COMMUNITY HEALTH AND EMPOWERMENT CLUBS IN KENYA

Blair Gifford, PhD
Founder/Bd Chair, Global Health Connections, Inc.
Professor, University of Colorado Denver
Blair.Gifford@UCDenver.edu, 720-272-4751
Empowering Villages to Help Themselves

- International development has had limited success due to top-down, western interventions.
  - Don’t just send services to a target community. That is a band aid approach, which ultimately fails.

- Instead, sustainable development will work if you **empower villages to help themselves**.
  - Villagers are much more willing to learn and respond to **local change agents**. Locals know the language, customs and are familiar with the villagers.
  - Local change agents will stay for the longer term and provide follow-up to see if household behaviors improve.
The CHEC Process

• Invitation. We have been working in the area for years and villages are asking us to come in and help them out.

• Approval. Start by getting approval from village leaders and support from local government to initiate a club.

• Analytics. Do a baseline survey of household health and economic conditions. Go to the local health clinic to get admissions data for find out the prevalence of various ailments in a village.

• Recruit members. One club member per household / 150 members per village.

• Learning. Meet weekly for learning and experiential exercises. Six months of health followed by two and a half months of economic learnings. Use local government expertise for learning when available.

• Accountability. Attendance is taken and households are visited to see if learnings have been adopted.

• Celebrate. Have a large graduation ceremony with village leaders and government officials.

• Income Generation. Health graduates have the opportunity to be involved in income generation groups.
Empowerment

- Community Health Clubs (Zimbabwe) have focused on improving health behaviors in households.

- We are doing this, but also looking to enhance “empowerment”

- We believe that we will build social capital through participation in CHECs
  - Increased participation will lead to mobilization and leadership (e.g., community gardens, income generation groups). And increased mobilization will lead to empowerment (women especially).

- Empowerment – control over decisions about their lives at the individual, organizational and village levels.
Global Health Connections’ Teams

Kisii, Kenya

Denver, Colorado
Growth of the GHC Management Team

- **2019 (4 people)**
  - Denver (3) – Holly, Blair, Suzanne
  - Kisii (1) – Edward

- **2020 (7 people, CHEC training)**
  - Denver (4) – Holly, Blair, Suzanne, Rotary - Bill
  - Kisii (3) – Faith, Christine, Margaret

- **2021 (11 people, 4 CHECs – Kisii/Nyamira)**
  - Denver (8) – Holly, Blair, Suzanne, Rotary - Bill, Admin – Mimi, Khanh, IT - Jiban, Karishma
  - Kisii (3) – Faith, Christine, Margaret

- **2022 (15 people, 10 CHECs – Kisii/Nyamira & Homabay/Migori)**
  - Denver (10) – Holly, Blair, Suzanne, Rotary - Bill, Admin – Mimi, Khanh, IT - Jiban, Karishma, Mktg – Allie, Sophie
  - Kenya (5)
    - Kisii – Faith, Christine, Margaret
    - Homabay – Cordero, Salome
GHC Competitive Advantage

• Local expertise
  • College degreed professionals with vast local village connections and experience
    • We are scaling up to Homabay/Migori Counties in 2022 (Luo people).
    • Excellent health and economic experiential education curriculum

• Impact
  • Previous: CHCs measure health improvement at the household level
  • New: CHECs measure \( \text{empowerment} = f(\text{health, income generation}) \)
    • We make households accountable for adopting learning
    • Our goal is empowerment and we believe empowerment will come from improved household knowledge of good health and income generation behaviors

• Traditional and non-traditional revenue generation
  • Moving beyond the typical NFP organization reliance on grants and donations
  • Adding small business components (Adopt a Village, honey processing).
## Health Curriculum (23 weeks)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Homework</th>
<th>Topic</th>
<th>Homework</th>
<th>Topic</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand washing</td>
<td>Tippy tap hand washing stations</td>
<td>Management of solid waste</td>
<td>Dig a rubbish pit</td>
<td>Malaria</td>
<td>Bednets and clean compound</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>Shower shelters</td>
<td>Food Hygiene</td>
<td>Handling foods appropriately</td>
<td>Bilharzia</td>
<td>Avoid playing in contaminated stream</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Washing hands before eating</td>
<td>Home Hygiene</td>
<td>Sweep &amp; clean daily</td>
<td>Malnutrition</td>
<td>Start a kitchen garden</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Drink enough water</td>
<td>Respiratory ailments</td>
<td>Warm and well ventilated house</td>
<td>Infant Care and Weaning</td>
<td>Breast feed for at least 6 months</td>
</tr>
<tr>
<td>Safe Water and Water Storage</td>
<td>Water catchment; Boil water</td>
<td>Covid</td>
<td>Social distance and mask wearing</td>
<td>Gender-based Violence &amp; Equity</td>
<td>Educate on equality</td>
</tr>
<tr>
<td>Zero Open Defecation</td>
<td>Modern, sanitary latrine</td>
<td>Skin Diseases</td>
<td>Wash daily with soap</td>
<td>Teen pregnancy</td>
<td>Changes in bodies</td>
</tr>
<tr>
<td>Sanitation</td>
<td>Clean household; Bug and rodent free</td>
<td>Parasitic Worms</td>
<td>Avoid contaminated food and water</td>
<td>Alcohol &amp; Drug Abuse</td>
<td>Mental health</td>
</tr>
</tbody>
</table>
Model Latrine

