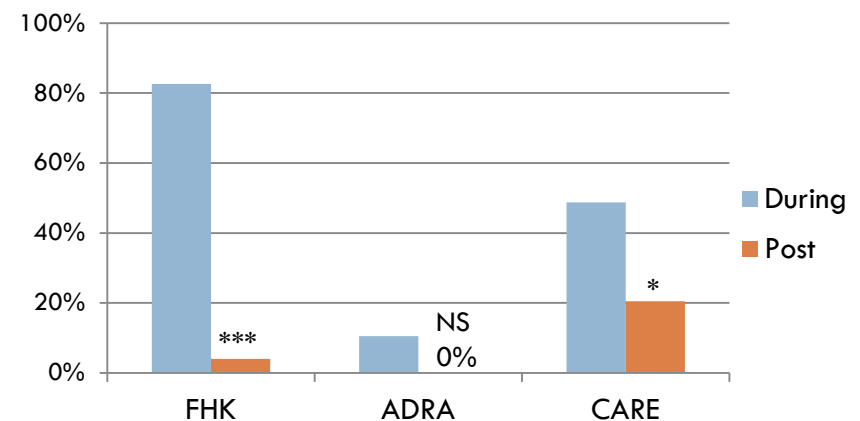
Time Spent in Service



% Received Any Training



% Reporting Resources Were Sufficient



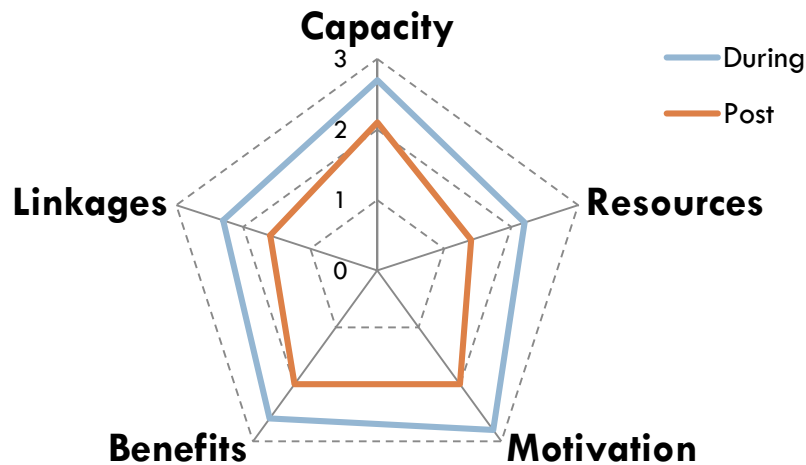
* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on either McNemar's exact chi-squared test or Wilcoxon signed rank test

Health Service Providers' Mean Ratings During and Post-Project

Service
Provision

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Mean Health Service Providers' Ratings¹ (CARE+ADRA+FHK)



“Now that there is no food, we are finding that the mothers are not bringing their children for weighing or for meetings.” – CHW LogoLogo

“There is no way that we can leave our houses and train the community and at the end of it, the community cannot pay us. It is better we concentrate on our own families.” – CHNF, Kyoani

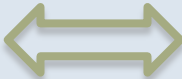
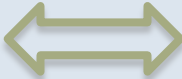
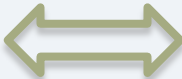
¹ All changes Sig. at $p < 0.001$ using Wilcoxon signed rank test

Health Activities Sustained or Increased, by Awardees

Participation

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Overall, health, water, and sanitation participation indices* declined significantly between the end of the DAP and follow-up in all project areas.

	% Participating During	% Sustained Participation	Sig.
FHK			
Child < 5yrs taken to GMP/health facility ¹	97.3%	96.6%	N.S. 
ADRA			
Received any health advice/counseling	91.9%	93.7%	N.S. 
Received any inputs for a child < 5yrs ¹	74.3%	77.1%	N.S. 
CARE			

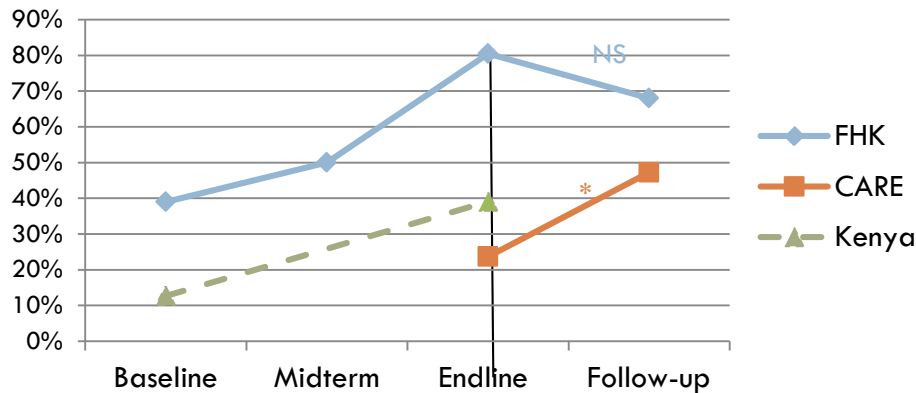
There was no sustained or increased participation in health activities in the CARE project area post-project.

¹ Prevalences only for HHs with children < 5; results not significant based on McNemar's chi-squared test

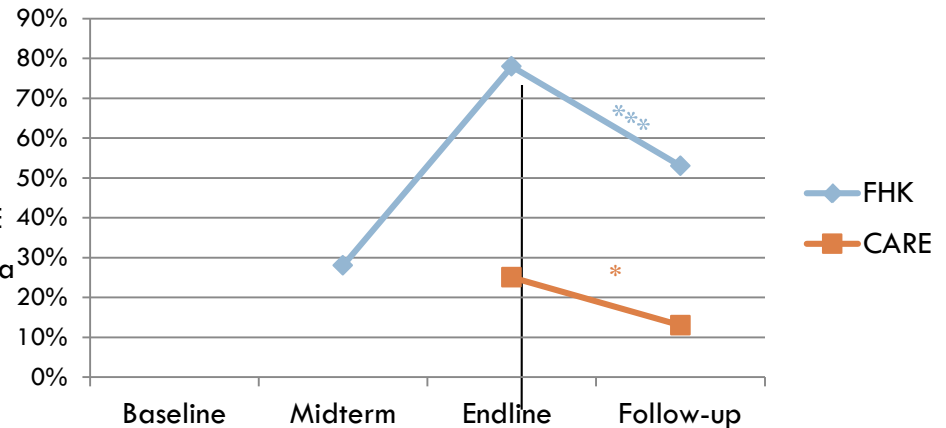
* Participation indices were constructed from the participation modules created by the Tufts team. The index is the sum of reported activities that a given respondent participated in during each time period. HHs with children have larger indices representing additional activities that were specific to HHs with children < 5.

Sustainability of MCHN Behaviors

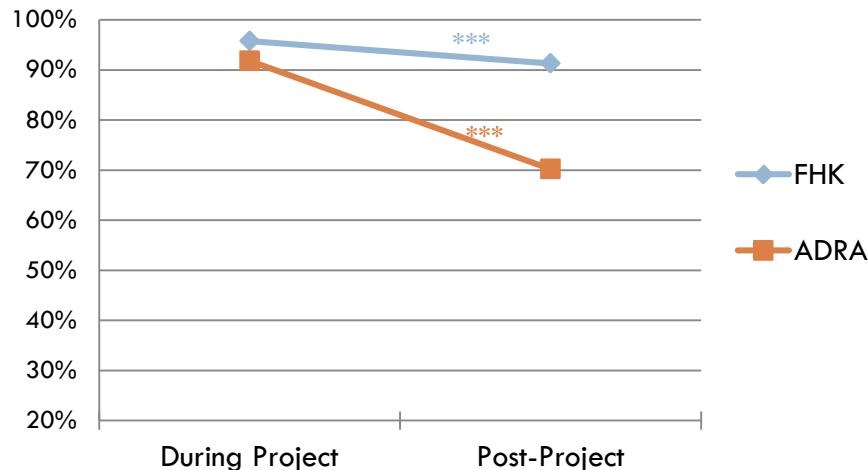
Exclusive Breastfeeding for Children < 6 mo



