

East African Center for the Empowerment of Women and Children Annual Report



Introduction

The East African Center (EAC) for the Empowerment of Women and Children has run health and education programs in Takaungu, Kenya since 2001. The organization began as a community center and nursery school and has now grown into a full service community development partner offering a primary school, an outpatient health clinic, a community health team, adult education classes, and school and community health programs. The EAC continues to thrive, and the board and staff are working towards improving program sustainability, fostering local ownership of EAC sponsored initiatives, and developing public and private partnerships to sustain future growth.

2011 was a milestone year for the EAC. We celebrated our 10-year anniversary operating in the Takaungu community, and enacted many program changes to help the organization become more sustainable¹:

Health Services: The Takaungu Community Unit, a 50-person Community Health Team, was launched in partnership with the Kenyan Ministry of Health in the Kilifi District who we have also partnered with to open a new clinic in Mavueni, a sublocation of Takaungu.

Education: We completed construction of the final classroom at Vutakaka Junior School so that students could begin Class 8 in 2012. Class 8 marks the final year of the Kenyan primary school system, and this class will be the first to graduate from Vutakaka Junior School, a major achievement for the EAC and its students.

Agriculture: We completed a farm that provides lunch for the students enabling the school to be more self-sufficient in the face of economic crisis.

Local Partnerships: We are building private partnerships with local companies such as Mombasa Cement to foster cooperative responsibility.

2011 has proven to be a very significant year for our programs as we move towards the goal of financial and programmatic sustainability.

General Services

	2011	2010
Patients treated at clinic	4477	3706
Community members visited by CHWs	5234	4470
Women receiving family planning devices	210	111
Vutakaka Junior School students	288	268
Children immunized in our clinic	221	150
Children monitored for growth and health	3437	2513

1 We define sustainability by how well the community has the capacity to continue programs and services without outside management or funding. Our ultimate goal is local ownership and operation of all EAC programs.

A Deserving Community

The EAC serves a population of over 20,000 living in the rural Takaungu location of the Kilifi District in the Coast Province of Kenya. Statistics demonstrate the vulnerability of this population compared to Kenya's national averages. Nationally, 47% of Kenya's population is living below the poverty line, while 67% of residents in Kilifi District are considered to be living in absolute poverty (World Bank and NACPD), and 57% live over 5km from the nearest health facility (NACPD). The mortality rate for children under 5 for Kenya is 98 deaths per 100,000 live births (World Bank) compared to 114 in the Kilifi District. Similarly, school enrollment in Kilifi District is significantly lower than national averages, at 66% vs. 107% primary enrollment and 13% vs. 67% secondary enrollment, respectively.

Vutakaka Junior and Nursery School

Student attendance in Kenya plays a large role in performance as students typically miss significant amounts of school due to farming, illness, family deaths and weddings. Student attendance was very high at 96% and teacher attendance was an excellent 97%. It is a positive sign that students and parents are making attendance a priority. The stellar attendance record at VJS is partly a reflection of the dedicated teaching staff who works hard to engage students every day.

Vutakaka Junior and Nursery School (VJS) welcomed its first class 7 in 2011. As students progress in their studies, they are introduced to more difficult concepts and materials, and average test scores drop compared to the same students in the previous year. Because of this district-wide trend, it is expected that data will show a drop in overall averages at the school when class 8 is added. On the common final exams in 2010 (taken by all public and most private schools), 80.22% of VJS students scored over 60%. On the final exam in 2011, only 77.4% of students scored over 60. Teaching staff familiar with test scores at schools throughout the district attribute this drop to the addition of class 7 and do not find the shift significant enough to warrant much concern. More importantly, our students' test scores are much higher than the district average and the EAC will continue to strive to improve the teaching and test scores. In each class, VJS is always ranked among the top 5 schools out of the 50 in the entire district. By comparison, the local government school is usually ranked between 35th and 40th.

