

Building Trusted Partnerships for Healthy and Resilient Communities

Ellis-Hadwin Health Legacy year 2 summary report

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Introduction

The health legacy project, funded by the £2.9 million Ellis-Hadwin Legacy, is implemented in five African countries; Burundi, Sierra Leone and South Sudan, Nigeria and Kenya.

Project activities have now ended in strand 2 countries (**Nigeria and Kenya**) with strand 1 countries (**Burundi, Sierra Leone and South Sudan**) continuing into the last year of the project.

By August 2019 the project had completed two years of implementation. Strand 1 of the project aims to test Christian Aid's community health framework in conflict and resource poor settings. Nigeria, Kenya and a different Burundi project make up strand 2 of the project which supports health programmes to achieve greater integration within their health programmes. Sierra Leone is a strand 3 country and increases the robustness and credibility of our health evidence through research and evidence-based learning.

The project addresses the issue of gender justice, promotes equitable social norms and institutions, and improves accountability by building the agency of citizens. Evidence has shown the project to have positive impacts on lives of our beneficiaries and their communities. This includes improved resilience of families and communities, especially those in fragile and resource-challenged settings. They are better prepared in terms of ability to anticipate, identify, and respond to health risks. There have also been improvements in supporting people's right to essential services. Using community-based participatory approaches, the project is a platform for advocacy and networking to influence policy decisions on the rights to essential services for the project beneficiaries – namely women, people living with HIV, people living with a disability and youth in rural communities.

In the final year of the project, the implementation plan will harness the gains from the previous two years to consolidate and expand on the successes to ensure deep lasting change becomes sustained in the communities.

Three Strands of Health Legacy project

1. Testing and adapting our Community Health Framework in fragile and resource challenged contexts.

In **Burundi** the project, known as 'Tubakuze' (support them to grow) is working to improve nutrition of pregnant and lactating women, people living with HIV and children under five. Hygiene has been improved at household level: 1130 households have set up handwashing disposal (tip tap) and 54 hygienic toilets have been rehabilitated.

Christian Aid **Sierra Leone** (CASL) is implementing the project in twenty-two communities in Pujehun district to improve maternal and new-born child health (MNCH) and adolescent sexual and reproductive health (ASRH). Partners Budget Advocacy Network (BAN), Rehabilitation & Development Agency (RaDA), and District Health Management Team (DHMT) are strengthening the capacity of communities and health systems to be resilient, equitable, inclusive and responsive.

In **South Sudan** there are two implementing partners Support for Peace Education and Development Programme (SPEDP) and Hope Agency for Relief and development (HARD). SPEDP implements an integrated disease, HIV, surveillance, and WASH project in Lol state. While HARD implements a gender based violence and resilience project in Western Bahr-el-gazal.

2. Strengthening integrated programming

Christian Aid **Kenya**, in partnership with Transmara Rural Development Program (TRDP), implemented the integrated nutrition and sexual and reproductive health project focusing on adolescent girls (10-19 years). The goal of the project was to improve the nutritional status of adolescent mothers and their children (0-2 years). Beyond promoting good nutritional practices amongst adolescent girls, the project focused strongly on sexual and reproductive health and rights (SRHR). The project location, Narok County has the highest prevalence of teenage pregnancy at 40% in the country (KDHS, 2014).

Life skills and sexual education lessons in schools were facilitated by youth peer educators who are supported by teachers, programme staff and Ministry of Health. The focus of the lessons was prevention of teenage pregnancy by providing accurate information about risks and impacts of early pregnancy which develops more informed decision making. Interactive sessions provided adolescents with an opportunity to explore their attitudes and values, and to practice the decision making and other life skills necessary for making healthy informed choices about their sexual lives. The scope of Life skills and sexual health lessons includes information about body development, sexual and reproductive system, sex and sexuality, relationships, menstruation and menstrual hygiene, pregnancy and childbirth, STI prevention, HIV and AIDS, contraception and unintended pregnancy, values and interpersonal skills. This results in positive attitudes towards responsible sexual behaviours.

Christian Aid **Burundi** is working through three partners in two communities. The partners The Province of the Anglican Church of Burundi (PEAB) and Great Lakes Inkingi Development (GLID) aim to bridge the gender gap in agriculture and improve nutrition in the communities. Introducing women Village Savings and Loan Associations (VSLA) enables women to integrate in the cooperatives and therefore increase involvement in decision making while also generating an income for the women. Through CARE groups, such as FARN (Nutrition Learning and Rehabilitation Centre-Positive Deviant Health) and IYCF (Infant and Young

Child Feeding) the project has been able to promote access to diverse diets by encouraging kitchen gardens. This work has proven to improve the quality of nutrition of farmers children and families.

The Health Legacy project in **Nigeria** helped strengthen the integration of nutrition into an existing DFID funded Integrated Community Case Management (iCCM) project called Partnership for Improved Child Health (PICH) in four local government areas in Nigeria. The initial project set out to train community volunteers to diagnose, treat and refer children with pneumonia, diarrhoea and malaria but without the scope to act on nutrition. The project increased coverage and delivery of nutrition services from community service providers (community-oriented resource persons and lower-level health facilities). The project also strengthened referral pathways and coordination of nutritional services in the four target local governments; it also promoted the knowledge and uptake of appropriate nutrition practices and services by households.

3. Evidence and learning

Women's Economic Empowerment paper

The Women's Economic Empowerment paper came out of the Ellis Hadwin Legacy funded research conducted in Sierra Leone in 2019. The key findings were:

- Women involved in VSLA were using the money they earned through these activities to pay health related expenses.
- Women having increased income made them feel more confident and less likely to ask their husbands for money.
- Women's economic empowerment was linked to easing marital tensions.
- Women frequently linked power with having money and with having good health.
- Women still have limited decision-making power at a household level. Men are still in control of certain decisions including often around healthcare.

This report has since been published as a journal article in the Journal of Culture, Health and Sexuality – 'Women's economic empowerment and health related decision making in rural Sierra Leone' and will go a long way to influencing Christian Aid's programme policy work on gender and health.

Strategy testing and capacity building

Building on our experience of implementing an adaptive approach across the Health Legacy programme in year 1, we have continued to utilise and strengthen this approach in year 2.