Mothers Reporting Giving Children Extra Food During Diarrhea



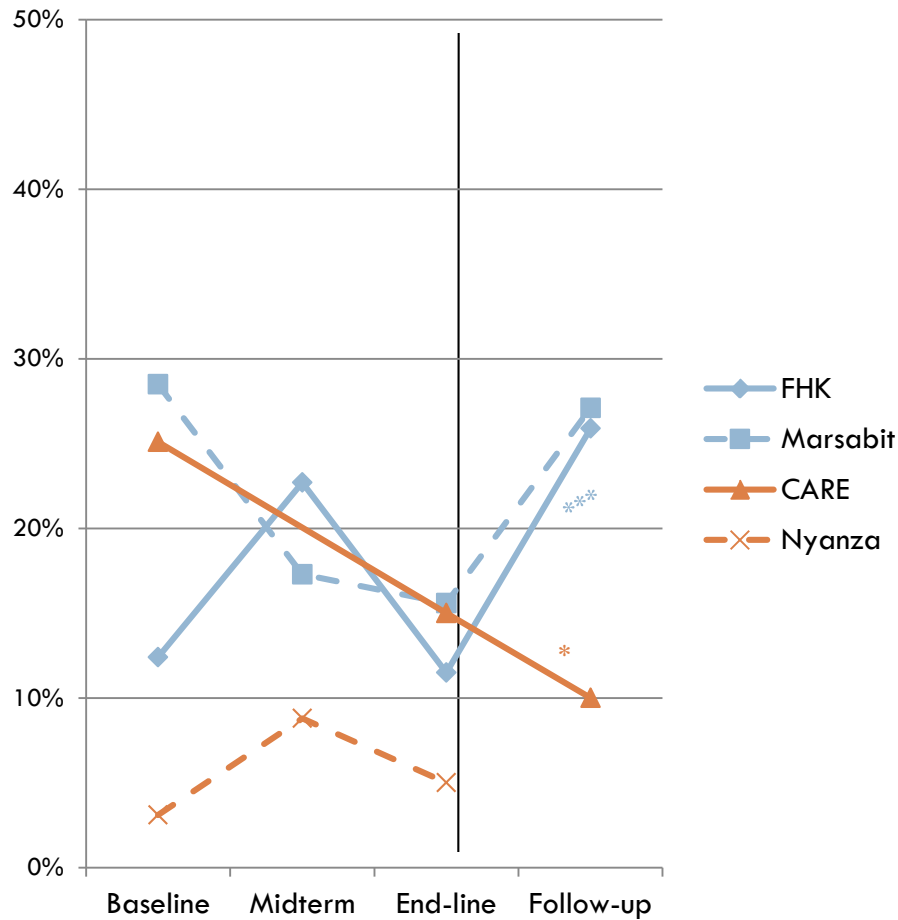
HHs Reporting Taking Child to GMP



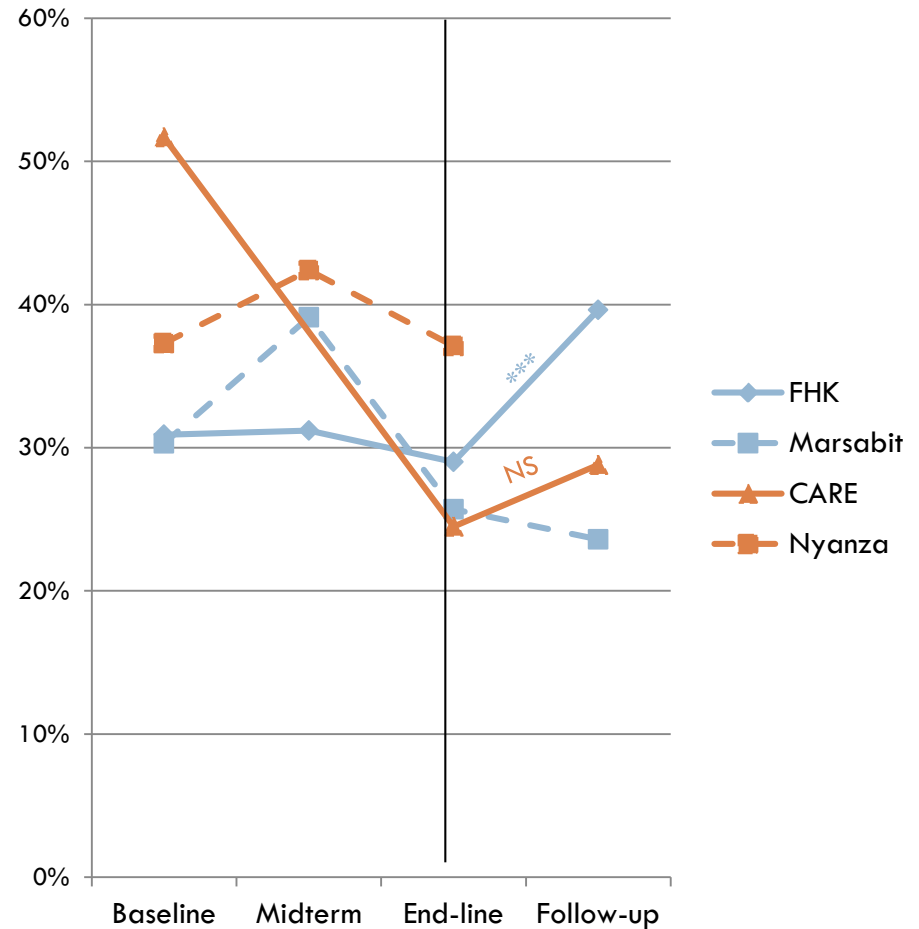
* $p < 0.05$; ** $p < 0.01$;
*** $p < 0.001$; Sig. based
on Pearson's or McNemar's
chi-squared test

Malnutrition and Disease Impacts

Wasting



Stunting



*p < 0.05; **p < 0.01; ***p < 0.001; Sig. based on Pearson's chi-squared test

Health Sector Exit Strategies: Lessons Learned

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What's Working

- Practices that do not need outside resources are more likely to be sustained.
- People will continue participation/practices when new Awardee offers resources or incentives.
- Participation during and after program was often a significant predictor of improved practices.

What's Not Working

- Exit strategy did not account for resources, capacity, or motivation, or linkages.
- Health service delivery by CHWs declined in all project areas, post-project.
- “Know thy linkage”: MOH linkage was not realistic.
- There is no simple substitute for free food. Rations act as disincentive to continue participation.

Water and Sanitation Sector

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Exit Strategy:

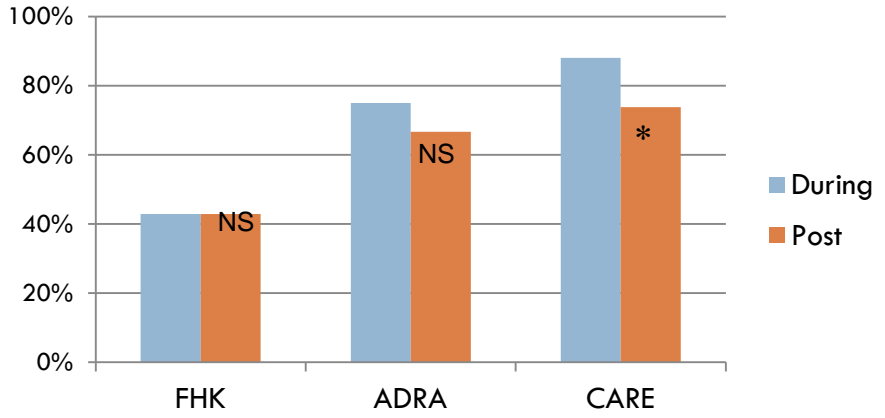
- Water committees trained to take over technical and managerial aspects of maintaining water points
- User fees raised will cover operating costs and maintenance of water points

Key Assumptions:

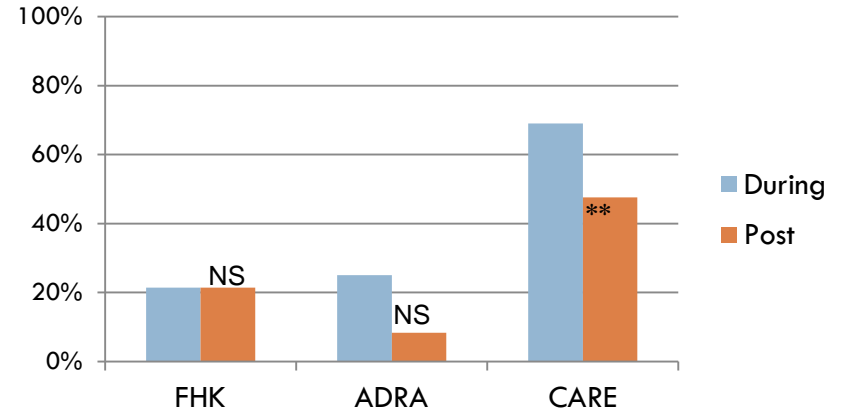
- Water committees can source further technical assistance
- Water source will be reliable, adequate, accessible, and of good quality
- Community will demand and pay for water