Vutakaka Junior School Data

	2010	2011
Number of Students	268	288
Student Attendance	96%	96%
Teacher Attendance	99%	97%
Students Scoring over 60% on Final	80%	77%

Every term, students at VJS take three tests – a back to school exam, a mid-term assessment, and a final exam. In 2011, the average mid-term score was 363/500 and the average final score was 376/500. Although the VJS teaching staff uses two different private exam companies for their first two exams, the final exam is the Kenyan Ministry of Education's common exam to ensure comparable test scores with the surrounding public schools.

Students all over Kenya need to score well in primary school for a chance to move on to a place in secondary school. Kenya has only offered free primary education (grades 1 - 8) for the last 10 years, and secondary school (grades 9-12) is still financially out of reach for many families, with government secondary schools costing around \$500USD per year. Students with class 8 final exam scores of over 300 are more likely to be considered for financial sponsorship for secondary school. The EAC makes every effort to help students achieve this ambitious goal.

Class 8 is always an important year for students across Kenya. For the EAC, 2012 will mark the inaugural class 8 students at VJS. As class 8 begins in 2012, VJS teachers will be offering extra tutoring sessions

outside of regular class hours in the morning and the evening. Parent/student/teacher meetings will be held each term so that commitment from all concerned parties can be assessed and each student will receive a personalized study program. Recognition ceremonies and strategies to build test-taking confidence will be put in place to develop positive school culture and instill in students a sense of achievement.

The school also continued to build on its impressive array of extra-curricular activities. The volleyball net was re-built and the basketball court remains popular with students despite its partially unfinished state. The football (soccer) teams are still very popular. The older teams had inter-school games with other local primary schools. The class 1 and 2 football teams made trips to Kivukoni International School across the Takaungu creek, and also hosted Kivukoni students for a match at Vutakaka.

EAC staff believe students should have the ability to explore educational opportunities outside the classroom. In 2011, students could choose to participate in the debate club, environment club, handwriting club, drama club, Stay Alive health education, girl's health discussion group, and even the music club. One of the most exciting opportunities for students this year was our annual field trip. The field trip is often the first time that some students travel outside of Takaungu. This year the students enjoyed an overnight trip to Kenya's national park, Tsavo East. For many students, the trip marked their first time seeing Kenya's game animals and staying overnight without their families.

After breaking ground in 2010, the VJS school farm saw its first major crop yields in 2011. The farm is currently producing all the greens needed to feed the students each week, as well as many tomatoes, onions, carrots, eggplants, okra, green peppers, and cassava (manioc). The environment club, class 7 students, and our groundskeepers are working hard to determine exactly how much produce we need each week for school lunches which introduces farm planning into the curriculum. Extra produce is sold in the community to provide added income for the school. This income is currently being used to buy seeds and manure, but as production increases, the proceeds can also be used to help fund other activities and keep school fees low.

During the long rainy season (March to May) the farm saw particularly large yields of maize and beans. The maize and beans covered almost a whole school terms worth of lunch needs. For the 2012 rainy season, the groundskeepers will clear even more land, and weather permitting, homegrown produce will continue to help meet the school's maize and bean needs. Our fresh water well, generously donated by the American International Women's Group of Genoa, the Rotary Club of Kilifi, and the friends of Carol Boland (in her memory), continues to function beyond expectations and provides all the water needed for the farm. Future goals include piping the well water to the kitchen to further reduce the school's tap water use and setting up a full irrigation system. The well also provides a backup water source for when municipal water supplies are cut.

First Vutakaka Farm

This is our first year planting the back three acres at VJS. In 2011, we planted a test farm to get ready for a big launch in 2012.

The students studied compost in their science class and made two different types to test the different growth rates with and without compost and other fertilizers.