We conducted three Strategy Testing workshops in each of the Strand 1 countries and shared the learning further across our health programmes which enabled other projects not involved in Health Legacy to use the same approach e.g. the South Sudan DFID funded nutrition project.

One aspect that we strengthened in particular across Strand 1 in the past year was that of capacity building, accompaniment and learning. Firstly, for the Strategy Testing workshop in Sierra Leone, we brought together the Programme Officers and M&E Officers from South Sudan and Burundi so that they could learn from the Sierra Leone workshop which also benefitted from the overall guidance and attendance of the Health Manager – Africa and the Global Health Advisor. This paved the way for the other two workshops in South Sudan and Burundi to perfect the approach rolled out in Sierra Leone. These two workshops also benefitted from external accompaniment including the Global Health Advisor, Global M&E Advisor and also from the cross-learning addition of the Sierra Leone Health Legacy Programme Officer. This enabled both the 'home' programmes to have technical input and additional capacity on tap, but also built the capacity of the Sierra Leone PO, as she could take on a lead role in certain sessions. The flexible nature of this funding has enabled CA to invest significantly in staff capacity building and learning which has also benefitted the overall quality of the programme.

The ST workshops all began with a 1 day 'Community Voices' session in which remote project communities were enabled to feed-back on all of the changes that had taken place in their community over the past year. Our programme staff ensured maximum access and input of all groups to ensure a wide range of contribution. With this rich data gathered from communities, the programme staff and partners then gathered to digest the information, analyse what impact our interventions have had and to what extent we are moving towards achieving the change we initially set out to achieve.

Again, the flexible nature of this funding has enabled us to ensure maximum quality of our programming, by giving us the space to reflect and improve on our approach. As such, all three programmes then revisited their original Theories of Change and made changes to the approach to enable them to strive towards maximum success in the remainder of the project.

The tools that were particularly useful during the Strategy testing workshops included an analysis of the political, economic and social context in which the project is taking place, an analysis of the contribution that our activities have had towards any changes that the communities highlighted, versus any external factors, and a partner exchange visit to a community they were unfamiliar with. Overall the Strategy testing workshops were a huge success. They highlighted that each of the projects has made an enormous amount of progress within the past year, but also gave space to reflect on any achievements that we have not reached yet and develop a plan for reaching them.

Strengthening community systems for locally driven interventions

The role of PVCAs

Through this funding, Christian Aid is placing the **involvement and agency of communities** at the centre of our work in Sierra Leone, Burundi and South Sudan. Through stronger partnerships, the project delivers community led interventions that are informed by their needs, priorities and actions. In these countries, essential services, including adequate healthcare is much needed, but not available because of conflict and/or health epidemics.

Working with a total of 10 partners in the 3 strand 1 countries, we conducted **Participatory, Vulnerability and Capacity Assessments (PVCAs)**. These are aimed at empowering communities to analyse their problems including the greatest risks and vulnerabilities to their own health and wellbeing that they face and identify possible solutions. This has ensured that the interventions supported remain relevant, appropriate and community driven.



A PVCA exercise in Burundi

In **South Sudan**, through the PVCA process, communities in Barmayen County prioritised prevention of gender based violence and support for survivors to access essential services and justice as their most urgent need. In Aweil North county, frequent outbreaks and spread of communicable disease outbreaks was identified as the greatest risk to their health.

In **Sierra Leone**, communities in Pujehun district identified poor maternal and reproductive health services and hygiene and sanitation practices as most urgent needs. Other factors such as poorly resourced health facilities, broken bridges and impassable roads during rainy seasons, lack of finances to pay for transport and lack of decision making power for women, were also identified as key barrier to accessing critical health services especially for women and children.

In **Burundi**, malnutrition among children and women of child bearing age were the top risks identified in the project locations of Makamba and Rumonge provinces. These were also linked to inadequate food at the household level, poor economic capacity for accessing food and health care

services and inequitable gender norms affecting women’s health decision making power.

Following PVCA action planning, the project is supporting local partners HARD and SPEDP (South Sudan); PEAB, RCBIF and GLID (Burundi) and RADA and Ban (Sierra Leone), to work with communities and their local authorities including relevant government departments in taking actions to respond to the identified community issues.

So far a key outcome is the **enhanced capacity** of communities to respond to their needs, demonstrated through taking ownership and leadership of actions that are within their means, whilst engaging duty bearers to demand accountability for their rights.

Examples of community actions taken

South Sudan	The work of the CHWs contributed to the general Hygiene and Sanitation promotion at community level and helped individuals from the community to construct 16 latrines using local materials as a response to prevention of water borne diseases caused by open defecation.
Sierra Leone	500,000 Leones loan provided by the VSLA groups in Missibu where facility management committees (FMCs) mobilised communities and rehabilitated their existing/old health facility in September – October 2019. They intended that it will caters for additional needs such as observation of pregnant women coming from distanced catchment communities, family planning and HIV/AIDS rooms. In Sawula, Njaluahun and Missibu, they constructed kitchen for their health facilities in March, July and August 2019 respectively.

Increasing access to community health services

Community health systems have been strengthened in terms of access, uptake and improvement in health seeking behaviour in project locations.

Communities in **Sierra Leone** have improved access to WASH and health care due to construction and rehabilitation of WASH and electricity facilities and furniture. Work to increase awareness, targeted capacity building and establishment of community and women’s empowerment interventions has improved health seeking behaviours. These interventions are done in collaboration with Pujehun Council and District Health Management Team (DHMT).

In **Nigeria**, integrating the Health Legacy project with the iCCM project has improved the uptake of basic health services. This was done by providing ready to use therapeutic food (RUTF) in the health facilities, building

capacity of target communities and health workers, use of volunteer community health agents and gender model families to improve nutritional indices in the communities. The evaluation demonstrated an increase in knowledge and use of health facilities.

Of those surveyed in project communities, 99.8% said they knew signs of iCCM conditions. 97.9% knew about the presence and roles of volunteers in the communities. Compared to baseline figures, 97% (up from 81%) of caregivers could recognise two or more signs of malaria, 94.5% (up from 46%) could recognise two or more signs of diarrhoea, and 99.6% (up from 45%) of caregivers could recognise two or more signs of pneumonia.