Water Committees

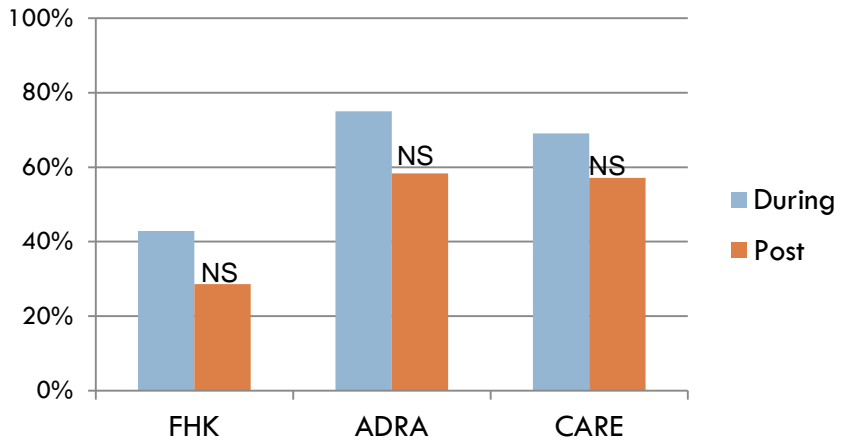
% Reporting Source of Revenue



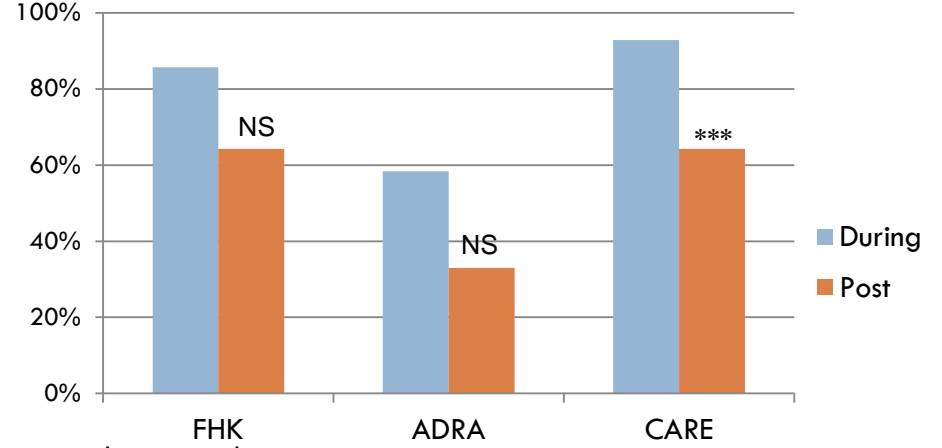
% Reporting Revenue Sufficient



% Collected User Fees



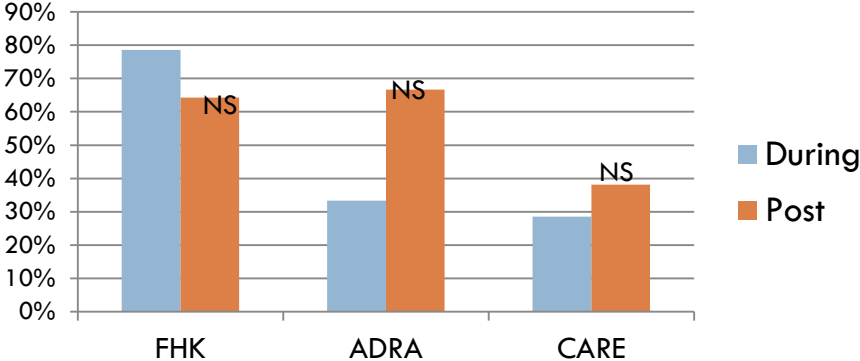
% Maintained Linkages w/Other Water Committees



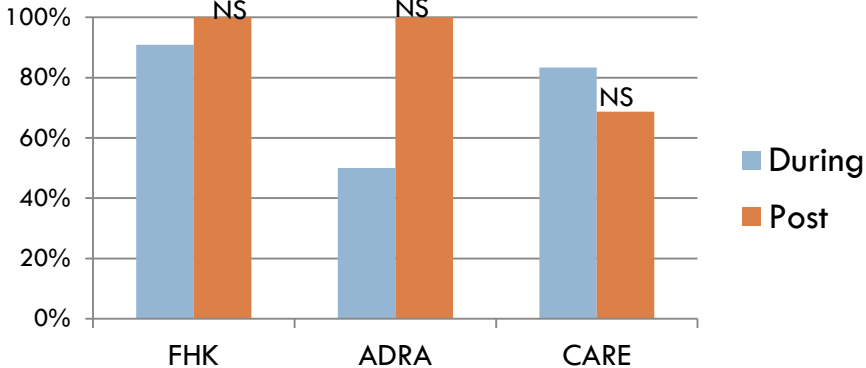
* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on McNemar's exact chi-squared test

Water Committees

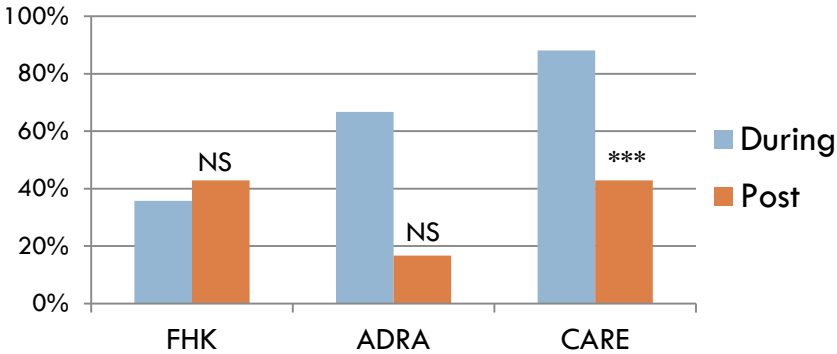
% Reporting Water Point Needed Repair



% Reporting Water Point Repaired When Needed



% Received Support



* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on McNemar's exact chi-squared test

