

## **TENWEK COMMUNITY HEALTH AND DEVELOPMENT (TCHD)**

### **Report #K29**

#### **SURVEY**

Our survey identified Tenwek as having a unique impact, having a good reputation locally, and for its training of leaders.

#### **HISTORY**

Tenwek Community Health and Development (TCHD) is a pioneer community-based organization in Kenya which has been in operation since 1983. It is an outreach arm of Tenwek Hospital, registered as a faith-based organization and initiated by the World Gospel Missions in 1961. The overall governance body for TCHD is the Board of Trustees of Tenwek Hospital with a direct governance body of 11 members of the management committee; The management committee has representation from all the key departments/units within the Hospital and the senior management of TCHD.

#### **MISSION AND VISION**

TCHD was formed in response to an increase of preventable diseases. At the time of its formation, 80% of the people visiting the hospital presented cases that were preventable. The organization was formed to implement a community health strategy. Each administrative location was divided into three sub-locations where husband and wife were trained for three weeks in the provision of health services within their communities as community health helpers (CHH). The mode of operation was for each CHH to give three days in a week and reach 20 households under the motto “Bir mat ko loo,” a Kipsigis proverb similar to the English proverb “prevention is better than cure.”

The vision of TCHD is to see empowered communities able to identify and address their health needs. Its mission is to serve Christ by facilitating change through community-based health care and appropriate development within needy communities. This is achieved by the provision of services based on holistic development, on the model of Jesus. The holistic component has other components in it including; spiritual needs, physical needs and social needs. When Jesus went out and found hungry people, he fed them first then the spiritual needs followed. Based on this model, TCHD is not only limited by the health component but addresses different issues in the community based on their needs. The organization has since expanded its mandate by building very strong relationships with communities, churches, and other stakeholders such as government departments. In geographical scope, the program has expanded into a leading development agency in South Rift Valley covering Bomet, Kericho, Narok, Transmara, and Nakuru Counties.

Concerning programs, TCHD offers various programs including the following: Maternal and child health care; HIV/AIDS prevention and treatment; Water facilities, hygiene and sanitation; Food security; Employment; and Church mobilization and community development. Most of these programs emerged in 1989, with the maternal child health program which encompassed immunization, and antenatal care clinics. The program then attracted a small fee to ensure

sustainability. However, most people within the community could not afford, and they were allowed to pay in kind. The residents brought in agricultural products as payment for the services. The project then moved into encouraging the residents to undertake income generation activities mostly on the nutrition aspect which included kitchen gardens, dairy keeping, and poultry keeping.

On HIV/AIDS prevention, the services offered are voluntary counseling and testing, training of students, teachers and youth leaders on abstinence, biblical and character formation program called 'why wait'; families matter program; save the choice; and PMTC. On the elaborate water project or save water systems; water, sanitation, and hygiene are the key program conducted on cost sharing model of 70% community and 30% TCHD. Programs are the provision of bio-sand water filter in the community; construction of rain water tanks of 25,000 liters; and spring protection within the community.

The food security program is enhanced through community food banks. The organization partners with communities to store food after harvest as well as food received from the government. During times of lean times, such stored food is sold to traders at a profit. The organization also runs a dairy goat project. The projects are based on the cost-sharing model of 70% community and 30% TCHD. TCHD also has an arm to equip and challenge the church for holistic ministry developed in 1995-1996.

## **ORGANIZATIONS WITH SIMILAR FOCUS AS THE CENTRE**

Little is known about organisations that undertake projects with a similar focus as TCHD. Some of these organizations are; Chogoria Hospital Community Health Development – They adopted TCHD primary health care; Christian Community Initiative Support System (CCISS) –in Kisii and Kisumu; Maua Methodist – in Meru.

