



**Department of Sociology,
University of Nairobi**

Mount Kenya Health Days

*DIP-Pilot Project for the
Massive Effort against Diseases of Poverty*

in Collaboration with

Mirichi Organic Farmers Association
Kenya Nut Company Limited
The Centre for Health and Behaviour Studies
(University of Nairobi)

Evaluation Report (November 2001)

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BACKGROUND

A call by G8 leaders was issued in Okinawa (July 2000) in order to fight diseases of poverty. During that meeting the G8 pledged support for a 50% reduction in tuberculosis (TB) and malaria deaths and a 25% reduction in HIV infection by the year 2010. The G8 called upon WHO, UNAIDS and other organizations to deliver these targets. At the subsequent international conference on diseases of poverty (malaria, tuberculosis, and HIV/AIDS) held in Winterthur, Switzerland in October 2000, there was consensus that it is possible for the world community to enhance human security and survival by fighting the diseases in question. The concept of *massive effort against diseases of poverty and getting health to the people* was adopted with a view to generating global and national specific concern and action aimed at fighting the diseases of poverty.

Kenyan organizations that had already started working towards better agricultural practices, income generation, community health and environmental management had representation at the conference in Winterthur. Kenya Nut Company has, for instance, already been working with DIP Foundation (Int.) Kenya and the Mount Kenya Community (Mirichi Organic Farmers) with a view to promoting community training and education in organic farming focusing on both food and cash crops, especially macadamia nuts. The training was offered by Kenya Institute of Organic Farming (KIOF) after which the trained farmers were provided with macadamia seedlings as tokens of appreciation.

DIP Foundation together with the Swiss Bakers Association developed the idea to use Kenya macadamia nuts in a bread (called the “Bread of Solidarity”) to raise funds in order to achieve the above mentioned G8 targets. These organizations eventually created a fund that is raised from income of the Bread of Solidarity. The fund is used to assist in the implementation of the health initiative within the spirit of WHO/Winterthur Health Forum.

As part of the “DIP pilot project” together with Mirichi Organic Farmers’ Association training in macadamia growing, the “Mount Kenya Health Days” were initiated in early 2001 with the aim of promoting good health and economic development. The latter started as a pilot effort based on a multi-faceted medical clinic initiative involving Diabetes Management and Information Centre (DMI), Ministry of Health, Centre for Behaviour and Health Studies at the University of Nairobi and Kenya Nut Company. During the “Mount Kenya Health Days”, there was TB and Diabetes screening, and follow up clinics for those found with the two illnesses. This initiative is in line with WHO and Kenya’s national goal of health for all based on community mobilization and effective action at the local levels.

Given that the pilot project underwent the implementation phase, an evaluation was conceived by the key stakeholders, who mainly included DIP Foundation, Mirichi Organic Farmers Association, Centre for Behaviour and Health Studies and Kenya Nut Company. The evaluation has also been undertaken in view of the need to learn lessons from the pilot project for future re-planning as well as possible replication in other areas.

PURPOSE OF THE EVALUATION

The purpose of the evaluation was to establish the extent of the effectiveness of the overall support provided by different stakeholders to the Mirichi Organic Farmers. As a follow up to the project in question, the evaluation should lead to identification of the lessons learnt as well as give useful recommendations regarding the way forward.

More specifically, the evaluation was meant to:

- (i) Assess the effectiveness of stakeholder inputs in relation to the community's objectives of improving agricultural practices, health and environmental conservation.
- (ii) Explain the extent to which the outputs of the project were realized as well as the reasons for the success or failure.
- (iii) Determine the overall impact of the cooperation of the participating institutions.
- (iv) Document the lessons learnt from the relationship among the stakeholders.

EVALUATION METHODOLOGY

The evaluation was undertaken using focus group discussions and key informant interviews and review of secondary sources as follows:

- Focus group discussions with:

- (i) male project beneficiaries
- (ii) female project beneficiaries
- (iii) male non-beneficiaries
- (iv) female non-beneficiaries

Each focus group discussion aimed at involving 12 participants in each category and 48 participants were targeted altogether.

- Key informant interviews with local gatekeepers and opinion leaders knowledgeable about the project. The informants also included members of the project management committee. 18 key informants were targeted altogether.

The list of the focus group participants, key informants and management committee members is presented as Annex I and the guidelines used during the evaluation are presented as Annex II.