98.4% of U-5 children who were sick with fever were tested with rapid diagnostic tests (RDT) in project communities compared to 45% at baseline. In contrast, 99.7% of U-5 who tested positive for malaria were treated with ACT compared to 84% at baseline. 95% of children who were sick with diarrhoea were treated with ORS + Zinc compared to 18% at baseline. 97% of people sick with pneumonia and were treated with Amoxicillin compared to 68% at baseline.

In **Burundi**, the aim is to improve the nutrition status for pregnant and lactating women, people Living with HIV and children under 5 years old. The most used approaches in this project are: Care group, FARN (Nutrition Learning and Rehabilitation Centre-Positive Deviant Health) and IYCF (Infant and Young Child Feeding). This is done through the leader farmers and cascaded to other farmers within the care group model through Farmer Field Schools with an emphasis on good agricultural practices. The total number of people reached was 15,177. This included 2076 pregnant women and 3337 children U-5. 86 care groups were formed with an emphasis on good agricultural practices through the Leader Farmer who are change agents and cascade training to other farmers within the care group. There was capacity building of community leaders to inform behavioural change on exclusive breastfeeding, setting up kitchen gardens, and healthy living. 13 clubs of youth leaders were set up and equipped with hygiene kits at the school level to promote hygiene in schools and the community in general. Overall, there was a decrease in the reported cases of malnutrition, as only 21 registered as compared to 125 in the previous reporting period.

The project has set up 22 Nutrition Learning and Rehabilitation Centres (FARN) which allow mothers with malnourished children to learn how to feed their children using local food. 154 children who had moderate malnutrition made a full recovery through these centres.

In **South Sudan**, the project trained 20 Community Health Workers whose work resulted in an increased number of latrines built by the communities (16 household latrines and 2 public latrines) constructed using local and standard materials. Communities have developed good hygiene practices, especially food hygiene, handwashing at the

appropriate time and defecating in latrines. There is also increased access to clean and safe drinking water 8 villages serving a total of 6,960 people.

In Kenya, 5182 adolescent girls (4955 in school and 227 out of school) were reached with nutrition and SRH intervention against a target of 5,000 adolescent girls. 139 pregnant and 693 lactating adolescent girls were supported to seek pre and postnatal care, including information on parenting, breastfeeding, nutrition counselling. They were screened and referred for support and care such as ante natal care, and post-natal care in various health facilities. The project conducted 44 community nutrition sensitisation sessions where 3989 community members (2636 women and 1353 men) were reached. 50 small scale farmers (20 women and 30 men) were equipped with the practical knowledge and skills needed to produce nutrient-dense fruits and vegetables. The project also engaged 435 men as nutrition champions and 35 school-based nutrition education sessions were conducted.



Kenya: School going adolescent during a cooking session at their home at kurangurik unit.

Burundi	<p>1,554 pregnant and women and 767 children were reached with a range of nutrition services.</p> <p>124 children with moderate to severe malnutrition were identified and supported with special care- 12 received therapeutic treatment in health facilities while 112 with moderate malnutrition were managed at the community level.</p>
South Sudan	<p>-5,207 households reached through awareness sessions on disease prevention and hygiene promotion.</p>

Shifting power relations and inequitable gender norms

A key focus of the Ellis- Hadwin project is the integration of gender and inclusive sensitivity in the interventions, to address inequitable norms that negatively impact on the health and wellbeing of women, girl, children and men. Issues of gender-based violence (GBV) and inclusion are crucial to address within the project to empower women. This is being done through the VSLA (village Saving and Loan Association) groups which support women economically to address poverty while also addressing domestic violence.

A critical outcome was the impact of the self-help groups who received training in management of marketing strategies after receiving peanut processing machines in **South Sudan**. Support is provided to acquire peanut grinding machines and beadwork inputs, as well as education on market strategies. This contributed to the women having access and control over their own resources. By building the capacity of existing peace committees on conflict resolution and access to justice for GBV survivors, the project builds a critical mass of grassroots peacebuilders who are engaged in conflict mediation at the community level and supporting peaceful ways of conflict resolution. The project has carried out awareness-raising on gender roles and how balanced gender roles create happy, healthier communities. This was done by carrying out power analysis sessions, challenging harmful ideas of manhood, and unequal power relations that lead to discrimination and violence.

In **Sierra Leone**, the inclusion of people living with disabilities is still at the awareness raising stage due to issues of stigmatisation which limits access and participation for this group. Example of this is the lack of availability of mobility aids such as white canes and wheelchairs. The Health Legacy project intends to strengthen awareness-raising and to create or to strengthen linkages with expert organisations in year 3.

In **Burundi**, to support women's economic empowerment and power necessary to make decisions related to health and nutrition, 138 VSLAs are active with 3836 members. The mobilised capital of these VSLAs has increased from 81,894,500 BIF (33,9990 GBP) (April 2019) to 123,651,450 BIF (July 2019), which means that each VSLA member had an average capital of 39 254 BIF in July 2019. In year two all the members of field farmer school (FFS) and VSLA members have set up their own farming fields of vegetables. According to their testimonies, women's decision making is improving in the communities and in many households of VSLA members. The relationship between husband and wives are also improving in some households. Through the practice of saving and borrowing, the groups have not only grown their kitties, but report that they can now afford basic

needs for the family including health services, food and school fees for their children. They engage in trade from farm produces and other small-scale businesses at their local markets.

For **Nigeria**, in addition to setting up 20 VSLAs, capacity building for traditional leaders was implemented. This focussed on increasing their awareness on harmful sociocultural activities that act as barriers to women's decision making. In a community where land ownership was prohibited by women, conversations started around the possibilities for removing some of these barriers. The marginalised women were increasingly becoming economically independent rather than depending on their husbands to meet their family's needs. They have saved money by themselves. They were opening new businesses and meeting more regularly to discuss issues affecting them. They were reporting less violence unlike before where they were not supposed to talk about domestic violence.