Water Committees

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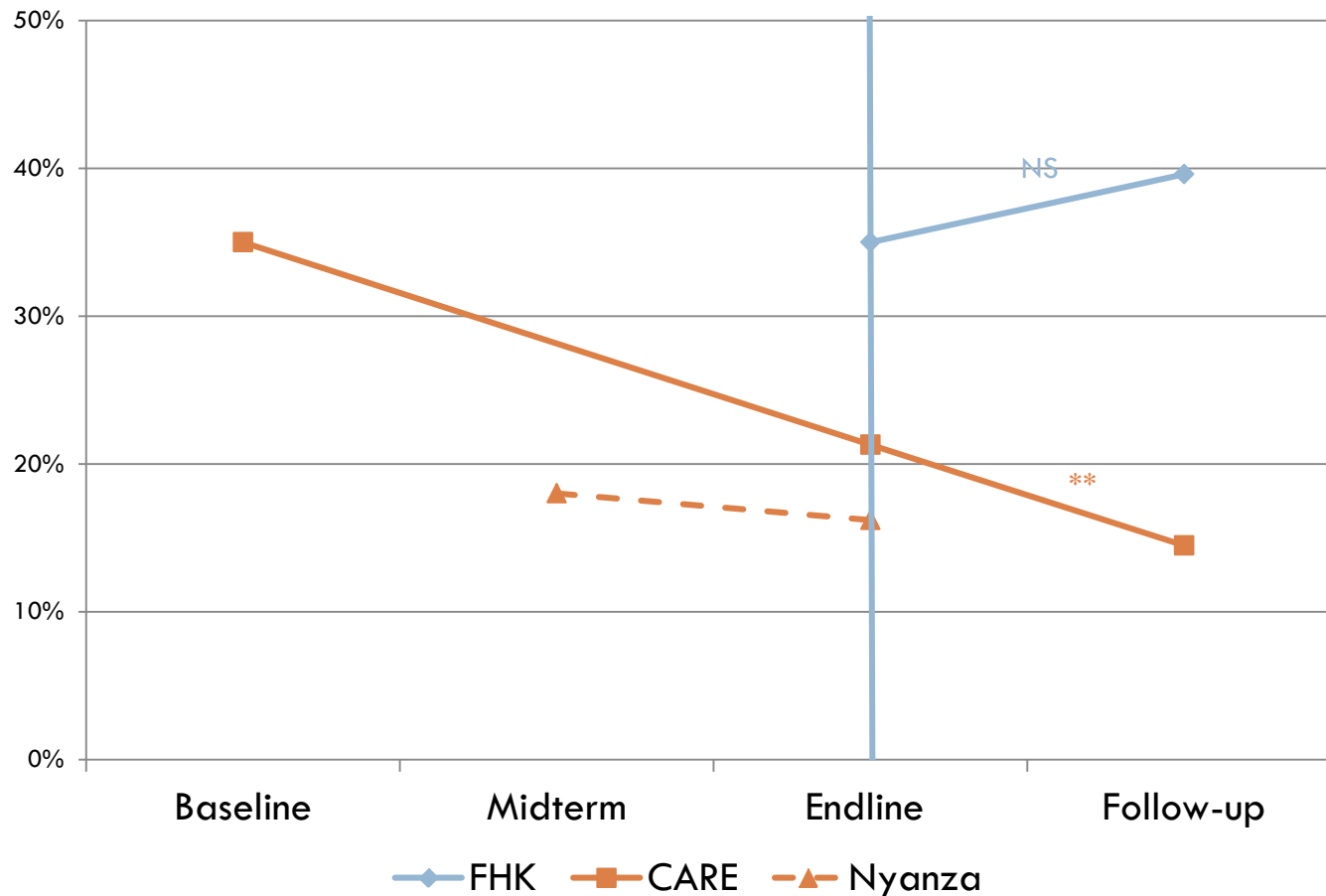


- *“We are confident we will continue because our group was strong even before CARE came.” – Water Com., Suba*
- *“The community perceives the activities as a failure since the water sources that were done by the project have either dried up or were too salty for use.” – Water Com., Ikutha*

Diarrheal Disease Impacts

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Diarrhea Incidence



* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on Pearson's chi-squared test

WatSan Sector Exit Strategies: Lessons Learned

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What's Working

- Water committee exit strategy model is reasonably successful when there is sufficient consumer demand.
- Consumer willingness-to-pay depends on abundance, quality, and reliability of H₂O.
- Participants in water-system activities during and post-project more likely to purify water.

What's not working

- Shifting water table, saline water, supply issues affected community willingness-to-pay.
- Lack of fee collection leads to inoperability of water point.
- Participation in water-related activities sometimes predictive of improved WatSan practices.
- Evidence shows decline in post-project use of improved water source, latrine access.

Agriculture Sector

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Agriculture Exit Strategy

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Exit Strategy:

- Extension farmers (EFs) would charge fee for service
- Ministry of Agriculture (MOA) linkage intended to provide EFs, Farmer Associations (FA) supervision, training, supplies
- Tree seedling producers (TSPs)/seed multipliers (SMs) would afford needed inputs from sales of goods
- Adoption of improved farming methods would be self-sustaining
- Farmers would be linked to markets

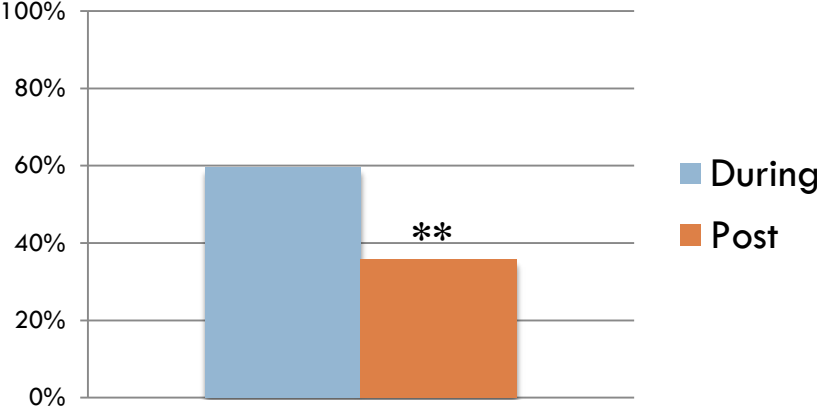
Key Assumptions:

- EFs, TSP/SMs motivated by profit
- MOA has capacity, resources, motivation to supervise EFs/FAs
- Community demand for services/goods would be sustained
- Growing conditions would be favorable
- Market links would prove profitable and motivate farmers

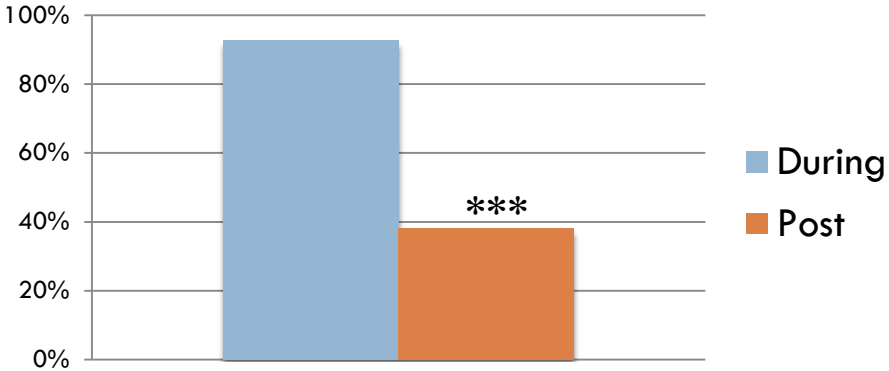
CARE: Farmer Association Service Delivery

Service
Provision

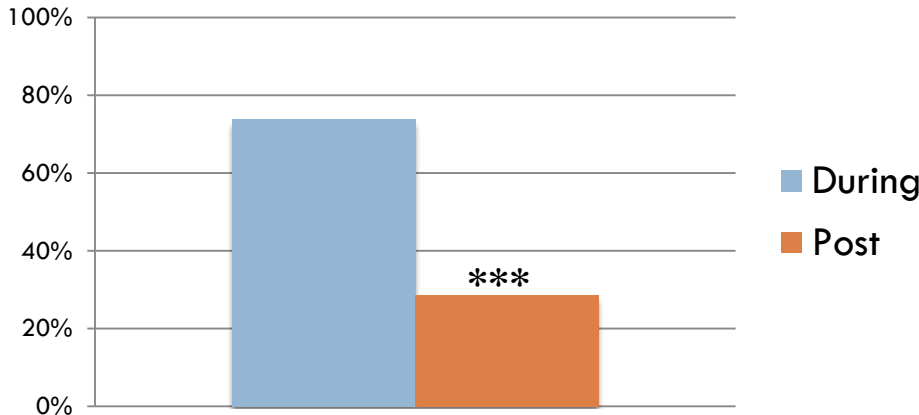
% Able to Cover Expenses



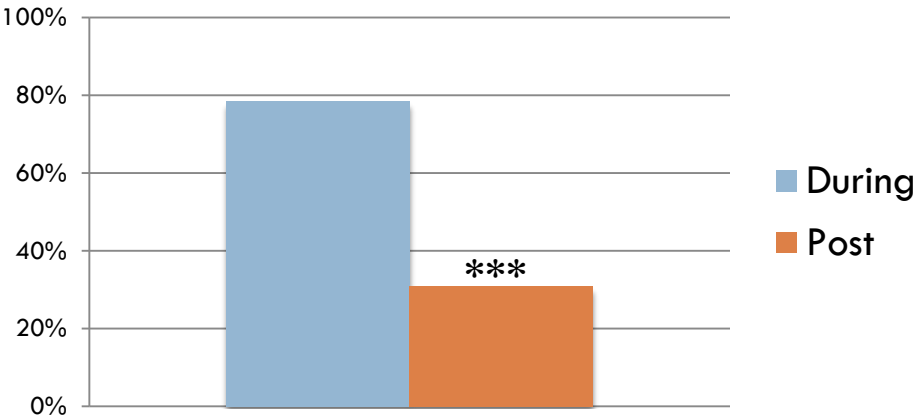
% Developed Formal Arrangements with Buyers