EVALUATION FINDINGS

The Mount Kenya Health Days Project focused on screening and clinics relating to diseases of poverty and lifestyle, viz. TB and diabetes. The project is also linked to the training for better agricultural practices, which also benefited the Mirichi Organic farmers in line with the intended objectives. Both components were identified as mainly successful by all the participants who felt that they should be re-planned with a view to going beyond the pilot to encompass more community members and a larger out-reach. Details of the findings are presented below.

Knowledge of the Project

All the 60 community members and key informants who were interviewed were aware that the pilot project had been aimed at improving people's health and incomes. The components of agriculture and „Mount Kenya Health Days“ were well articulated because modern health care has been based on people's incomes, which are earned from agriculture in the Mount Kenya region.

All the 60 participants who took part in the key informant interviews and focus group discussions were of the view that the Mt. Kenya Health Days were popular within the community even among those who were not currently participating in organic farming. Some participants felt that the health days had also served to popularise organic farming in the area. It is evident that the Mt. Kenya Health Days was largely a success.

Project Implementation

Mirichi Organic Farmers reported that they had received training in organic farming according to IFOAM guidelines as well as rules stated by the European Union (EU 2092/91). This training was conducted within the framework of groups mobilized through local fora and with the participation of the local administration. It is however noted that the community members identified the training with “*Mzungus*” (Kiswahili form of the “White man”) due mainly to the presence of the International Community during the

training and follow up activities. This was especially so because the farmers felt that the training was preparing them to produce high quality farm produce for the European market that promises better prices and higher incomes. Participants however felt that accessing good markets especially in Europe was taking too long due to the rigorous process of certification for organic farming. The training and demonstrations are, nonetheless well taken. They are seen as an important avenue for improving agricultural practices and enhancing incomes and well being in the area. However the success in improving incomes was seen as solely lying in the ability to access markets outside Kenya so that the morale of farmers was kept high.

The screening for TB was held between 21 and 24th March 2001 at Kimweas Youth Polytechnic. Equipment and materials for the Mount Kenya Health Days were procured with financial assistance from DIP Foundation and other sponsors. Technical support was provided by professional medical personnel from Kirinyaga District. A temporary laboratory was set up and the medical personnel examined the more than 1,000 community members. Those requiring further tests were sent to the temporary laboratory. Only one positive TB case was found out of the 463 sputums screened. The case is being treated and followed up at Kianyaga Health Center following WHO and Ministry of Health guidelines.

Screening for Diabetes was also undertaken by medical personnel from the district, but it benefited from the work of volunteers from the Diabetic Information and Management Center (DMI), Nairobi. The medical equipment (Glucotrend system) was donated by Roche-Diagnositics (Switzerland) AG. Medvantis AG (Germany) contributed information

materials. Out of the 820 people screened, a total of 112 diabetes cases were confirmed, of which 35 were old cases. Those with high sugar levels were given insulin injections of mixtard 30/70 before being referred to the nearest hospitals in Embu and Kerugoya. Two follow up treatment clinics have been conducted by DMI and Cosmos (K) Ltd.

The organization of the Mount Kenya Health Days was at the local level undertaken by Mirichi Organic Farmers Association with logistical support from Kenya Nut Company and Center for Behaviour and Studies (University of Nairobi). The mobilization and sensitization of the community members was done by members of the organic farmer's group through the network of community based organizations and families. Programs for the „Mount Kenya Health Days“ initiative were communicated using the local churches and public meetings (*barazas*). The Kimweas Youth Polytechnic kindly offered its grounds, rooms and public amenities for the 4-day event.

Although it was not systematically documented in an initial project plan/proposal, the pilot project adopted a locally friendly and effective process in mobilizing resources, the required community participation and support, in addition to the participation of both internal and external stakeholders.

Effects and Impacts of the Project

The pilot project has had certain key benefits to the community and the partners. Although the period of contact between the project and the community has been relatively short given the need for the consolidation of effects and impacts, it was found that the project had made important contributions in the areas of organic farming, fighting poverty, disease reduction, exposure to crop marketing, social aspects and partnership building. The benefits in question are crucial grounds for future planning of the intervention around definite indicators. A discussion of these contributions follows in the next sections.

- *Organic farming:*

The project equipped farmers with skills for production and use of organic manure, which is prepared by farmers first for their use and later for sale. During the manure preparation training and actual work, farmers have been able to acquire appropriate skills and knowledge, which makes a difference from what the community had in the past.

Farmers have been able to use the manure for organic farming of food crops, which has contributed to better food security. The use of this manure meant that farmers have been able to stop the use of chemicals, which deplete soil nutrients and threaten land productivity.