Women during VSLA session in Burundi

The role of Faith Actors

In **Kenya**, to make progress towards reducing the numbers of teenage pregnancies, the project worked with 20 faith leaders to facilitate teenage pregnancy prevention discussions. Life skills and sexuality education sessions in 35 schools were also conducted which targeted 4955 adolescent girls. 40 peer youth educators were supported to conduct adolescent girl's sexual health education through school and Integrated Community Outreaches. The county department of health and education was also supported to develop county-specific nutrition and SRH information,

In South Sudan, the women in VSLA groups in Barmayen have gained improved agency and voice and were able to engage and demand their rights from their local authorities. One of the groups successfully lobbied the local authority which allocated them space in the local market to exhibit and sell their goods. They will use the space to put up permanent stalls.

education and communication (IEC) materials. The project is also harnessing the power of faith leaders and faith groups to play an active role in challenging unequal power relations between women and men and promoting women economic empowerment for better nutrition status of vulnerable women and children.

In **Nigeria** the project built capacity of 260 community and faith leaders to support the education of community members and advocate for improved healthy feeding of children, pregnant and lactating women for better nutrition outcomes. 20 of the faith leader also supported the selection of gender model families, who are change agents and influencers across 20 communities to promote and model healthy and gender-sensitive nutrition practices.

A Messenger of Joy

Like many women in remote rural Nigeria, Monica Ejeh is the bread winner in her family because her husband lost his job a year ago. This has impacted on the quantity and the quality of food consumed in the family. Monica had been a beneficiary of the services for under-five children by Christian Aid volunteers, however because of poor nutritional and deficiency in essential minerals, Monica baby boy was tested and found to be red on Mid-Upper Arm Circumference (MUAC) measurement. Red on MUAC means a danger sign that required urgent attention. It is a sign of severe acute malnutrition.



Christian Aid Nigeria: Measurement showing Monica Ejeh's son, is in red category

An action meal, which is a therapeutic meal for management of malnutrition, was given to her by Christian Aid volunteer to feed her son for a period of two months. She started feeding her baby with the action meal immediately. After 2 weeks she observed that the baby has become stronger and started to stand up and trying to walk on his own. He is regaining strength by the day. Monica was full of joy for the improvement that Christian Aid's Ellis Hadwin health legacy project brought to her family. She told one of our volunteers that "Christian Aid is a messenger of joy, I can't lose any of my children again". Monica lost her first daughter to severe malaria and blood shortage before Christian Aid's intervention.

Gender model families

In Pujehun District in **Sierra Leone**, the project is applying the **gender model families (GMF)** approach to drive shifts in community dynamics. A GMF is made up of a husband, wife and their children who are models for change and transformation in society by challenging traditional notions of gender roles and responsibilities. The GMF membership increased from 1,320 in 2018 to 1,690 in 2019. Reduction in GBV and violence among couples reduced from an average of 20 cases in 2017/2018 to 2 cases or even zero cases in some communities. This is due to a conflict mediation strategy facilitated by GMF reaching out to more families. Approximately over 2000 non-GMF were reached. Men in the communities now perceived gender roles to be the norm, an improvement from 2018 when many did not get involved with household chores and shared responsibilities.

80% of health workers residing within the 22 communities testified of men's support to their wives in clinic attendance and access to health facilities and with household chores as well as the community work.
- Sierra Leone

Tackling gender-based violence

In Barmayen county in **South Sudan** the project worked with 20 trained community paralegals in mobilising communities against gender based violence (GBV), educating them on the negative effects of GBV including increased vulnerability to HIV risks, and challenging harmful gender norms that perpetuate the vice, while supporting survivors to access to justice, medical and psychosocial support, using a Paralegal Support Network (PASUNE) module. The general population were reached with messages about GBV reduction and HIV/AIDS prevention over the last two and half years. A gender desk was established at the police to support GBV cases. A referral guide on tackling incidence of GBV has been developed for survivors (Police, Health and Paralegals and Local chiefs in Barmayen). 63 GBV survivors trained are now self-help groups engaging in income generating activities, lending their voice to challenge GBV, disempower gender norms and stigma. Through this intervention, there is an increase in the number of cases of GBV reported as compared to the previous times. Over 72 cases related to GBV were reported in the last 3 months (August – October 2019) as compared to 53 in the same period the past year.

Strengthening integrated health programming

Strengthening citizen led accountability

In **Sierra Leone**, through partners BAN and RADA, the project is promoting awareness of rights among citizens and strengthening their capacity to engage with duty bearers about improved quality of health services. Working with other stakeholders, Pujehun district health budget increased from 15% primary health to 50% secondary health in 2019.



Aminata Konneh- A woman with disability elected chair of a development committee in Pujehun, Sierra Leone

The Pujehun DHMT priorities identified in 2018 is reflected in the 2019 district health plan which addresses community health vulnerabilities. Construction of a health facility in Taninahun can be attributed to targeted advocacy to the Director of local development planning and budgeting of the Ministry of Finance by the community in July 2018. In August 2019, council instructed communities to work with their councillors to identify their priorities for 2020. CSOs and community representatives have also been invited to participate in 2020 national development planning and budgeting discussion in Freetown.

Responding to adolescent health and nutrition

The project has capitalised on the strategic nature of the legacy funding to strengthen the impact of existing work through **integrated programming in Kenya and Nigeria**.

In **Kenya**, to improve the nutritional status of pregnant adolescent girls, 422 pregnant and lactating adolescent mothers were screened in 31 sessions, and 40 with severe to moderate malnutrition referred for nutrition care and support. 30 mentor mothers were supported to conduct nutrition education sessions for pregnant and lactating adolescent girls through mother to mother (M2M) support groups. 139 pregnant adolescent girls benefited from this effort. 437 children (216 boys, 221 girls) were screened, of which 28 lactating adolescent mothers and 76 children (33 boys, 43 girls) with moderate to severe malnutrition were referred for nutrition support. 327 adolescent girls receive family planning commodities for the first time, and 359 children (183 boys, 176 girls) aged 0-2 years, receive vitamin

A supplementation. Cumulatively 693 lactating adolescent girls were reached and provided with nutrition information through M2M support groups and integrated adolescent outreaches since the beginning of year 2.

Significant progress has been made in enhancing county government capacity to program for adolescent nutrition by having an advocacy engagement meeting with county assembly health committees and major stakeholders. 6 county-level stakeholder engagements were conducted. Stakeholders from crucial county sectors of health, agriculture, water, education, social protection, national drought management authority (NDMA), budget and planning, were engaged in strengthening partnerships and scale-up of nutrition interventions across sectors.