Vutakaka Health Clinic

With a very busy year of outreach days, Community Unit meetings, and Ministry of Health sponsored meetings, the clinic served 4,477 clients in 2011. This is a 20% increase from last year's total of 3,706. One interesting thing to note is that the number of female clients dropped from 1,203 to 1,012, while the number of child clients rose from 1,716 to 2,973. There is no obvious explanation for this change in data. The increase in child clients is a good sign because it indicates that more mothers are bringing their children in for vaccines and growth monitoring. The number of children receiving immunizations rose from 150 in 2010 to 221 in 2011, despite a shortage of vaccines from the government demonstrating the EAC's ability to provide where there are gaps in public services. The number of children seen for growth monitoring almost doubled from 1,182 in 2010 to 2,008 in 2011. The EAC health staff recommends to all women that they visit the clinic for four ante-natal visits.

While the women are at the clinic, the staff takes the opportunity to educate them on HIV/AIDS, family planning, and keeping their families healthier. The clinic staff will devote extra time to bringing women into the clinic and the Community Unit will focus efforts on increasing access to services and educating women about the importance of pre-natal care visits. The clinic did see a large increase in the number of women receiving counseling in family planning methods from 111 in 2010 to 210 in 2011. This number increased despite the decrease in female clients, which means a greater percentage of women are now using family planning products. Family planning is a major target area for the clinic and we plan to continue to increase these essential services.

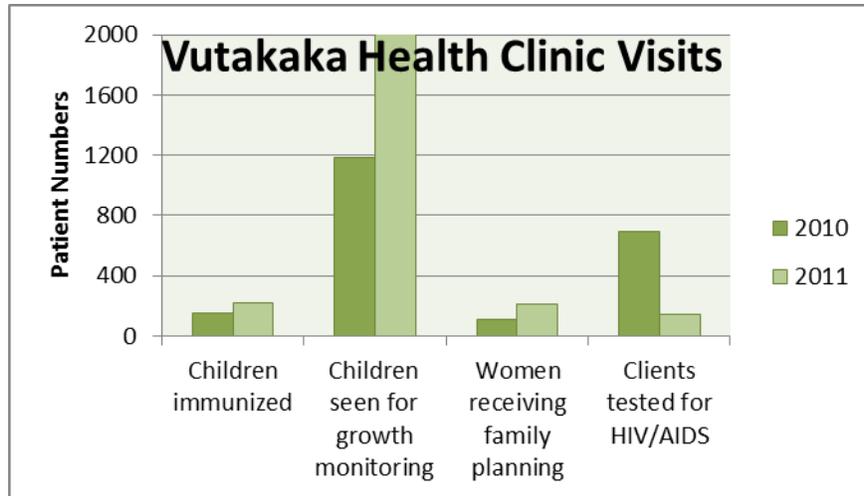
The clinic had a very large decrease in the number of clients who were tested for HIV/AIDS. In 2010, the clinic tested 207 clients at the clinic and 489 clients in the field for a total of 696. In 2011, the clinic tested 140 clients at the clinic. The reason for this decrease is two-fold. First, in 2010, the clinic was using grant money from the National AIDS Control Council that allowed for expanded testing outreach days at various sites around Takaungu. Second, there were large shortages of HIV testing kits from the Ministry of Health this year. Nurses in the field often had no way to test patients who were coming in for other illnesses. The EAC is pursuing additional funds to continue outreach and investigating ways to purchase testing kits when free government supplies are low.

