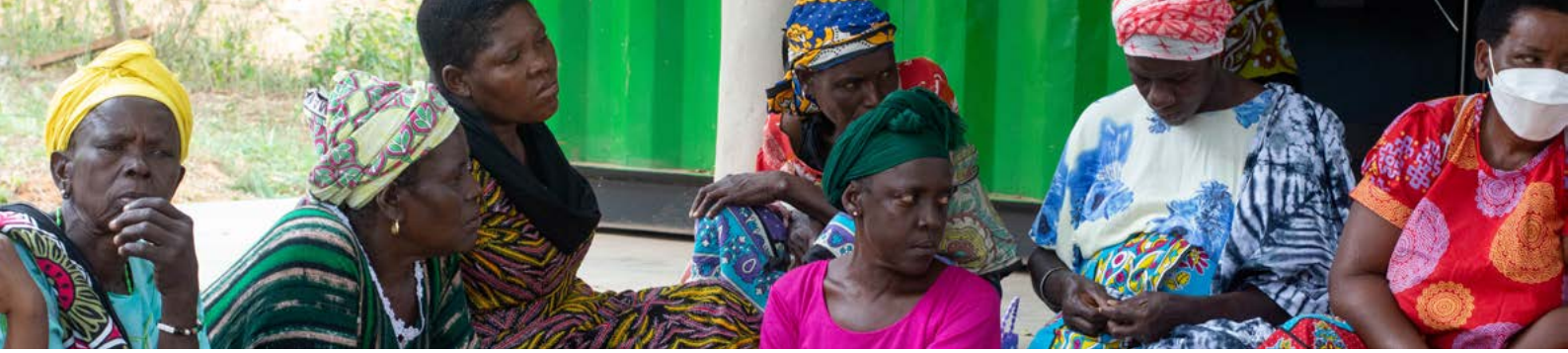

Continuity of NCD Care in Crisis Project in Kenya (2022-2026)

Project summary

The Continuity of NCD Care in Crisis project is implemented by the Kenyan Red Cross Society (KRCS) with support from the Novo Nordisk Foundation through the Danish Red Cross and in close partnership with the Kenyan Ministry of Health and other local NCD actors. It aims to ensure uninterrupted access to NCD prevention, care and support for people affected by a crisis. Borrowing lessons learned from the impacts of the COVID-19 pandemic, the project employs strategies to build communities' resilience irrespective of the type of disruption they face. It is implemented in four counties in Kenya and reaches both displaced and host populations. The project spans the entire continuum of care, from primary prevention to comprehensive patient management and the strengthening of healthcare services. One of its components is peer support groups with people living with diabetes and hypertension.

Context

Kenya faces multi-layered humanitarian emergencies, experiencing protracted conflicts in parallel with cyclical disasters. The nation's health system is increasingly dealing with a double burden of disease, with NCDs accounting for 41% of deaths.[1] Despite progress in some areas, such as increasing NCD funding and the engagement of PLWNCDs in policy processes, the need to integrate NCD efforts with national and local disaster responses is evident. To address this need, the Continuity in Crisis project is implemented in four counties prone to cyclical disasters (such as floods, droughts and epidemics), experiencing political instability and hosting displaced populations from neighbouring countries. The project was implemented in Nairobi, Turkana, Tana River and Kilifi Counties. Its peer support component, as described below, was implemented in seven health facilities in Nairobi.

Peer support intervention

WHY (objectives)	1. To improve peers' physical and mental health (clinical/ psychological) 2. To enhance patient empowerment and self-care (psychological/ behavioural) 3. To strengthen people's economic resilience (economic)
WHO	Self-organised groups with dedicated roles and group-initiated training
WHAT	Experience sharing, emotional support, information sharing, educational sessions (including self-care and economic literacy) and patient counselling
HOW	Open, group-based (maximum 50 members to facilitate group management)
WHERE	In-person (location decided by group members)
WHEN	At least monthly, but decided by the group (no defined end date)

Intervention description

The project team and the participating health facilities jointly initiated the peer support intervention. The core idea was to initiate support groups that are driven by PLWNCDs with support from the healthcare workers and community health volunteers supported by the KRCS. Entry meetings were organised at all facilities to discuss the project, build stakeholder buy-in and ensure the active involvement of PLWNCDs. This was followed by cadre-specific training covering each role's specific responsibilities. The peer support groups – one per facility – were set up by PLWNCDs under the project team's guidance. Peers were recruited through referrals from: i) healthcare workers; ii) community health promoters; iii) PLWNCD champions; and iv) KRCS youth volunteers. At each group's initiation, KRCS provided group dynamics and formation training before its members were encouraged to develop ground rules and elect officials (e.g., chairperson, secretary, treasurer).

Once established, groups met at least monthly or more often on a needs basis. Session topics were decided on by peers but aligned with the national peer educator's guidelines and input from the facility's healthcare staff. Sessions focused on NCDs, risk factors, prevention and management, self-care and economic empowerment using educational, discussion and counselling activities. Light refreshments were provided at the meetings. With the peer ownership of the groups, KRCS assumed a supportive role, for example by arranging lectures from multi-disciplinary experts such as healthcare professionals, nutritionists and psychologists.

While peers valued the support groups, economic challenges and medicines stock-outs remained key concerns. To address these issues, groups were supported in setting up i) income-generating activities (e.g., soap making) and ii) community pharmacies (i.e., resource pooling for purchasing essential medicines). Members agreed to pay a monthly contribution of 100-200 Kenyan shillings (~ 0.6-1.2 US dollars) to run these efforts. KRCS supported the income-generating activities by arranging a five-day training on village savings and loaning associations (VSLAs) – a well-established format in Kenya – and aiding the groups' legal registration as community-based organisations. For the community pharmacies, KRCS linked groups with distributors to access highly discounted rates (80-90% of the market price). Purchased medicines were managed by group officials and stored on a separate shelf at the health facility pharmacies to ensure their exclusive use by group members. The groups' activities were interconnected, as the generated income could be used to purchase medicines.

Selected lessons learned

- **Formal recognition:** The project team realised that for the groups to be fully functional, they would require legal recognition. The groups were encouraged to develop a constitution and register with the government as community-based organisations. This was an essential step in facilitating many of the groups' planned activities.
- **Integrating MHPSS:** Emotional and physical wellbeing are closely connected. Peers benefit from formally integrating MHPSS topics in the design of the peer support intervention; for example by planning activities that centre around emotional support or by arranging lectures from MHPSS experts.
- **Financial sustainability:** Even though the groups were initiated and led by members, it became clear that their ownership and continuity are tied to their financial sustainability. Supporting groups with setting up income-generating activities proved a strong implementation choice in the Kenyan context. KRCS's role remained passive and supportive throughout, for example arranging financial literacy classes on VSLAs.

To learn more about the case study, see the NCD Alliance publication Kenya - One Country, Multiple Approaches or the project's practice brief.

This case study was informed by internal project documents and developed jointly with Sylvia Khamati Anekha – Logendo, Lars Bruun Larsen, Jytte Roswall (Danish Red Cross) and Hezron Mukhonji Nambiro (Kenya Red Cross)

Sources

1. Cooper K. Kenya. One Country, *Multiple Approaches*.; 2024. https://ncdalliance.org/sites/default/files/resource_files/Kenya_case_study-humanitarian_brief-2024.pdf. Accessed March 6, 2024