A cooking demonstration session in school

The project equipped 40 community health workers and 50 teachers with adolescent nutrition and SRH skills. From this work, more than 1,000 pregnant adolescent girls and teen mothers were identified to be supported to access targeted adolescent maternal and nutrition services from the health facilities. This includes antenatal care, skilled delivery, breastfeeding, infant feeding and care, nutrition counselling and screening, and family planning. The adolescent mothers received training in participatory photography through a **Picture Power** initiative – equipping them to document challenges and issues that affect their lives and use those to initiate dialogue with power holders in their communities in a less threatening manner. These include parents and caregivers, teachers, elderly people, local authorities, religious leaders, and health care workers among others.



Adolescent girls receiving education on sexual and reproductive health

Enhancing adolescent health and nutrition advocacy and accountability

In Burundi, communities identified the preferred channels of a toll-free line for giving feedback or raising complaints. Feedback meetings are organised quarterly with all project groups to collect their complaints, suggestion or opinions on the project. Another avenue is a face-to-face meeting where individuals can go directly to the office to express their complaints. These are gathered monthly and sent to the accountability specialist.

In **Sierra Leone**, accountability is ensured through meaningful, inclusive consultations and participation tools. Christian Aid, in partnership with district stakeholders, ensures communities are involved at every stage of project execution, design, implementation, and evaluation through sharing information for inputs, learning, and adapting emerging issues. The project design was done in partnership with rigorous project information sharing, including budget. CA, RADA, BAN, district authorities, and target communities engaged through the PVCA approaches, which set standards for a meaningful partnership. The process created space for inclusive community engagements, identification of issues of vulnerabilities, and mapping solutions in addressing the problems identified. Also, the project model of engagement served as a tool for increasing accountability among communities. Communities now demand accountable actions from duty bearers, including council, DHMT, INGO, and CSOs.

Communities now question the accountability aspect of other agencies because of the accountability and transparency and learnings acquired/demonstrated in the Health Legacy project.

Evidence from project studies on the situations and needs assessment to inform programming and policy advocacy. At county level, CA has built the capacity of partner TRDP in nutrition programming and budget advocacy, and brokered linkages with key nutrition actors leading to their election as the chair of the SUN-Civil Society Alliance for the county. **The partner is now spearheading engagements with the county government on the creation of a specific nutrition budget line and inclusion of adolescent nutrition specific indicators in the County Integrated Development (2018-2023 CIDP).** They are also strengthened integration with other sectors impacting on nutrition including agriculture, water and environment for longer term food security and nutrition resilience building.

Linking nutrition and child health

In **Nigeria**, we increased the impact of our work by integrating with the existing UKAM **Partnership for Improved Child Health (PICH)** project in Benue state. This takes place in 2 out of the 4 HL project regions, and benefits over 40,000 vulnerable children. The PICH project aims to increase access to basic health for children U-5s and avert preventable child deaths from pneumonia, diarrhoea and malaria. The CA Nigeria programme is using the health

legacy funding to increase the impact of that work by integrating nutrition, a key underlying cause of childhood diseases and deaths.

Through this funding, the project strengthened the capacity of 24 frontline health care workers at the facility and cascaded trainings to 48 Community Health Agents (CHAs); community levels in 2 local government areas to provide education on maternal and child nutrition, conduct nutrition screening for 5,500 children under five years, provided basic nutrition care and refer critical cases of malnutrition for advanced management at the facility. The project strengthened data collection and reporting for nutrition monitoring and planning at facility and community levels.



Nutrition screening at community level

The project has equipped 260 community and faith leaders to educate and advocate for improved healthy feeding of children, pregnant and lactating women for better nutrition outcomes. The gender model family intervention was supported across 20 communities to promote and model healthy and gender sensitive nutrition practices, 40 families were selected by the communities to act as change agents to act as advocates.

The integration of nutrition intervention to the existing management of childhood illnesses (malaria, diarrhea and pneumonia) is closing the gap and improving the outcomes of the PICH project in the 2 locations. The CHAs were supported to form village health clubs to provide more targeted nutrition counselling to caregivers of malnourished children and vulnerable groups such as pregnant and lactating mothers.



Promotion of nutrient dense Soy bean consumption for children and pregnant women

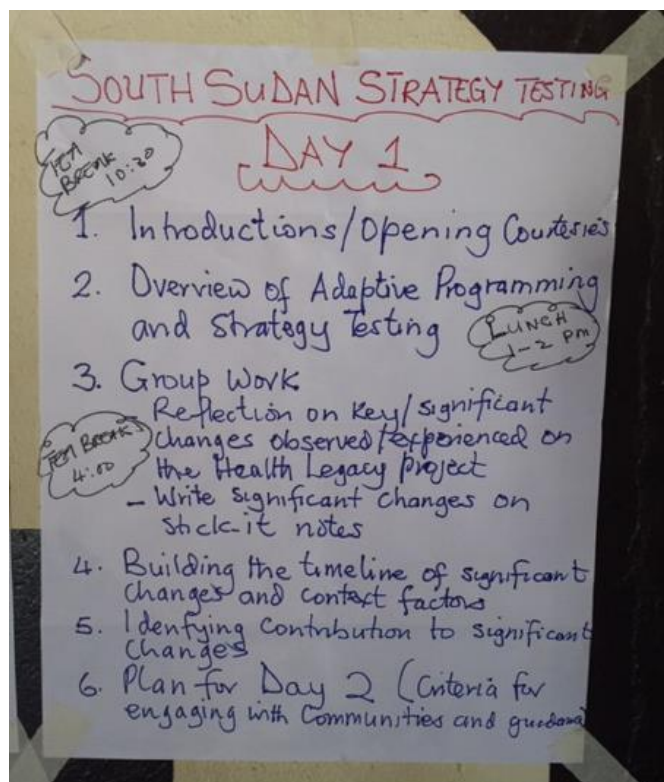
Enhancing programme quality, evidencing and learning

Testing and adapting

It is critical to undertake strategy testing within the project implementation as it helps to assess the strategies agreed in the earlier project design. This process enables changes or improvements to the strategies in the Theory of Change (TOC) based on evidence gathered. In a nutshell, it gives a picture whether the present strategies are leading to change or not.

