

A conversation with Amref Health Africa, July 26, 2018

Participants

- Mette Kinoti – Chief Program Officer, Amref Health Africa
- Desta Lakew – Director of Partnerships for Africa, Amref Health Africa
- Dr. Meshack Ndirangu – Country Director at Amref Health Africa in Kenya
- Samuel Muhula – Monitoring Evaluation and Research Manager at Amref Health Africa in Kenya
- Corazon Aquino – Donor Relationship Manager, Amref Health Africa
- Andrew Martin – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Kinoti, Ms. Lakew, Dr. Ndirangu, Mr. Muhula, and Ms. Aquino.

Summary

GiveWell spoke with Ms. Kinoti, Ms. Lakew, Dr. Ndirangu, Mr. Muhula, and Ms. Aquino of Amref to learn more about its programs. Conversation topics included its work on reducing female genital cutting (FGC), integrated HIV and tuberculosis treatment, and training of community health workers (CHWs).

Alternative Rite of Passage (ARP)

More than 3 million girls across Africa are at risk of female genital cutting (FGC). Currently, roughly 1 in 5 girls in Kenya undergo FGC and are often subsequently forced into marriage at a very young age. Many programs have worked to eliminate FGC and child marriage; however, Amref's impression is that most programs have not targeted the cultural roots of the practice at a deep enough level to be impactful. FGC is embedded as an important rite of passage in the traditions and culture of many communities. FGC is still practiced in about 15 of Kenya's 47 counties.

Amref's ARP is an outreach program that engages various segments of the community (e.g. elders, politicians, other religious and community leaders, women, and young girls at risk of FGC) in a dialogue that respects the community's traditions while aiming to educate community members on the harmful effects of FGC and child marriage and working with them to develop alternative practices. Ideally, these alternative practices retain all aspects of the community's existing coming-of-age traditions except FGC and marriage. Amref has found that this community-led process avoids creating conflict and produces sustainable behavior change.

Over the last 10 years, ARP has reached about 15,000 girls.

Monitoring and impact evaluation

Amref monitors how well the ARP program is achieving its targets, performs process evaluations to determine whether the program is reaching the intended population, and keeps data on how many girls the program has affected.

Amref is in the process of designing a formal impact evaluation for the program. This evaluation will compare outcomes in communities where ARP operates to communities where it does not. Amref expects it to take about three months of monitoring to detect whether ARP is having an effect.

The impact evaluation will not randomly select communities as either intervention or control, since Amref has already been working in its intervention areas for some time. However, the design will aim to demonstrate that intervention and control communities are similar in relevant ways that make it plausible to attribute any observed difference-in-difference to ARP.

Room for more funding

With additional funding for ARP, Amref would likely scale the program to additional Kenyan counties that have high rates of FGC (in some counties, rates of FGC are over 90%). It would also consider expanding the program to other countries where FGC is prevalent (ARP currently operates in Kenya and Tanzania).

Kibera Reach 90

Amref's Kibera Reach 90 project works to support integrated tuberculosis (TB) and HIV care in Kibera, a large informal settlement in Nairobi, Kenya. The project focuses on the UN's "90-90-90" targets for HIV — i.e. diagnose 90% of HIV cases, provide access to antiretroviral therapy (ART) to 90% of people diagnosed with HIV, and achieve viral suppression in 90% of treated patients by 2020. The project has been funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control (CDC) since 2003. Amref is the sole implementer.

Overall HIV prevalence in Kenya is about 6% (about 1.6 million people infected). Of those with HIV, only about two-thirds have access to ART. HIV prevalence in Kibera is about 12%.

Program activities

Amref currently works with nine health facilities in Kibera, including both private and government facilities. The quality of care in informal settlements tends to be very poor since there is less obligation for the government to provide health services there than in other areas. Private clinics tend to be very small (e.g. a single health worker). Amref helps the facilities it works with become more efficient and provide higher quality of care in a variety of ways.

Kibera Reach 90's main activities include:

- Engaging community volunteers within Kibera to go door-to-door to educate people about HIV treatment and prevention (e.g. the importance of protected sex). Amref believes that, in the absence of this work, the level of knowledge about HIV in those communities would be low, which would likely result in higher HIV prevalence.

- HIV testing and counseling. Many people currently do not access antiretroviral therapy (ART) because they are not aware they are HIV-positive. Amref encourages people who test positive to seek treatment and helps them access chronic care. It also educates those who test negative on safe behaviors for remaining HIV free.
- Offering ART to both adults and children. Amref currently works with about 12,000 patients on ART. Facilities monitor patients' status using viral load.
- Improving government facilities to provide higher quality treatment by e.g. making more health workers available and reducing waiting times.
- Prevention of mother to child transmission (PMTCT). Amref's work on PMTCT is integrated within its larger HIV program; additional components of care provided to mothers include counseling on exclusive breastfeeding and on utilizing family planning services. Amref also works to ensure that mothers can access facilities where those specialized services are offered without queueing with the rest of the clients at those facilities.
- Integration of HIV and TB services to reduce coinfection.
- Training CHWs to monitor HIV-positive people in their communities and encourage them to resume treatment if they drop out. People who stop receiving treatment are more likely to progress to stage 2 of HIV, which is more expensive to treat.

Room for more funding

With additional funding, Amref might expand into more health facilities in Kibera (it currently works in nine out of a total of 88 facilities), or expand to facilities in other informal settlements in Nairobi, such as Mathare.

Training CHWs

Amref emphasizes training CHWs, i.e., community members who receive basic training on disease treatment and prevention and health promotion. Amref views CHWs as essential for bridging the gap between communities and the formal health system, particularly for communities in remote areas.

In Amref's view, training CHWs is the most effective way to bring access to health services to communities for which the nearest health facility is prohibitively far away or does not provide services that the community needs. Properly-trained CHWs can address a significant percentage of health issues that arise in their communities. Amref also links CHWs to a health facility to which they can refer cases that cannot be addressed in the field. Amref's impression is that CHWs have a significant impact on disease mortality and morbidity in their communities.

Amref believes that significantly upscaling training of CHWs (on the order of millions of new CHWs) is the only plausible route to achieving universal health coverage in Africa.

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