BEFORE

COMPLETED
Model Kitchen Garden: Villagers do the Work
### Analytics

3 Survey Instruments (health, economics, empowerment)
Baseline, 1 and 2 year Surveying to Evaluate Impact at the Household Level

<table>
<thead>
<tr>
<th>Survey 1 - Health Indicators</th>
<th>Survey 2 - Economic Indicators</th>
<th>Survey 3 - Empowerment Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Household health</td>
<td>• Financial literacy</td>
<td>• Values and gender</td>
</tr>
<tr>
<td>• Water source</td>
<td>• Managing finances</td>
<td>• Household roles</td>
</tr>
<tr>
<td>• Drinking water – storage and treatment</td>
<td>• Business decision making</td>
<td>• Partner relations</td>
</tr>
<tr>
<td>• Hand washing</td>
<td></td>
<td>• Village participation</td>
</tr>
<tr>
<td>• Sanitation</td>
<td></td>
<td>• Psychology</td>
</tr>
<tr>
<td>• Body hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Malaria protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cooking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pregnancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Indicator #6 - Hand Washing (5 questions)
red\(\leq9\), yellow\(\geq9\) & \(\leq15\), green\(\geq15\)

- **Hand Washing Method** (none, very bad – shared bowl/no soap, poor – reuse of water in bowl/no soap, average – quick wash/soap used, good – hands rubbed well/soap used, excellent – rub each finger for long time and nails/soap used)

- **Place** (no facility, no fixed facility, basin/house, by toilet, by toilet and by kitchen)

- **Design** (common bowl, plastic bowl, jerry can, pour to waste over basin, temporary (tippy tap), permanent (manufactured), step and wash, tap)

- **Availability of soap/ash** (no soap or ash, no soap seen, but they say they use soap, soap/ash avail but not at hand washing facility, ash at hand-wash facility and used, soap at hand-wash facility and used)

- **Usage of hand washing facility - observe** (broken/no water, evidence of use, but not with water, in use/filled with water)
Hand Washing Method

- **Very bad:** No hand-washing practice
- **Very bad:** shared bowl or used water, no soap
- **Poor:** reuse of water in bowl, no soap
- **Average:** quick wash, soap used
- **Good:** hands rubbed well, soap used
- **Excellent:** rub each finger and nail well, soap used
MOKUBA Health Results – December 5, 2021
Results

- Big gains – body hygiene, malaria protection, nutrition, cooking, compound, water source, hand washing
- Smaller change – water storage, housing level, child care
## Economic Empowerment (9 weeks)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Homework</th>
<th>Topic</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Development</td>
<td>What is competitive advantage; SWOT analysis</td>
<td>Growing a Business</td>
<td>Marketing tactics, customer care</td>
</tr>
<tr>
<td>Entrepreneurial Behavior</td>
<td>Self reflection and assessment of key characteristics</td>
<td>Costing and Pricing Products</td>
<td>Benefits of costing and pricing</td>
</tr>
<tr>
<td>Generate and Fund a Business Idea</td>
<td>Local agricultural opportunities – organic farming, beekeeping, poultry, fruit and nuts</td>
<td>Business Records</td>
<td>Bookkeeping and key records</td>
</tr>
<tr>
<td>Business Registration</td>
<td>Basic forms &amp; legal requirements</td>
<td>Microfinance Strategies</td>
<td>Outside speaker and introduction to various local banks</td>
</tr>
</tbody>
</table>
Bee Hives and Agriculture Income Projects
Case Study in Tabaka: Teresa

Widower – 60, lives alone
Prior years - 3 children (no prenatal care, abstinence)
Income: very low, “contracts”
Pre-survey: bad malaria episode
CHEC Health Learning: malaria prevention, nutritious vegetables in garden, improved latrine & kitchen, new tippy tap & dish rack
CHEC Economics: disinfection group
Overall: very appreciative of GHC
New items as a result of CHEC training: outdoor dish rack, tippy tap (hand washing), bed net (malaria prevention)
Thanks

- Blair.Gifford@UCDenver.edu
- 720-272-4751
- GHC CHEC Video on youtube: https://www.youtube.com/watch?v=leeXOqE0XvM