For the 2019 strategy testing in Burundi, Sierra Leone and South Sudan, significant changes over the past year were identified by partners and key changes were mapped on a timeline. Community voices were gathered in Focus Group Discussion (FGD) using pre-defined checklists to assess the significance of each change and the level of Christian Aids contribution. Finally evaluating strategies were assessed as to whether they were working well or in need of adaptation.

Quantitative and qualitative data gathered as evidence for the outcomes using reports from partners and health centres data and communities' voices and Key Informant Interview (KII) with health-practitioners.



Integrating community voices

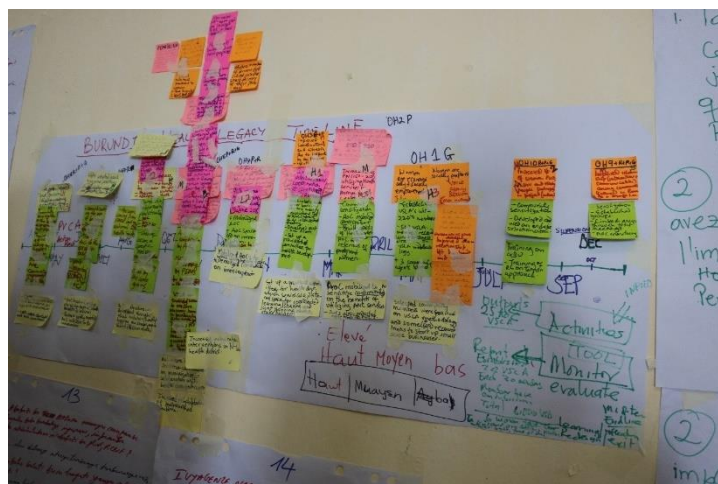
In **Burundi**, during the process of listening to community voices, 4 focus group discussions from 2 different communities were done, separating men and women. Participants in these focus groups were direct beneficiaries of the project from different categories and indirect beneficiaries.

During focus groups, participants said that overall, the impact of the project is visible especially in 4 important aspects:

- **Changing the dietary habits** from only eating cassava bread to now include vegetable, fruit, cereals and bean, which reduced malnutrition in children.
- VSLA approach brought important changes because they allow **women to be economically strengthened** due to access to credit for starting small businesses. Now these women contribute to the financial life of the household, which increased their voice in the household and in the community allowing them status to make decisions.
- **Family planning has also been improved**, according to testimonies. There is improved knowledge on the importance of spacing births and the use of modern methods for family planning.
- **Hygiene in the community has improved** considerably, especially hand washing through simple context appropriate handwashing facilities (Tippy-taps), personal hygiene and clothing.

The results observed and discussed in both communities were similar, however, in Rumonge, participants in the focus groups highlighted a lack of quality of the health services which present as a challenge for the project to achieving their intended outcomes. In Nyanza Lac, while good progresses were made when it comes to family planning, both focus groups highlighted that it had caused issues in marriages. In some cases the side effect of modern family planning methods cause frustration to men who end up seeking other partners for possible additional procreation or pleasure.

Both these negative outcomes, were taken into consideration when reviewing the partner's Theory of Change to ensure that there is no negative impacts of the project on the community members.



Mapping of changes, strategies and contributions over the review timeframe

In **South Sudan**, the community voices were conducted in two locations (Barmayen and Ariath) each comprising 30 participants representing cross section of the community. These reflections pointed out some of the changes:

- Improved awareness of eating diverse nutritious foods,
- Improved awareness of different methods of child spacing and birth control,
- Access to treatment of children,
- Reduction in malaria death cases,
- Open conversation about HIV & AIDs,
- Positive perception on hygiene and sanitation promotion,
- Reduction in open defecation around markets,
- Family model mothers who were seen exemplary in hygiene promotion at family level.

The Health Legacy project in **Sierra Leone** conducted its 2nd strategy testing in October (14th - 18th) as part of the programme's adaptive approach. 25 participants were targeted from Christian Aid staff, partners, district stakeholders and CSOs. The Sierra Leone programme benefits from the opportunity of having 2 programmes – Health Legacy and Irish Aid Programme Grant (AIPG) that apply the adaptive approach. These have enabled the programme to harness its experiences and expertise in this approach, providing useful learning internally and to the wider CA programming. This has been evidenced by accompaniment and technical support provided to other countries. Most of the feedback from the community testing on the project were positive including;

- women's empowerment in terms of voices, participation and income generation,
- improved sanitation and sustained hygiene practice within the communities,
- peaceful existence and cohesion relationship at households and community levels,
- women economic empowerment through the VSLA boxes,
- improved relationships at all levels,
- reduction in malaria cases,
- reduction in GBV cases and
- improvement in health accountability between health workers and FMCs.

Detailed outcomes are documented in the outcome harvesting tools.

"When we first tried it in the Health Legacy project, we realised that communities are better narrators of change as they experience it in their lives and in their communities. We got more details and, in some cases, new outcomes and insights of what change looks like for them"

Mattia Dimoh- Programme Manager, Sierra Leone

Suggestions made by communities for programme improvements are included in the revisions of the Theories of Change

Examples of project adaptations proposed following the strategy testing and feedback from communities:

- Adjustments in partner workplans and budgets for efficient delivery and impact in **Sierra Leone** (RADA and BAN)
- Linking health legacy and SABI activities in Pujehun district, **Sierra Leone**, to ensure that local level experiences of health service user inform advocacy and policy engagements at district and national levels – programme and policy
- Incorporate more strong and systematic gender, power and inclusion analyses in project interventions and review
- In **South Sudan**, paralegals highlighted concerns around dealing with mental health and people in need of psychosocial support. Prompted partner and CA to seek out other specialist actors in the area working on this issue to try and link in with them in the future
- In **Sierra Leone** communities and VLSA groups requested skills training and linkages to build micro enterprises

These activities have not only brought valuable insights to M&E, learning and adaption. The strategy testing approach enables a systematic linkage between changes, strategy applied and feedback from communities. **See illustrative example in Annex 1 and a list of outcomes harvested in Annex 2**

Details of each of the strategy testing exercises including outcomes harvested, community validation of outcomes, lessons learnt, changes to theories of change are available.

An overall reflection on the strategy testing exercises in the 3 countries was shared in a MEL Community of Practice in February.