% Developed Formal Input Supply Relationships



% with Reliable Source of Market Information



* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on McNemar's chi-squared test

Agriculture Sector Service Delivery

Service
Provision

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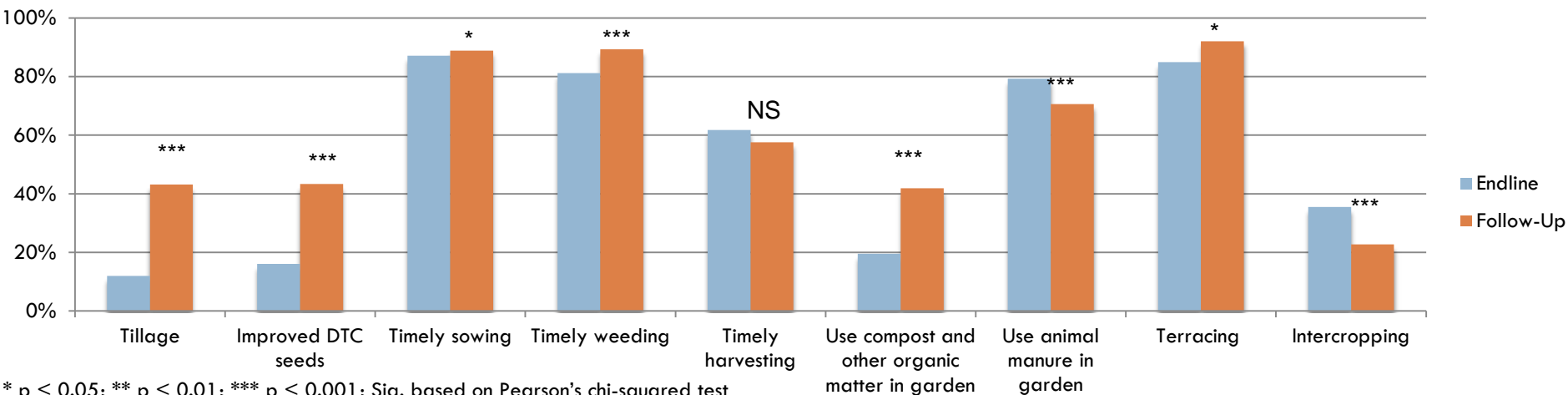
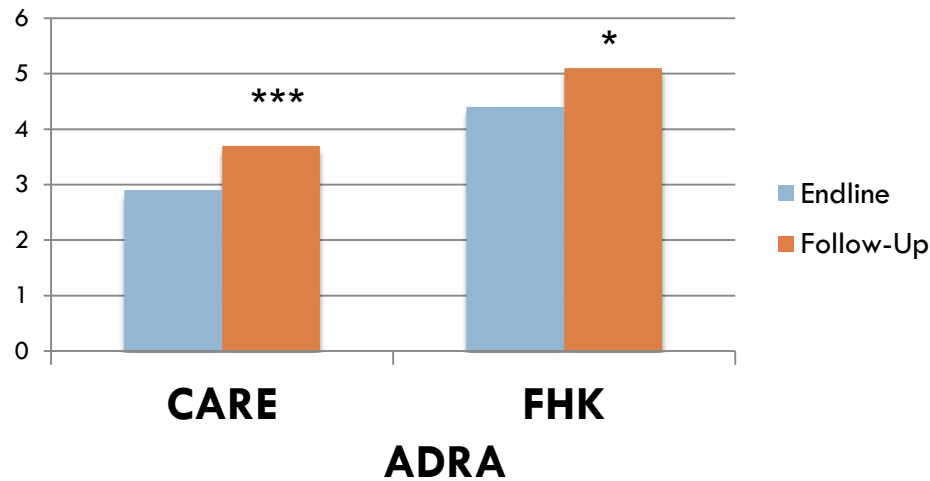


“We have no linkage. The GOK officers just drive through the community at their own convenience.” – Seed Multiplier, Matulani

“We still apply the same skills and knowledge that we learnt. When we make mistakes, the plants die but we learn from it the right thing to do next time.” – Tree Seedling Promoter, Kwa Vonza

Changes in Utilization of Improved Agricultural Practices, by Awardees

Changes in Improved Ag Practice Indices Between Endline and Follow-Up

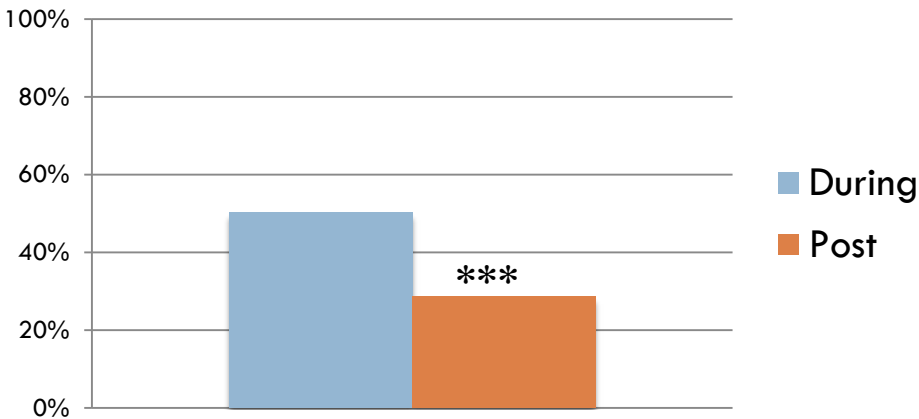


* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on Pearson's chi-squared test

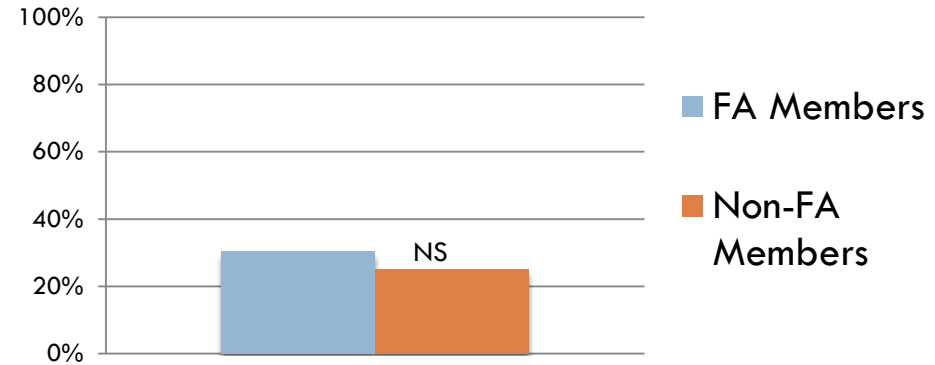
CARE: TASK Contract Agriculture

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% TASK HHs Producing Under Contract During vs. Post-Project



% TASK FA Members and Non-FA Members Producing Under Contract At Follow-Up



Above charts: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Sig. based on McNemar's chi-squared test

	Contract Farmers n = 171	Non-Contract Farmers n = 425	Difference	Sig. (*)
Mean Total Income at Follow-Up	USD 354.80	USD 176.55	USD -178.25	* ↓

Above table: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Sig. based on Pearson's chi-squared test

Agriculture Sector Exit Strategies: Lessons Learned

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What's Working

- Overall, “improved practices” were maintained or increased
- Those engaging in contracts had more improved practices post-project than those not.
- Farmers engaging in contracts had higher incomes post-project.

What's Not Working

- EF model is similar to CHW model – and, similarly, services declined significantly.
- A fee-for-service model by EFs is possible, but requires pre-exit introduction and practice.
- FA group activities, linkages, resources, capacity, and participation declined post-project. So did engaging in contracts.
- “Know thy linkage” – MOA did not have sufficient capacity.