All the farmers who participated in the evaluation however felt that progress in organic farming could be constrained by lack of sufficient

water supply and the lack of a ready market for the organic farming produce. For example one focus group participant felt that currently farmers were only able to produce for household consumption and the local market. To produce more they needed ample water supply and ready market beyond the Mt. Kenya region. One farmer felt that the fact that organic farming produce was fetching similar prices with non organically produced farm outputs discouraged some farmers from pursuing organic farming ambitiously.

Fighting poverty

Farmers who participated in the evaluation felt that the project had been able to reduce poverty to a reasonable extent through saving on costs of farm inputs and also improving the quantity of farm produce therefore making farmers reduce dependency on the markets. This has enabled some families to afford education for their children and also to enjoy better diets. However all the participants were of the view that the project needed to access markets and to provide them with water to enable them to produce financially viable farm outputs. The current produce according to the farmers was only adequate to finance their subsistence.

The farm produce was reportedly increasing due to new farm technology, i.e. farmer training, farm inspections and the preparation of the EU 2092/92 organic farming certification process. This has also led to enhanced quality of the produce, with the prospects of getting better access to the European organic market.

Disease reduction

The project has contributed to the reduction of diseases associated with the use of agricultural chemicals since the farmers are now using organic manure. The community members argued that the absence of chemicals in the food crops meant fewer illnesses.

Increased agricultural production for food crops has led to better health for children and other community members. There has generally been enhanced availability of balanced diet, due to increased agricultural activities and public nutrition education focusing on how to prepare nutritious meals from locally available foodstuffs.

The Mount Kenya Health Days and subsequent follow up by doctors every month contributed to better awareness of TB and diabetes, which has the potential of reducing diseases. It was reported that those found with the diseases were already receiving medical attention and follow up from the project. This is indeed a crucial way of reducing disease incidence, albeit modestly.

The medical checks during the Mount Kenya Health Days created more confidence in the community members, when they knew that they were healthy and are, therefore, able to go about their agricultural and other businesses more effectively without fear.

Most of those who underwent check ups ended up telling their families and friends about the two diseases. The family and friends are likely to have also gone for check ups in local health facilities, which implies a spiral impact of the Mount Kenya Health Days.

The Mount Kenya Health Days have the potential of creating awareness regarding the need for regular medical check ups, especially on the diseases of poverty. However the farmers felt that such health days in future ought to broaden their focus to deal with other diseases including malaria, typhoid and pneumonia, which were deemed to be prevalent. They also felt that for the benefits of such health days to be sustained, there was need of a permanent health facility in the community.

- *Better Market for Farm Produce*

The project contributed to the development and strengthening of partnership in marketing of nuts and other produce. The farmers were also exposed to new ways and areas of marketing. The community members felt that this has the potential of eventually having farmers doing their own produce marketing, thereby eliminating middle men and increasing farmer incomes. The end result would be enhanced returns from agriculture hence more involvement and overall socio-economic development of the area.

Farmers proposed improvement of water systems, revolving fund to provide credit for farmers and improvement of roads. This is because

many youth had now got involved in organic farming where they were spending most of their time and also from where they drew little income.

Social aspects

In terms of social relationships and interactions, the project was perceived to have contributed to the independence of youth who have accepted to participate in organic farming. This could contribute to reduction of crimes related to youth idleness.

There has also been enhanced women's empowerment through the acquisition of knowledge, skills, and change of attitudes and beliefs about productivity and diseases. It was also reported that there has been enhanced family stability as exemplified by reduced quarrels and violence in the homes.

Given that farmers' activities and the "Mount Kenya Health Days" are planned and undertaken within groups, the project has socially contributed towards enhanced friendship among groups, families and individuals. The result of this is a promise for increased social integration, which can be a crucial basis for future interventions and the community's self reliance.

Partnership building

Apart from the social relationships developed within the community and among the farmers, it was found that the project had contributed to

partnership building between and within the farmers, the community and such stakeholders as the DIP Foundation, KIOF, KNC. This partnership was especially due to the cooperation between the organic farmers and coordinators of the project components by the various stakeholders. It is imperative that the partnership be taken as a springboard for an effective program in the future.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The evaluation was a qualitative attempt to understand the process and impact of the Mount Kenya Community Project, focusing on Mirichi Organic Farmers Association. The project was a pilot component meant to enhance agricultural production and improve health, especially in relation to the above mentioned two diseases. Data was gathered through focus group discussion and key informant interviews.