Nutritional Workshops

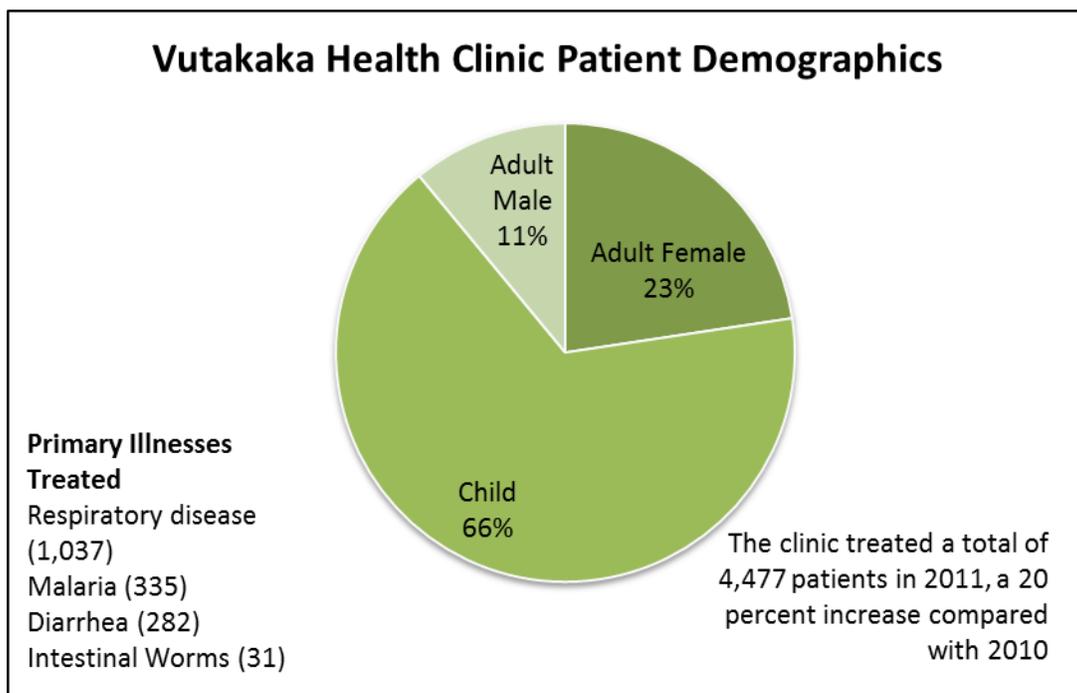
The health department at Vutakaka held a series of nutrition workshops and invited nutrition experts from the Ministry of Health to teach valuable information.

The women were taught the importance of staying healthy during pregnancy, breastfeeding, and shown how to make a nutritious porridge for young children using local foodstuffs.





In 2011, the clinic began collecting more comprehensive data on the diseases being treated so that future health initiatives can be developed to meet the most pressing health issues facing the community. Out of the 4,477 clients seen in 2011, 1,037, or 23%, were seen for respiratory infections, making this condition the most common complaint by far. The second most common illness was malaria, with 335 clients, or 7.5% diagnosed. Other common illnesses include wounds, diarrheal disease, worms, eye infection, ear infection, and chicken pox. Community health data indicates that large interventions are needed to combat respiratory problems, which often stem from cooking inside with wood fires and also from breathing in large amounts of dust during the dry season (running from June to September and December through February). The EAC’s clinic and Community Health Workers plan to focus their health education campaigns in 2012 on reducing respiratory disease.