Livestock Sector

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Livestock Exit Strategy

Exit
Strategy

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Exit Strategy:

- Community-based animal health workers (CBAHWs) trained to provide services for a fee
- CBAHWs linked to the Department of Veterinary Services for continued technical assistance

Key Assumptions:

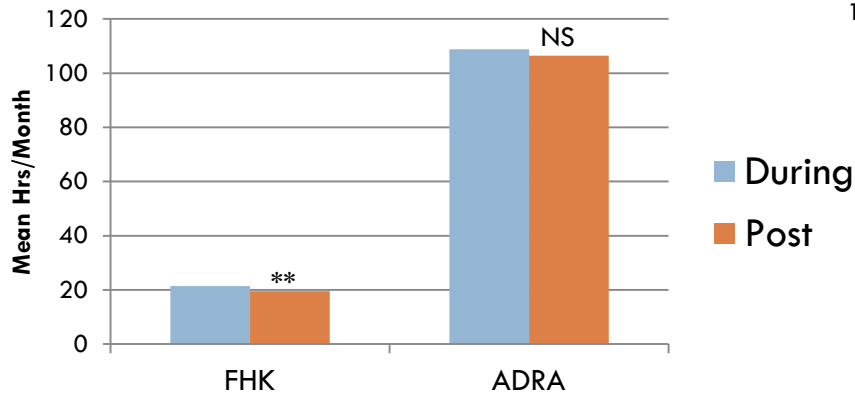
- Fees raised would allow CBAHWs to replenish their kits, access transport
- Profit received would motivate CBAHWs
- Continued technical support would maintain quality and motivation
- Community would demand services in lieu of GOK

Community-Based Animal Health Workers

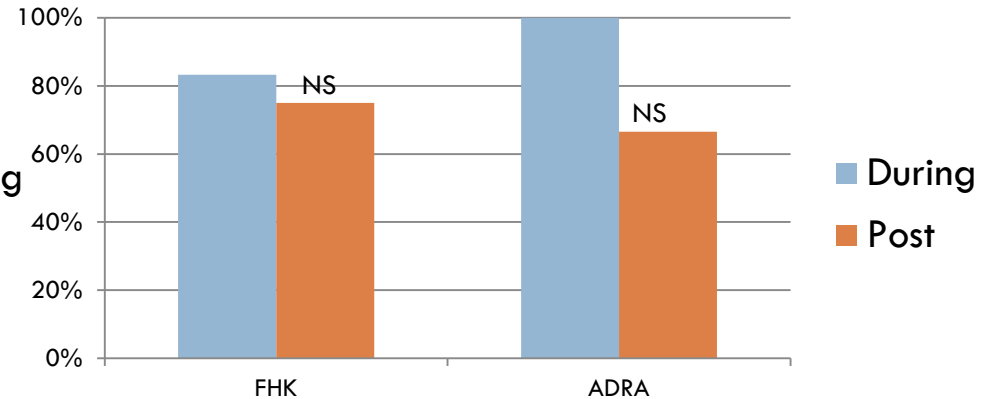
Service Provision

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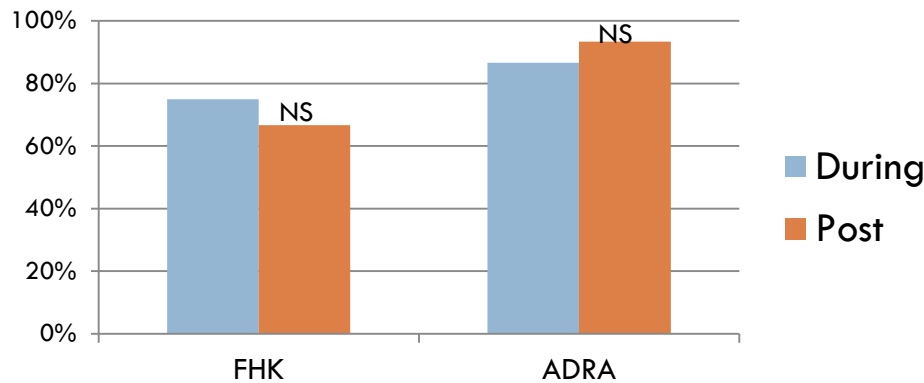
Time Spent in Service



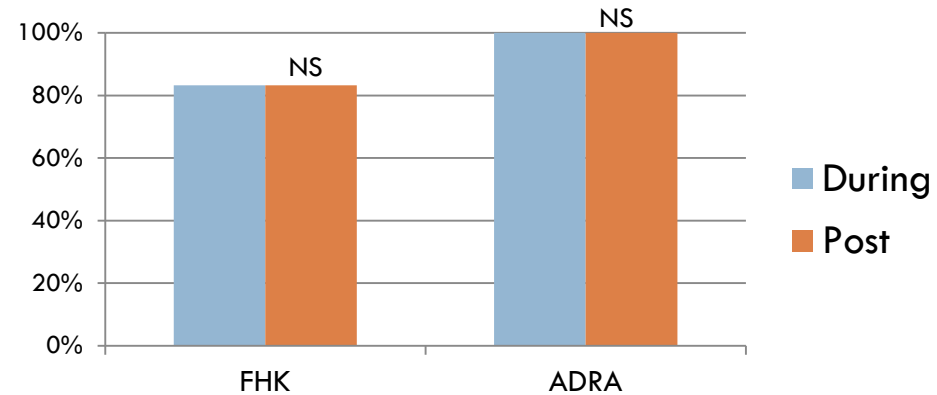
% Maintaining Linkages



% Able to Replenish Supplies



% Charging Fees for Service



* p < 0.05; ** p < 0.01; *** p < 0.001; Sig. based on McNemar's exact chi-squared test

Community-Based Animal Health Workers

Service
Provision

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“Now that we have more customers, we are able to increase the amount of fees we are collecting and we can build our capital.” – Paravet, Kanyongonyo

“The CBAHWs have a code of ethics for their members, therefore, while originally FH provided supervision, today the association controls itself.” – CBAHW, Kalacha