Cross learning and capacity transfer on adaptive programming

The flexible nature of the health legacy funding allowed the programme to build on and learnt from the AIPG's development of the adaptive management, tools and processes.

There is a deepened understanding and application of the adaptive programming approach and key processes within the project at both staff and partner level. Through the PVCA, partners are empowered and demonstrate a deep ownership of the project. Particularly with RADA, in **Sierra Leone**, there is strong community organising, strong

relationships and interactions with communities, solid package of key interventions that seem to drive the most significant changes. BAN on the other hand have maintained a focus on accountability for health budget and strengthening capacity of FMCs to monitor service delivery. However, there is need to strengthen collaboration between the two partners and links between their different interventions at community level, district and national level. As discussed, and implemented, the two partners now have joint ToC and plan with clear roles, moving from having separate plans. This decision is hoped to progress to review and reporting stages to foster the synergy.

The project design (mainly using the PVCA as an entry point) and focusing on community empowerment approaches (VSLA, Gender Model Families, community contribution) have embedded the concept of locally owned and locally led development mindset in the communities which is a positive thing in any programming that seeks to be transformative and sustainable

As part of the sustainability plans, the vibrant VSLA groups require targeted support in this final year to graduate them to stronger and more profitable enterprises for longer term resilience. There is a lot of opportunity for learning and sharing from the successful experiences of VSLAs that have transformed women's lives and economic empowerment.

The Women Economic Empowerment research paper and the experiences from the VSLAs provide a good opportunity for the programme to build integrated interventions that truly address root causes of poverty and ill health, but is able to ensure that no one is left behind, that the most vulnerable in the society are included in intervention and that we are able to ensure deep lasting change as a result of our programming intervention.

Linking community, national and international level advocacy, the meeting with the Chief Medical Officer at the MoH in Freetown was useful in understanding government's thinking on RMNCH (reproductive, maternal and child health) and general health issues in Sierra Leone. The involvement of diverse people with various expertise further enriched the strategy testing process. The process targeted people with experience and expertise in policy analysis and advocacy, monitoring and evaluation and learning, programming delivery, community rooted experience, budget tracking and analysis and health decision makers. This makes discussions to address key issues much easier in terms of directing questions to the right target individuals and groups to provide suggested actions. For example, the presence of Pujehun council and DHMT in the room was useful and questions around gaps in health service delivery keep reverting to them.

The opportunity created for exchange learning and sharing for both South Sudan and Burundi was impactful as learning from Sierra Leone was translated and adapted to the respective countries. CA should encourage such learning at wider levels. Also, such opportunity should be created for CA partners across the region.

Reflections & learnings

- **Inclusion** is important to ensure multi-stakeholder collaboration. Inclusion makes it easier in terms of ensuring that the gains are longer lasting. In Kenya, the SRH related information requires a concerted effort from both school level and community levels, so collaboration between these two key stakeholders is needed for a holistic intervention. The law enforcement agents have a role to play in terms of bringing about justice in the challenges identified around adolescent sexual and reproductive health in communities in Kenya.
- In the future, our nutrition intervention can consider partnership with social enterprise partners or livelihood partners to promote other aspects of nutrition in health programs. The garden value chain can be developed so as not only address the health needs of the communities but the economic disposition of the communities.
- One of the key lesson learned from **Kenya** is that **understanding the background** for the project like the school set up, the school calendar before commencement of the intervention is important in workplan development and provides a prime platform for integrating project nutrition activities (school garden) and SRH information to the target beneficiaries (adolescent girls). Understanding the background of the teachers who supported as critical change agents in reinforcing behaviour change after capacity building was also needed to ensure success. In **Burundi**, the success of the VSLA is heavily dependent on the use of established community context and recognised structures to empower communities.
- The **integration** of nutrition with sexual and reproductive health in schools in **Kenya** is working well and has ensured that 5,000 adolescent girls were reached with health and nutrition information. The girls also acted as agents of change at the household level, passing the same information to their parents and the larger community and therefore have enabled a ripple effect of behaviour modification within their communities. Adolescence being a crucial window of opportunity for reversing impact of previous poor nutrition, as well as adolescence being an age in which lifelong habits are formed and therefore an important time to act hence the timeliness of this intervention.
- Integrating the training of adolescent care givers on modern fish farming technique with the nutrition program has improved household food security and improved community resilience as most households have kitchen gardens for vegetables and now can add protein to meals for nutrient while selling off the excess for economic benefits
- In **South Sudan**, though the project works with the Ministry of Health and Education, the county recognises the importance of a multi sectoral

approach in tackling malnutrition at the county level. This is translating into the networking among various CSOs (scaling up nutrition) forum for addressing issues around nutrition

- In **Nigeria**, where the project was **integrated** into the DFID UKAM project on iCCM and provided services for malnutrition to address the gaps in the PICH project, the result was a more robust response with 5522 households visited and supported with nutrition counselling services which has significantly improved the health outcomes of the children in the households visited.
- Programming and M&E approaches to more **reflective approaches** that are genuinely inform programme adaptations

Challenges

- **Climate change** issues in Aweil Central (Barmayen) and Aweil North (Ariath) of South Sudan, there was flooding due to heavy rains which displaced several communities and destroying houses and farmlands. The floods occur annually at different magnitudes and locations, depending on the amount of rain during the period (May to September). In Burundi, unprecedented floods in the catchment areas interrupted the work plan and limiting movements.
- Closely related to flooding is ,the reduced period of rains which happened because of the late-onset and early cessation affected production. The impact of low yields poses a threat to food security at the household level. The promotion of drought tolerant and early maturing crops and livelihood diversification needs to be enhanced. Climate and rainfall information is critical to farmers to help them plan accordingly to take advantage of all seasons. A mechanism to strengthen climate information dissemination needs to be developed.
- **Fragile and conflict situations**
- In CASS, there was fighting in July in Aweil North between government forces and the rebels, which halted activities for a while before the work resumed in late August 2019. Irregular field cash transfers disorganized activities, work plan, delayed reporting as field-staff do not get the funds transferred on time as most banks closed due to insecurity and economic downturn.
- **Community attitudes and behaviour** are still heavily influenced by relief mind-sets, and their expectations are sometimes beyond the project scale. Men are not direct beneficiaries which in some cases can be a challenge because they don't get message directly