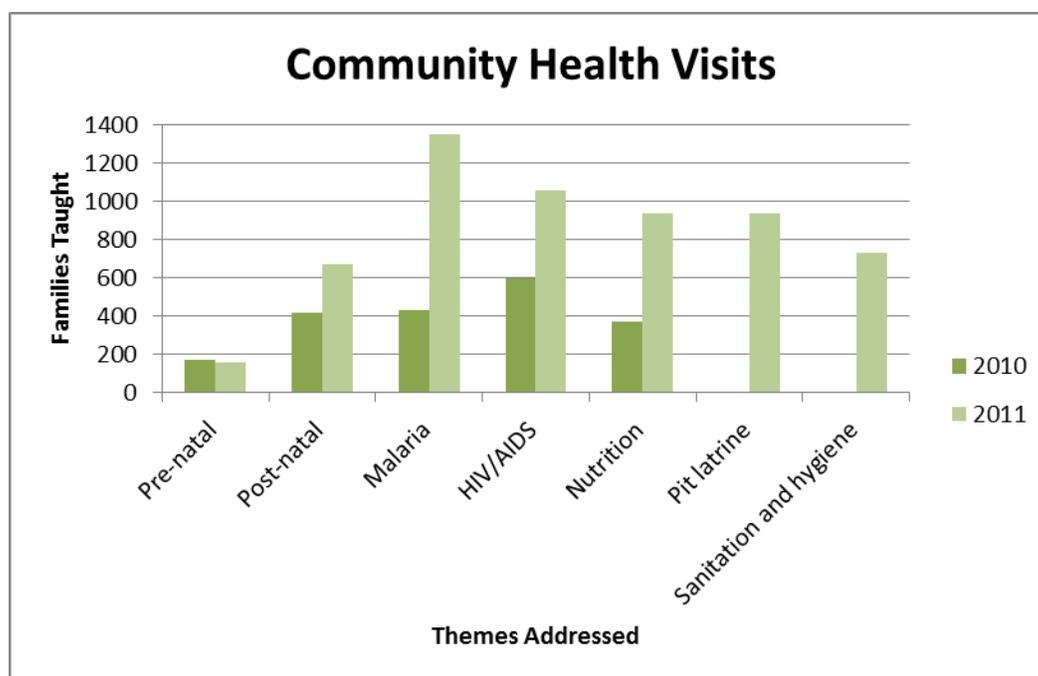


Community Health Program

The Community Health Workers (CHW) employed by the EAC continued to do home visits this year and despite diverse demands on their time, managed to increase the clients seen from 4,770 in 2010 to 5,234 in 2011, an increase of 10%. CHWs also held 23 themed days in 2011. On each theme day, CHWs chose an important health-related topic and make presentations in public areas in different villages. In addition to the themed days, 25 growth monitoring days were held around Takaungu and other neighboring villages. These growth monitoring days are important not only for identifying malnourished children who need extra care, but also because these events bring our health staff into contact with a lot of women who can be educated on a variety of health issues while they wait in line to weigh their babies. During the growth monitoring days, CHWs carry special growth monitoring equipment to pre-announced sites. By delivering these essential services directly in the community, women who may live very far away from the clinic can still ensure that their children are being monitored during the crucial first 5 years of their life. In 2011, CHWs saw 1,429 children on growth monitoring days. CHWs also provided 781 deworming treatments to children this year. Intestinal parasites and worms are a major contributor to childhood diseases in Kenya and can cause children to miss essential school time. The good news is that deworming treatments are cheap and effective. The EAC health staff plans to increase access to deworming treatments annually as the Kenyan government has committed to supply as many treatments as needed in 2012.

Community Health Activities		
	2010	2011
Clients Visited	4,770	5,234
Theme Days Held	30	23
Growth Monitoring Days	27	25
Children Monitored	1,331	1,429
Children Dewormed	777	781

During home visits, the CHWs set a goal to share as much health information as they can with each individual in the residence. Pre-natal education was given to 159 women, or 3.3% of residents visited. Post-natal education was given to 668 women or 14%. Malaria education was given to 1,351 clients, or 28% of residents visited. HIV/AIDS information was given to 1,059 or 22% of residents visited. This year, data was collected on residents advised on nutrition information and pit latrine construction (the Ministry of Health identifies digging a pit latrine as one of the most important ways of reducing the spread of disease). The CHWs gave nutritional information to 937 or 19.6% of people and pit latrine construction instructions to 939 or 19.7% of residents visited. Sanitation and hygiene information was given to 731 people or 15% of residents visited. The CHWs also continued to visit with the three HIV/AIDS support groups that were started in 2010. These support groups have 51 active members. Members of the groups receive health education and are also assisted with economic empowerment activities through access to trainers and local grants. In 2011, the EAC sponsored two experts in village savings and loans programs who worked with the 3 HIV/AIDS groups to get them started on saving money and giving loans to group members. In 2012, the EAC will look for small business experts who can help these groups start either group businesses or assist members in improving small businesses that they are already running or hope to start at home.