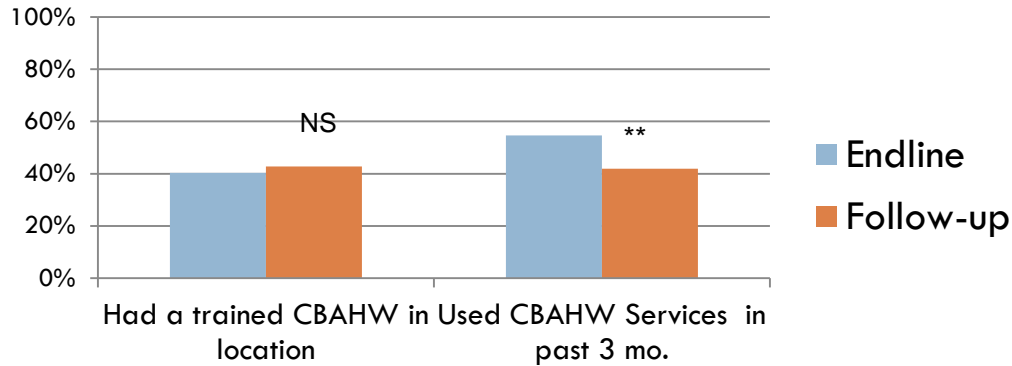


Participation in Livestock Activities

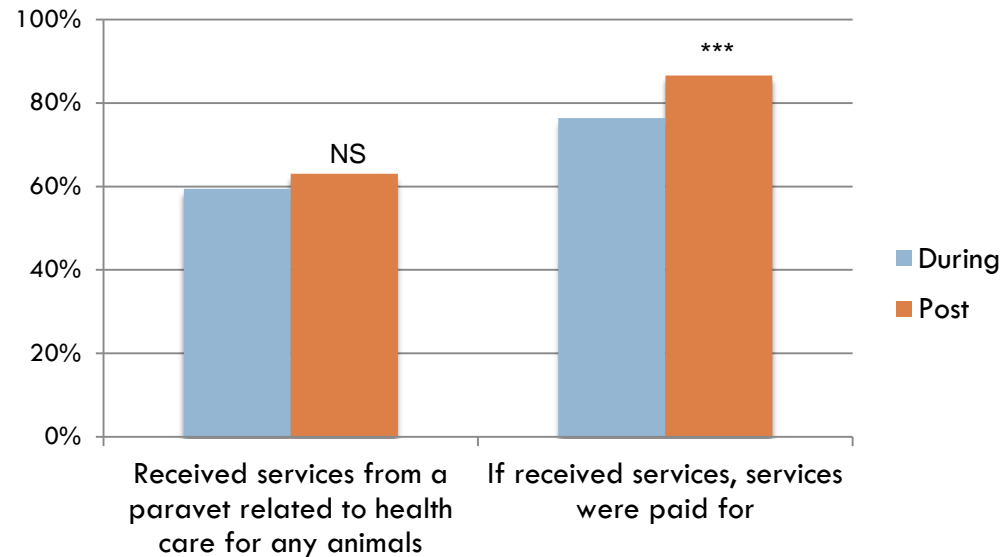
Participation

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FHK: Use of CBAHW Services



ADRA: Use of CBAHW Services

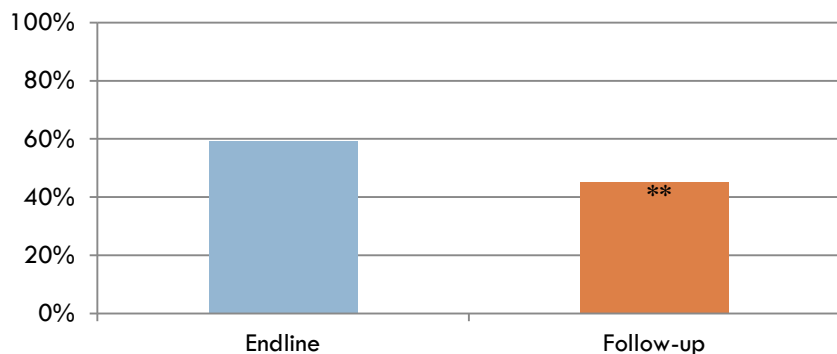


* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Sig. based on McNemar's chi-squared test

Livestock Mortality

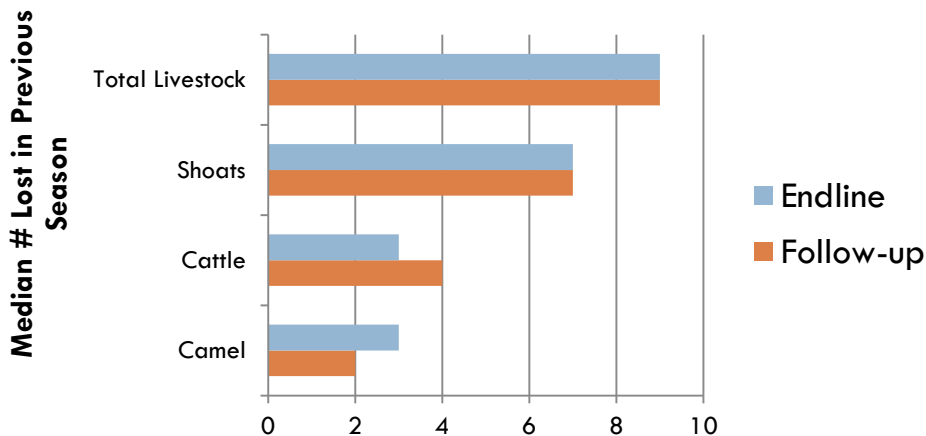
32

FHK: % Lost Animals to Disease

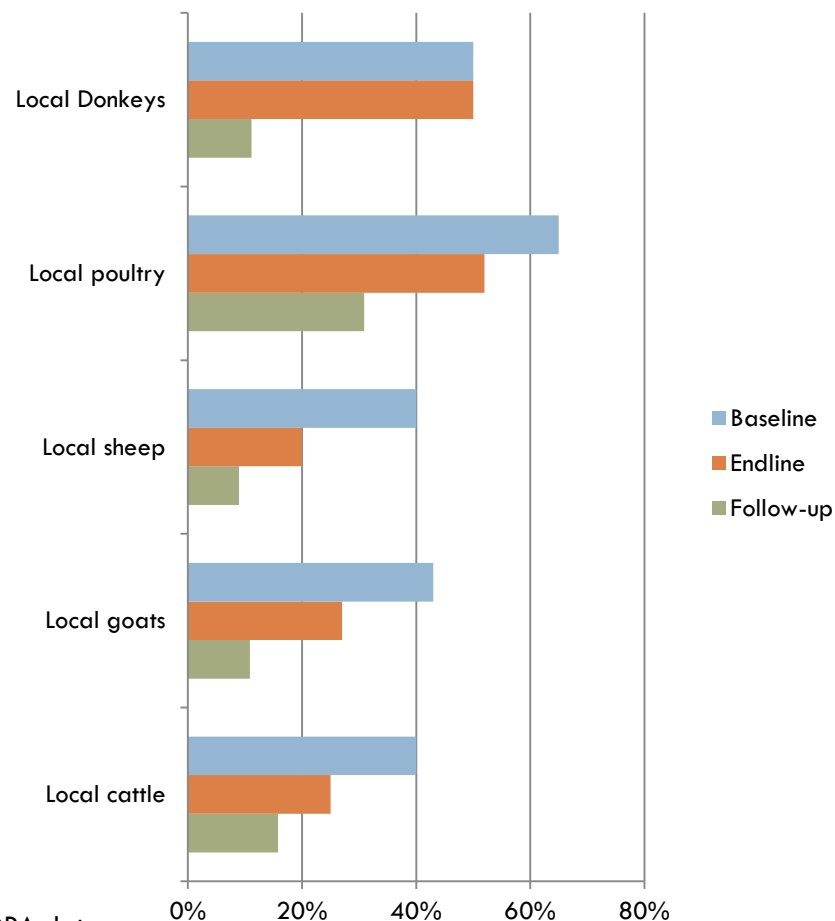


**p < 0.01; Sig. based on McNemar's chi-squared test

FHK: Median Livestock Lost to Disease



ADRA: Mean % Livestock Died



Note: No changes in #s of livestock lost in FHK were sig.; Sig. tests not possible w/ADRA data

Livestock Sector Exit Strategies: Lessons Learned

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What's Working

- Fee-for-service model largely successful: Many CBAHWs continued service provision, charging fees, and purchasing supplies.
- Linkage to Department of Veterinary Services mutually beneficial and thus largely sustained.
- Use of and payment for CBAHW services increased over time in ADRA. Qualitative data in FH showed great continued demand for CBAHW services
- Livestock mortality declined post-project – a visible benefit.

What's not Working

- Horizontal linkages among CBAHW groups decreased.

Microfinance Sector (COSAMO)

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Exit Strategy:

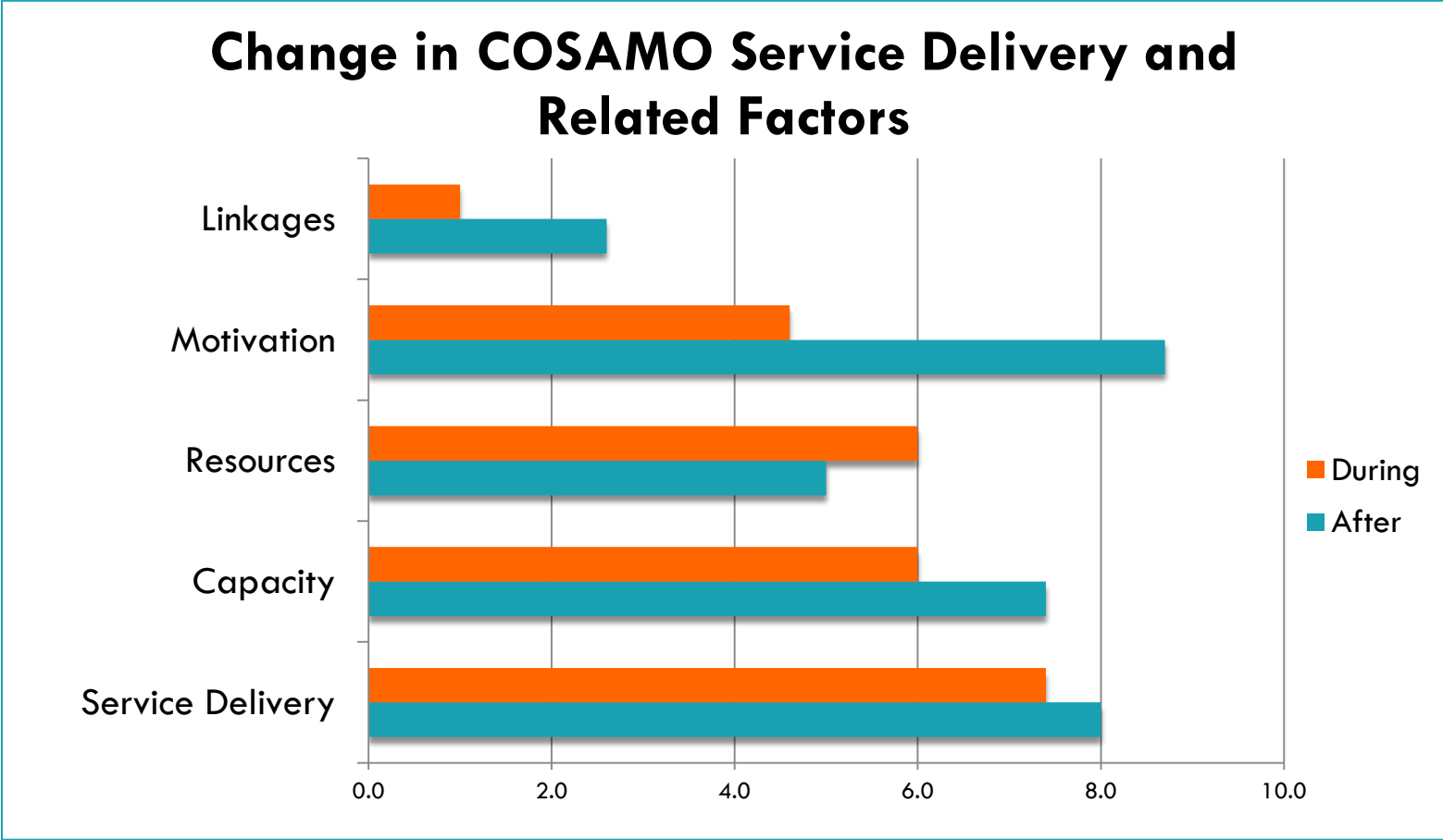
- CARE worked only with pre-existing community-based organizations
- No external investment needed
- Emphasis on early independent operation
- Resource people trained to provide technical assistance after CARE's exit
- Self-regulated and -governed