It was found that although it may be difficult to quantify the pilot project's effects and impacts, there has been overall benefits to the community in terms of increased agricultural productivity, acquired skills in the use manure, and better health due to food availability and less use of chemicals, in addition to the disease screening and follow up treatment. There has also been increased incomes from farm produce sales and savings from not using chemicals and fertilizers. This income has been channeled towards better expenses related to education and health. Social impacts were also reported including youth engagement, women's empowerment and better domestic harmony. The community had also made contacts with vital stakeholders.

On the basis of the foregoing findings, it is recommended that:

1. The Mount Kenya Community Project focusing on Mirichi Organic Farmers be properly planned using a well rationalized way through which project inputs, activities, outputs, effects and impacts can be easily interconnected, expected and hence easily monitored and evaluated.
2. The project should be seen in the context of both farming and health care components focusing on diseases of poverty. Together with professional processing as well as marketing, this will provide a comprehensive picture of the farmer's lives and eventually make farmers and the community easily identify with and own the programs.
3. The Mount Kenya Health Days component should if possible be more comprehensive in terms of testing for the more common illnesses such as malaria and typhoid. The alternative would to have a session giving information regarding where these tests could be provided in a cost-effective manner.
4. The Mount Kenya Health Days should be made an annual event, which can be implemented with more broad-based stakeholder participation. Interested stakeholders should meet under the leadership of the Mirichi Organic Farmers Association to discuss their roles and responsibilities. This will ensure more effective and useful community participation.
5. Regarding the marketing of nuts, it is imperative for the community to be shown other avenues for marketing their produce apart from the Kenya

Nut Company. This was apparently the biggest concern among the farmers.

6. The cost/fees for training farmers on organic farming should be reduced. Another way of going round this is to solicit for bursaries for farmers and require them to meet a small fraction of the training fees.

ANNEX I

List of Focus Group Participants

1. James Gichobi
2. Martin Njuno
3. Syvester Muchira
4. Josphat Kagwi
5. Albert Njue
6. Francis Kimotho
7. Kenneth Wachira
8. Luka Bundi
9. Obadiah Mwaniki
10. Jashon Ruaro
11. Albert Njeru
12. Faith Wambui
13. Rhoda Njeru
14. Stellah Wawira
15. Jane W. Gachoki
16. Elizabeth W. Ndege
17. Philis W. Mwangi
18. Cicily Wanjiku
19. Zipporah Wangeci
20. Gradwell W. Njeru
21. Mary Njuki
22. Martin Ngari
23. Charles Kamuca

24. Mucira Mwambia
25. Ctrus Mugo
26. James Njine
27. Justin Kamacu
28. Symon Kiura
29. Joseph W. Nyaga
30. Gabriel Ndambiri
31. Teresa Mwihaki
32. Grace Njeru Wanguku
33. Tabitha Gotoro
34. Mrs. Mutu
35. Millicent Wanjiri
36. Josephine Nyaga
37. Susan Wanduma
38. Rosalia Ngiri
39. Beatrice Njiru
40. Faith Wawira
41. Mary Nyawira

List of Key Informants

42. Ndana Gatimu
43. Maclus Njiru
44. Ephantus Nyaga
45. James Kongo
46. Henry Kangangi (Assistant Chief, Mirichi)
47. Lilian Nguru (Manager, Kimweas Youth Polytechnic)

48. Lucy Mugo
49. James Ngari Gitari
50. Gichobi Ndundia
51. Rev. James Mwangi
52. Deputy Headmaster, Gacatha Secondary School
53. Mrs. Mwenda

List of Management Committee Members contacted

54. Somin Mwaniki
55. Benjamin Muriithi
56. Antony Murage
57. Edward Mwangi
58. Elizabeth Mashaka
59. Jane Kiura
60. Edward Mwangi

ANNEX II: Guidelines for focus group discussions and key informant interviews

1. Knowledge of the project aims, objectives, etc.
2. What the project does
3. Who the project covers
4. How the beneficiaries are selected/recruited
5. Who were involved in the project (partners)
6. What were the activities of each of the partners
7. Contribution of the project to partnership building
8. What were the health and economic benefits the project for the individual?
9. What were the health and economic benefits the project for the community?
10. If there were benefits, what led to the project benefits
11. If there were no benefits, what led to the lack of benefits
12. What social, economic, political shortcomings the project has had
13. Suggestions for improvement