- **High poverty rate** in project communities as seen in Burundi where some beneficiaries are poor and can't get food to contribute in FARN (learning and nutritional rehabilitation homes session) for cooking demonstration session. This is also seen as difficulties of some families living in rented houses to build vegetable gardens in plots:

Gaps

- Scale up; Need to increase the spread of our current coverage as seen in Burundi where the Influx of returnees from Tanzania- slowing progress in combating malnutrition, these returnees are poor people who come with children and arrive on our communities of project intervention
The project doesn't cover all of the communities and in these places the incidence of children with malnutrition is high
It would be good if the funds could be available to extend the project to these villages after the end of the project

Moving Forward

- The Accountability mechanisms between health workers and communities in **Sierra Leone** in-terms of services provision should be strengthened.
- We will strengthen reflection and increase opportunities for cross learning and application on the adaptive programming approach both internally and with other programmes
- We will support partners to conduct outcome harvesting and recording on an ongoing basis and not as a one-time event during the strategy testing exercise, to enable monitoring the project's outcome and ensure that we do not overlook any key changes
- We will continue to strengthen our work on gender and inclusion, further embedding gender and power analysis into our programme frameworks.
- We will enhance beneficiary feedback mechanisms, and work with our accountability colleague to support stronger accountability mechanisms in the programme
- We are currently consolidating, and documenting learning based on the programme's experience on adaptive programming and the Strategy Testing exercises. This will not only inform need improve practice within the Ellis Hadwin Programme but will also be shared with the wider organisation.

Annex 1- Examples of linking outcomes harvested to strategy and community feedback.

Strategy	Outcome harvested	Community voice	Country
Gender & inclusion (PLWD)	At least 12 new women currently leaders in the Facility Management Committees (FMC) or Village Development Committees in their community	"Women reported they now feel recognized and there is improvement in their participation in key decision making in their respective communities. Also, they reported that some have moved into leadership positions."	Sierra Leone
Changing dietary habits of the beneficiaries	Incidence of Malnutrition is reduced in target communities	"Before the project, beneficiaries had bad dietary habit of eating cassava bread only with meat or fish sauce, but now they have changed their eating habits including vegetable, fruit, cereals and bean, which reduced malnutrition in children."	Burundi
Increase awareness on HIV and AIDS in the community through health promotion and health campaigns	The Community acceptance on the use of condoms despite the fact individuals did not openly pick the condoms.	More community members are using condoms now as compared to the start of the project	South Sudan

Annex 2- Year 2 results from Strand 1 countries (Sierra Leone, Burundi and South Sudan)

These are the outcomes that were harvested and validate across the 3 counties for the strategy testing. Those that were not supported with a sufficient evidence have not been included but have been captured separately for further follow up by project teams.

Sierra Leone	South Sudan	Burundi
<ul style="list-style-type: none"> - increase in the Pujehun district Health sector budget for 2019 from Le 1,733,338,400 (2018) to Le 2,641,032,707 (2019) amounting for 52% following targeted advocacy by a partner. - Increased from 15% primary health to 50% secondary health in 2019. - Ten partner staff were engaged in the approach, tools, and applications for strategy testing and outcome harvesting. - During this period, Health Legacy & Irish Aid Programme Grant piloted Community Feedback and Complaints mechanisms (CFCM) into projects for 50 staff: 30 community members including men, women, older people, youths, PLWD, were engaged in one of the 22 Health Legacy (HL) communities. - Fifty religious leaders participated and reviewed progress against their 2018 action plan for gender Based Violence (GBV) and Sexual Reproductive Health (SRH) issues concerning faith and gender justice reflected as a significant focus in the revised policy. Learning and experience sharing sessions were organized with 44 health workers within the 22 health legacy communities. <p>Communities reviewed and developed revised actions to reduce teenage pregnancies and improve adolescent Health by engaging 330 community members with 22HL communities targeting 15 per community through an inclusive and participatory approach.</p>	<ul style="list-style-type: none"> - The project in South Sudan has supported 63 women members of 3 SHG (Self Help Groups) to have better access and control over resources - 50 girls formed two football teams and were playing football with the support of the men and boys from their community. - 5 Male members of the community are increasingly engaging in beadwork and embroidery as income-generating activities. - Men formed two Self-Help groups with a total number of 38 members, while others were joining some of the already established five women groups. - There has been an increase in reported cases of GBV, especially to the chief's courts and the police station. Over 72 cases related to GBV were reported in the last three months (August – October 2019) as against 45 reported in the previous periods. - The project trained 20 Community Health Workers whose work resulted in an increased number of latrines built by the communities (16 HH Latrines and two public latrines) constructed using local and standard materials. - There is also increased access to clean and safe drinking water as a result of the Health legacy project in 8 Bomas of Ariath Payam, serving a total of 6,960 individuals. 	<ul style="list-style-type: none"> - The total number of direct beneficiaries reached was 15,177. - The pregnant women reached were a total of 2076, 3337 children under five years were reached. - 86 Care groups under the supervision of change agents divided into 31 networks. - Thirteen clubs of youth leaders set up and equipped with hygiene kits at the school level to promote hygiene in schools and the community in general. Overall, there was a decrease in the reported cases of malnutrition, as only 21 registered as compared to 125 in the last reporting period. - The project has set up 22 Nutrition Learning and Rehabilitation Centres (FARN) which allow mothers with malnourished children to learn how to feed their children (infant and young child feeding-IYCF) based on local food. - 154 children who had moderate malnutrition made a full recovery through these centres. - To improve access to a balanced diet, the project set up 37 Farmer Field Schools which allow beneficiaries to learn good agricultural practices. As a result, 2434 households (63.45%) have set up vegetable gardens (Kitchen gardens), thus enabling them to have access to a balanced diet. - On women's economic empowerment and agency/power necessary to make decisions related to Health and nutrition, a total of 138 VSLAs are active with 3836 members). - The mobilized capital of these VSLAs has increased from 81,894,500 BIF (April 2019) to

		123,651,450 BIF (July 2019), which means that each VSLA member had an average capital of 39 254 BIF in July 2019. In year two all the members of FFS1 and VSLA members have set up their own farming fields of vegetables. .
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¹ **FFS**=Famer Field School