Key Assumptions:

- Strong institutional capacity
- Own funds = more buy-in
- Profits will motivate members
- Community-based trainer motivated by training fee
- Strong sense of obligation to pay back loans

CARE: COSAMO Service Delivery

Service
Provision






88% of COSAMO groups said member dues made up main source of revenue post-project

CARE: COSAMO Sustained or Increased Participation

Participation

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COSAMO	% Participating During	% Participating Post	% Sustained Participation	Sig.
Deposit Savings w/COSAMO	96.9%	96.7%	97.7%	N.S. 
Take Loans From COSAMO	86.5%	90.1%	97.6%	* 
	During	Post		Sig.
Mean # Loans Distributed by COSAMO	2.4 (0.1)	4.1 (0.1)		*** 

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Sig. based on McNemar's or Pearson's chi-squared test

“Since we started this thing (COSAMO), we are now people. We were not people back then. Our eyes were open, but we were not seeing. We now have a voice, and we are people in our community.” – ASAWO Group, Rusinga

“During the CARE DAP time, we were still emerging from the ‘dark age’ of poverty, lack of money and wife beating because we depended on our husbands to pay bills yet they had no access to money. We had not fully realized the potential CARE had for us. Now we have.” – Bondo Awino COSAMO, Rachuonyo



Microfinance Sector (COSAMO)

Exit Strategies: Lessons Learned

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What's Working

- COSAMO model highly successful: sustained service delivery
- Sustained capacity, motivation, resources
- Sustained beneficiary utilization, impact
- No outside seed money
- Intensive modular training program built solid technical and managerial capacity
- Graduated independent operation as Awardee withdrew progressively
- No vertical linkages – each COSAMO acts as an independent pod
- Horizontal links maintained as new groups were formed and members transferred knowledge
- Resource person can be “hired” by COSAMO groups for technical assistance

Acknowledgment and Disclaimer

This study is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, and the Office of Food for Peace, Bureau for Democracy, Conflict and Humanitarian Assistance, U.S. Agency for International Development (USAID), under terms of Cooperative Agreements GHN-A-00-08-00001-00, AID-OAA-A-11-00014, and AID-OAA-A-12-00005 through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

The contents are the responsibility of Tufts University and do not necessarily reflect the views of USAID or the United States Government.

Thank You!!

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Annex: Sustainability of Health/WatSan Participation (Indices)* by Awardee

Participation

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FHK	# of Activities Per Period	Mean During	Mean Post	Sig. (*)
HH w/Child < 5	0–12	7.9 (0.1)	5.7 (0.1)	* ↓
HH w/o Child < 5	0–7	2.2 (0.2)	0.9 (0.1)	* ↓
ADRA				
HH w/Child < 5	0–11	5.7 (0.1)	5.0 (0.1)	* ↓
HH w/o Child < 5	0–7	2.5 (0.2)	1.9 (0.2)	* ↓
CARE				
All WASEH HH	0–9	5.6 (0.1)	3.6 (0.1)	* ↓

* Participation indices were constructed from the participation modules created by the Tufts team. The index is the sum of reported activities that a given respondent participated in during each time period. The child indices are larger representing additional activities that were specific to HH with children < 5.

Annex: Health and WatSan Outcomes Regressions – FHK

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- Dependent variables:
 - 1) Handwashing index (0–7)
 - 2) Water purification (Y/N)
 - 3) ≥ 3 mo of iron supplementation during last pregnancy (Y/N)

- Independent variables:
 - Participation Index (# of activities during and post-project)
 - Served as CHW/contact mother
 - Received CHW visit and/or health advice
 - Participated in water-related construction projects (Models 1 and 2 only)

- Also controlled for: number of income sources, dependency ratio, mountain region, mother educated

Annex: Health and WatSan Outcomes, Regression Results – FHK

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- Participation indices: participation in more activities was significantly positively correlated with all three improved behaviors
- All three activities were positively correlated with improved behaviors, with *sustained participation* having strongest effects

- Striking results:
 - CHWs and contact mothers who served both during and post-project were 7.7X as likely to purify water, 4.1X as likely to take iron, and reported 0.8 more handwashing behaviors (all $p < 0.001$; reference group no participation during/post)
 - Those receiving a visit/advice both during and post-project were 4.5X as likely to purify water, 5.2 as likely to take iron, and reported 0.5 more handwashing behaviors

Annex: Health and WatSan Outcomes Regression – CARE

45

- Dependent variables:
 - 1) Water and Sanitation Index (0–12)
 - 2) Handwashing index (0–5)
 - 3) Water purification (Y/N)

- Independent variables:
 - Participation Index (# of activities during and post-project)
 - Join/Attend Water Management Committee (WMC)
 - Water System Training
 - Water System Seek/Receive Services
 - Served as an Artisan
 - Water System Community Based Activities
 - Water and Sanitation Training

- Also controlled for: monthly HH expenditure (USD), education level of HH head, female-headed HH, presence of children < 5, total member count, dependency ratio, reported presence of Community Management Committee, and access to water within 1 km

Annex: WatSan Regression Results – CARE

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- Participation indices: participation in more activities was significantly positively correlated with improved handwashing and water purification, but not improved WatSan practices overall.
- All three activities were positively correlated with some improved behaviors, with *sustained participation* having strongest effects in water purification and WatSan practice models.

- Striking results:
 - Being an artisan was negatively correlated with all dependent variables.
 - Presence of an area CMC was significant in all models.

Annex: Health Outcomes Regressions – ADRA

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- Dependent variables:
 - 1) Handwashing index (0–7)
 - 2) Water purification (Y/N)

- Independent variables:
 - Participation Index (# of activities during project and # of activities post-project)
 - Join/Attend Water Management Committee
 - Seek/Receive Water Management Committee Services
 - Seek/Receive Services Community Health and Nutrition Worker Services

- Also controlled for: presence of children < 5, total income, education level of HH head, dependency ratio, access to water <1hr

Annex: Regression Results – ADRA

- Indices of participation “During” the project and “Post” project were significant and positively correlated with a greater likelihood of water purification and increased handwashing occasions.
- Both indices were positively correlated with some improved behaviors, with *sustained participation* having strongest effects.

- Striking results:
 - HH that sought or received services from a community health worker during and after the program had .49 ($p < 0.001$) more handwashing occasions on average, and were 1.86*X more likely to purify water.
 - HH heads with a higher level of education were 1.09X more likely to purify their water.