



PROJECT SUMMARY

Development of Primary Health Care in Kajiado 1998-1999

Background:

The Kajiado district of the Rift Valley is the home to pastoralist Maasai communities. The population is highly dispersed with only 19 people per square kilometre. Given the very basic levels of nutrition (the diet is primarily maize and beans occasionally supplemented with goat) there is a high incident of disease (diarrhoea, trachoma, intestinal worms and malaria). These require steady access to medical support, which is in many areas up to a two days walk away.

ICROSS Role:

ICROSS has worked in the Kajiado District for over 20 years mainly focusing on health care (access to medicines, training of traditional birth attendants and providing access to equipment and medicines). In 1999 ICROSS secured £18,000 from DFA, presently known as Development Corporation Ireland (DCI), to plan and implement primary health activities in three areas of Kajiado. It was the role of ICROSS to mobilise the community, implement, monitor and evaluate the project. The project commenced in 1998 and was completed in 1999.



Kajiado Facts

Population	406,000
Tribe	Maasai
Household Size	4.2
Geographic Area	22,000km ²
People per km ²	19
HIV/AIDS prevalence	4%
Average Annual Income	US\$ 400
% in Paid Employment	32%
% Below poverty line	39%
Infant mortality	7.4%
Primary source of income	Livestock

Source: Regional Government Statistics, AIDS in Kenya 2001
 Note: HIV prevalence is of pop aged 10+. % in paid employment is % of economically active population



ICROSS Project:

Throughout the project ICROSS worked closely with the local community and Ministry of Health.

The activities were:

- To train 120 community health workers and 90 traditional birth attendants in a range of areas to impact on a mortality and morbidity in the three selected areas. A local health committee appointed and selected the community health workers.
- To implement a Child-to-Child programme in four primary schools and 150 homesteads (50 in each of the three areas of the project). 54 school teachers had to be trained to activate the child-to-child activities. Additionally, training materials had to be translated into Maasai and Swahili.
- To implement a grassroots diarrhoea and trachoma control programme in all three areas.
 - Drip cans
 - Solar disinfection of drinking water

- 20 pit latrines were built for use and demonstration purposes.
- Oral re-hydration therapy
- Homestead education by community health workers
- Protection of 7 spring water sources. This was done through fencing and cementing. The community was involved in the protection process and provided labour.

The Ministry of Health provided facilitators and experienced trainers of trainers.

Impact:

1. Training of traditional birth attendants and community health workers had a least one direct result, the application of and modifications of behaviour, of not just the traditional attendants and community health workers, but the mothers in the community. Numerically, 90 traditional birth attendants and 120 community health workers were trained.
2. The child monitoring and the child to child resulted in a set of perimeters and indexes that were used to examine the mothers improved knowledge in relation to child survival and knowledge to the child's weight and growth and in particular relation to the child to child programme, 150 households were served and 54 teachers trained.
3. The three areas saw a dramatic decrease in diarrhoea, trachoma and water borne diseases after implementation of drip cants, solar disinfection methods, ORT, pit latrines, home education and in particular the protection of water sources.



The project areas saw a reduction in reported Trachoma cases, due to the implementation of fly traps



Water being safer to drink after being protected from wild animals and livestock and solar disinfected – reducing diarrhoeal cases.

Donors:

