Alexandra E. Suich
Yale University

Davis 100 Projects for Peace Report

Title: **Empowering Mombasa's Agents of Peace**
School: **Yale University**
Student: **Alexandra Suich, Yale University, from the United States**

Summary:

Margaret Katwa lives in one of Mombasa's most beautiful slum areas, in which vibrantly green grass and lush trees almost disguise the abounding poverty and disease. Almost. The room Margaret rents is made entirely of concrete, and she cannot afford a mattress to cushion the unforgiving ground. Her seven children do not go to school; her four-year-old daughter, like her, is HIV-positive; and Margaret has no job. There is no neighbor of whom to ask for help, because everyone is as poor as she.

Margaret's only source of emotional and medical support has come from a volunteer named Fatuma, who visits her home every week. Fatuma is a Community Health Worker (CHW), trained a few years ago by the non-profit Pathfinder International to dispense care to people who are HIV-positive in their homes. Like other CHWs, Fatuma receives no reimbursement for her work. The Kenyan government, overstretched in its hospitals and clinics, has not yet directed its attention and resources to the community-level, where so much of the fight against AIDS is taking place. This means that international non-governmental organizations (NGOs) oversee the majority of home-based care programs. However, the problem with this approach is one of sustainability. Pathfinder concluded its project in Mombasa in 2006, leaving volunteers like Fatuma committed to their work but unsupported to continue it.

The main goal for my 100 Projects for Peace project was to strengthen the home-based care system in Mombasa by supporting local initiative and action. After Pathfinder's departure, the volunteers' morale sank, and there was no established order for submitting documentation of home visits or obtaining resources for particularly needy patients. Having been to Mombasa before, I thought the best way to revive and enhance the home-based care system in Mombasa would be to work through a local NGO, Kisauni Community Initiative (KCI), which already had a connection to people in the community, knowledge for innovative programming, and the capacity for long-term sustainability.

I worked with the 13-person Board of KCI to implement the project this summer, taking into account their perspective on priority issues. Because Yale awarded me a grant to cover my travel and living expenses in Kenya, I allotted all of 100 Project for Peace's $10,000 for use in the community in Mombasa, with the expectation that some of the money would be spent after my departure.

The project had two main objectives. The first was to strengthen the home-based care system in Mombasa so that the HIV-positive could receive an enhanced quality of care. I worked with KCI to organize trainings for CHWs so that they could go about their work with increased confidence and skill. Each training had 25 participants, and during the time that I was in Mombasa, we held one "refresher" course for CHWs who had already been trained within the past few years and one course for CHWs who had been volunteering without any training. Additionally, KCI held one more "refresher" training after I left Mombasa for the remaining 25 CHWs. The courses ranged from three and five days and had presenters who spoke on diverse subjects, from AIDS transmission to counseling to drug abuse. All CHWs who completed the courses received certificates and agreed to fill out monthly reports on their visits to their clients for KCI, which will report this information to the Ministry of Health.

Home-based care is one of the most vital and dynamic ways to make progress in the AIDS epidemic, as the volunteers are able to observe and address firsthand the needs of people who are largely overlooked. With this notion in mind, my second objective was to use much of the money from 100 Projects for Peace to create a pool to which CHWs could apply for funding for their clients' basic needs. This program, which will continue to be administered by KCI for the next few months, acts as a sort of "emergency fund," enabling CHWs to care for their clients more holistically. For example, with the funding available, Fatuma was able to see that Margaret Katwa received food and a mattress.

The long-term goal of the project was to equip KCI to address community needs more readily and to integrate the home-based care program into a more sustainable and mainstream structure, preferably

under the Ministry of Health. Development solutions are too often externally imposed rather than internally nurtured, and the significance of having a Kenyan-managed solution to a Kenyan problem cannot be underestimated. I tried to administer the 100 Projects for Peace grant with this notion in mind, blending active engagement with purposeful distance.

Project Results:

Organizing the trainings was the first major project I undertook upon arriving in Mombasa. I collaborated closely with Cecilia Mwaluda, a Board member of KCI, who had been trained by Pathfinder and was able to suggest changes in design for our own trainings. One of our most meaningful decisions was to award laminated, personalized certificates to participants. For volunteers who labor constantly without pay and with little recognition, the certificates were tangible proof of a change in the status of the Community Health Worker, of the potential to be recognized by KCI as integral to community-level change. While I had initially thought that the 100 Projects for Peace grant would go toward training more CHWs, KCI and I decided that it would be best only to train only 75, so as to keep the number small enough for KCI to oversee all CHWs. Additionally, the cost turned out to be relatively high, and I was wary of using too much of the money on training and not enough on direct support for the NGO and the community itself.

The creation of a funding pool to support CHWs' clients was another one of my goals, and KCI's board supported its development. In the end, I prioritized this facet of the project over awarding CHWs a monthly stipend, as I had once hoped to do, because I felt that clients had more acute and pressing needs for that money. Additionally, I was wary of helping to establish a structure of financial support for CHWs without any way to ensure continuity. With the funding pool for clients, sustainability is more likely, because government officials and businesses can be approached for contributions. While I was there and the trainings were still taking place, several people stepped forward to donate food and scholarships for orphans, expressing interest in supporting a project that was so much an offshoot of the community.

Sustainability was an element that saturated my thought-process and decision-making when I was in Kenya, and it was also what motivated me to initially look to the government as a source of support and oversight for the project's future. However, when I arrived in Kenya and spoke to a few government officials, I realized that the Kenyan Ministry of Health was not yet ready to manage home-based care, particularly given the problems it has faced in scaling-up formal healthcare facilities. In my thinking, the best action to take was to hand the home-based care system to the people responsible for making it a success in the first place: Kenyans themselves. For the time being, I think that home-based care can be managed on the community-level, with the goal of harnessing the government's support in future years. I think that the government will be more likely to take on home-based care when it sees it as an organic, Kenyan-led project.

Implications:

The Community Health Workers in Mombasa truly are "agents of peace," soothing the despondent, nursing the weak, and empowering the belittled. CHWs provide hope for the AIDS epidemic in Kenya, because they work so tirelessly to address the needs of their neighbors. I think that KCI and the CHWs which KCI now oversees will work to ensure that the hungry are fed and the hopeless revived, spreading peace but also promise for a more active and engaged political future.

People only feel accountable to act when accountability is a community value. CHWs have redefined the meaning of accountability, taking on others' problems as their own and crafting solutions to issues that once seemed unnavigable. I think that CHWs and the concept of home-based care have spread the message of accountability, of responsibility to one's family and strangers. It is this ethic, which has emerged in the face of a seemingly unconquerable epidemic, which will change the future of Kenya and be a guarantor of peace in the country.