The Community Health Program had some very big changes in 2011 that have affected data collection and will require additional data collection systems to be developed for 2012. The first major change was the launching of the Takaungu Community Unit, a team of volunteer CHWs chosen by fellow members of the community. These CHWs are each assigned 20 households, including their own, and they are tasked with educating their neighbors on good health practices. Because of this new program, which was started by a joint partnership between the EAC and the Ministry of Health, the EAC's former CHWs (who are also members of the Takaungu Community Unit) will be focusing more on health education and outreach days rather than home visits in 2012. The EAC is excited to use the broader range of data slated to be collected by the Takaungu Community Unit in 2012. Data collection standards in the Community Unit are stringent and the program requires CHWs to do household registrations every 6 months which provides key information on latrine use, hand-washing, mosquito net use, knowledge of HIV status, and even basic population data. Better health records will help inform future health programs and assist in planning the most effective interventions needed in the community.

School Health Education

The EAC's school health education is divided into 3 focus areas: class 4 health education (called Stay Alive), class 5 girl's discussion group, and Secondary School health education. The largest of these projects is the class 4 Stay Alive program which EAC health workers taught in six neighboring schools in 2011. This program is based on the Stay Alive curriculum developed by United Families International. With years of experience teaching this curriculum, the EAC has pulled important lessons out of

Health Education

	2010	2011
Stay Alive (class 4)		
Schools	4	6
Girls	127	225
Boys	144	224
Girls Health Class (class 5)		
Schools	-	4
Girls	-	89
Secondary/Polytechnic		
Classes (Takaungu)	-	8
Classes (Mkwajuni)	-	22
Community Groups		
Number of Groups	-	17
Classes	-	81
Attendance	-	658

the Stay Alive book and added additional topics that are pertinent to the organization's mission and to the community. Topics include disease transmission and prevention, child rights, the dangers of early marriage for girls, body changes and hygiene during puberty, family and domestic problems, and the importance of clean water and hand washing. This curriculum is now being formalized so that it can be shared with even more schools.

Out of the six schools at which the class 4 Stay Alive health program is currently taught, one of the schools has two sections, for a total of 7 classes each week. Throughout the 6 schools, there are a total of 225 female students and 224 male students for a total of 549 students. The EAC sponsored a Stay Alive Day in March of 2011 with all six schools participating. At the event, students representing each school competed in drama, songs, and skits all focusing on health and wellbeing. In 2011, Mkwajuni Primary School, where the event was held, won the Stay Alive trophy. In 2012, students across all six schools are looking forward to competing for their chance to take home the trophy! In 2011, students performed on topics including gender roles, child rights, peer pressure, disease prevention, drug and alcohol abuse, clean water, hygiene, early marriage and pregnancy, nutrition, and HIV/AIDS.

In 2010, two of the EAC's female health department employees started a class 5 girls' discussion group held at the same time as the class 4 class. EAC staff felt that many of the health issues facing the community impacted women and that it would be beneficial to have an early intervention program with small groups of girls. The staff worried that these girls were not getting a chance to be heard, so staff decided to structure this class as a discussion group. This class was given to a total of 89 girls across four schools in 2011. Once the class 4 Stay Alive curriculum is finalized, EAC staff will begin working on a formal class 5 girls' curriculum. A formalized curriculum will mean that these well received programs can be expanded even further to other local schools through volunteer health educators.

EAC staff has also been teaching weekly health classes at Takaungu Secondary School and Mkwajuni Polytechnic School. In 2011, after only 8 classes, classes at Takaungu Secondary School were suspended due to lack of available times to allow the health classes. EAC staff is currently investigating ways to reach the secondary school students again. Mkwajuni Polytechnic classes continued on a weekly basis throughout all of 2011, with a total of 22 classes taught.

Community Health Education

The EAC's health team continued to find new community groups to work with in 2011. A total of 81 classes were taught to 17 different community and self-help groups, including 3 HIV support groups.

Stay Alive

In March 2011, the EAC held the 3rd Annual Stay Alive Day. Six local primary schools came together at Mkwajuni Primary School for a songs, poems, and drama competition with HIV/AIDS themes. Prizes were awarded for the best in each category, and the best overall. The students really enjoy the chance to visit another school and interact with other students in the EAC health education program.



Total attendance is difficult to ascertain as attendance at each group changes weekly. Totaling the average attendance for all the groups shows that the health staff reached a total of 658 unique individuals with health education this year.

In 2012, the health team plans to expand from 17 groups to 30 groups. Each group will be visited on a monthly basis, with a common topic chosen for all the groups each month. Plans for a formalized community health education curriculum are already underway.

Adult Education

Adult education continues to be a successful program that the EAC supports without diverting any significant funding from our other activities. In 2010, the adult education program ended the year with an enrollment of 100 students in basic literacy and 60 students in post-literacy. This number dropped at the beginning of 2011, with an enrollment of 26 and 24 respectively. These numbers did climb throughout the year, and the final enrollment when classes closed in November was 63 students in basic literacy and 61 students in post-literacy. In basic literacy, there were 20 men enrolled and 43 women enrolled. In post-literacy, there were 21 men and 40 women enrolled.

Despite enrollment numbers, average attendance each day is not as high as it could be. Average attendance for the year in basic literacy was 26.1 and in post-literacy it was 22.6. It is clear that teachers need to do more to encourage regular attendance in class, although this is difficult with adults who have jobs, families, and farms to oversee. The EAC expects enrollment to increase in 2012 through planned community awareness campaigns and community meetings. The EAC also plans to schedule more health and business education sessions with the adult classes.

Takaungu Sewing Cooperative

During the EAC's initial adult education classes in 2006, a sewing class was offered to any students who also participated in the math and literacy classes. At graduation, each member of the class was given a sewing machine, and the option of joining an EAC sewing group. The group made items that the EAC sold in the US which gave group members a job and raised money for the EAC programs. In 2008, the Takaungu Sewing Cooperative became an independent group but continues to be an integral part of EAC activities. The group is currently using 4 mud buildings (rent free) adjacent to Vutakaka Nursery School and Health Clinic. In 2011, the collective opened a showroom in one of the buildings. They are now keeping a stock of bags at the showroom for visitors to Takaungu. The EAC continues to support the work of the sewing collective by placing regular orders of the wonderful crafts sold at EAC fundraising events around the world. The EAC is continually looking for ways to sustainably link the women with regular merchandise orders. In 2011, the sewing group worked with some of the international volunteers brought in by the EAC. Trainings were given on quality control and accounting, and new designs were developed out of fabric scraps (that can be sold cheaper and therefore locally). The EAC

Community Health Unit Launch

The Kenyan government's Community Health Unit was launched in June 2011. We hosted the top health official of Kilifi District, Dr. Mulewa, who gave a speech to the 50 volunteer Community Health Workers who will be serving the area.



will continue to provide support for the collective through frequent textile orders and access to the expertise of EAC interns and volunteers.

Conclusion

2011 showed promising steps forward in data collection and expansion of key health services, and 2012 is proving to be even more significant. The EAC board is committed to creating a sustainable organization that is locally owned and operated. A local school director is going to be hired in 2012 to take over all administrative and managerial duties at the VJS. Grants are being written with the goal of funding the final stages of construction at the EAC campus including an administration wing, classroom improvements, and a new nursery school building. One of our biggest changes coming in 2012 will be the planned move of our out-patient health clinic from Takaungu to the under-served Mavueni area of the Takaungu-Mavueni sub-location. After the move, operating expenses will be turned over to the Ministry of Health; however, the EAC will work to support and improve health operations at the Takaungu Dispensary and the Mavueni Dispensary. Partnering with the Ministry of Health is an example of EAC's commitment to creating sustainable initiatives with strong local funding and support. The EAC will continue to support the CHWs and health education initiatives in Takaungu, with the goal of expanding these programs to Mavueni as well. Volunteers are currently being recruited to help with all of this work, particularly in the public health field. Community Health classes will continue to expand and economic empowerment will be emphasized with the HIV support groups, community groups, adult education classes, and the Takaungu Sewing Cooperative.

The EAC Executive Board in the United States and the Local Board in Kenya are both proud of the 10 years of wonderful work in the Takaungu area and are looking forward to another exciting year of educational and health programming and to continuing our efforts toward a sustainable future for the EAC. Thank you for your ongoing support!