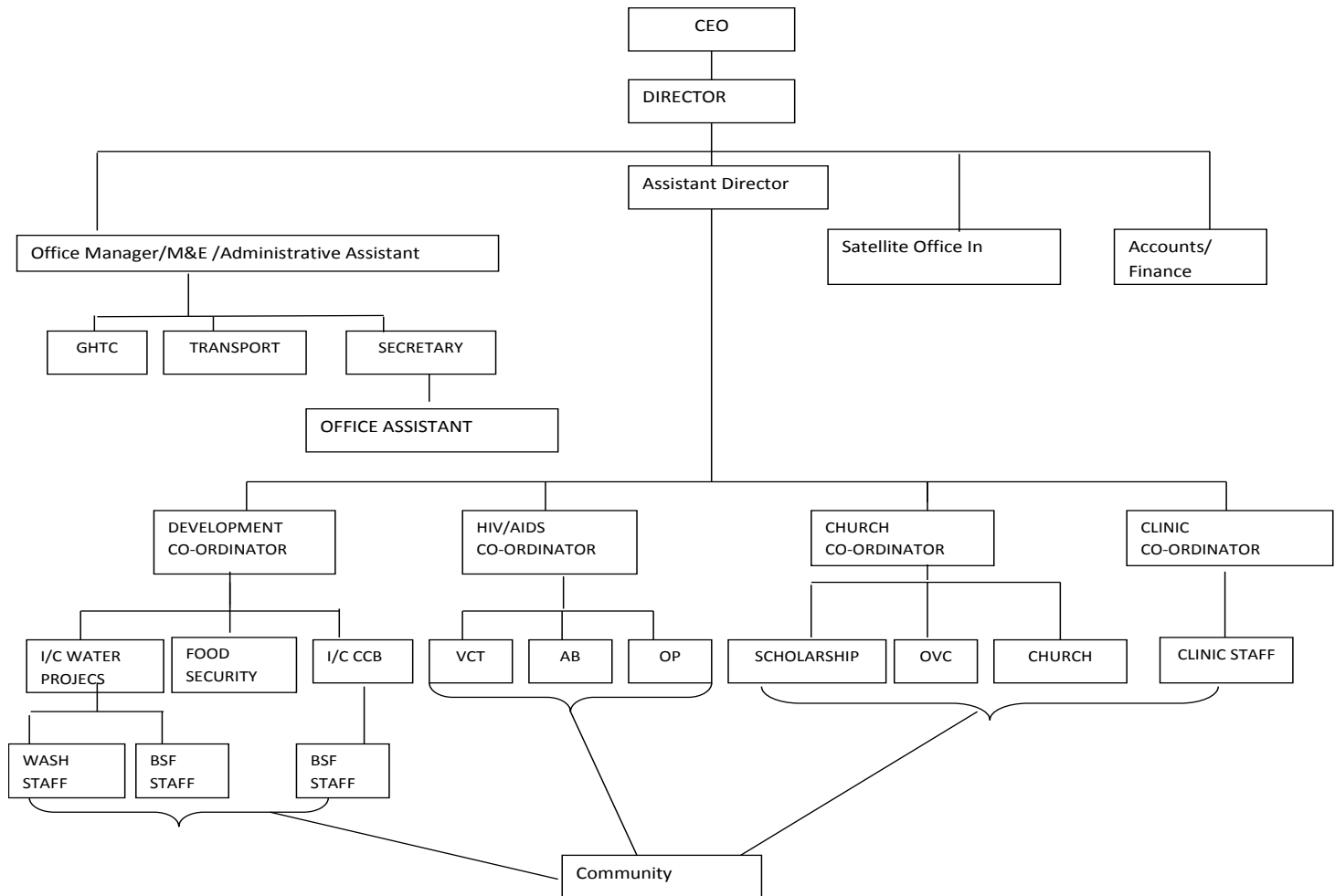
## **BOARD STRUCTURE AND COMPOSITION**

Being a department of Tenwek Hospital, its guided by the hospitals Board of Trustees. As an outreach arm of the hospital, TCHD works directly with communities and governed by the governing body of 11 members:

1. The Chief Executive Officer (CEO) of Tenwek hospital who is also the chairperson of the committee.
2. The Director of Tenwek Community Health and Development.
3. The Principal Tutor of Tenwek School of Nursing.
4. The Tenwek Hospital Administrator.
5. The Assistant Director of Tenwek Community Health and Development.
6. The Assistant Nursing Officer in Charge of Tenwek Hospital.
7. TCHD Office Manager in Charge of Finances
8. TCHD Health Coordinator
9. The Tenwek Hospital Medical Superintendent/ Chairman HIV/AIDS Committee.
10. A rotating representative of staff of TCHD.
11. The Tenwek Hospital Financial Controller

Among this, two members are female and hospital management chooses who sits on the board based on the professional qualifications, educational background and work experience

## ORGANIZATION STRUCTURE AND LEADERSHIP



## BOARD AND STAFF RECRUITMENT AND SELECTION

TCHD first qualification is based on the call to serve before any other qualifications. Most staffs serve more than two roles; mostly administrative and project activities. The following qualifications were drawn from evaluation report (pp.8)

Qualifications	Number of staffs
Masters degree level	2
Postgraduate Diploma level	-
Bachelors degree	3
Advanced/Higher Diploma level	7
Ordinary Diploma level	16
Certificate level	26
Secondary level	22

## STAKEHOLDERS

The AGC church plays a key role in bringing in different denominations to adopt its model to its community and church members. During the organization's early formation, some communities were sceptical of its services. However, with time, the organization and the AGC church now works with other churches for the enhancement of the holistic community development. Consequently, TCHD programs have now been incorporated in other churches.

Tenwek Hospital is the major stakeholder of TCHD programs. The hospital is responsible for receiving the reports from TCHD and submits these to the donors, manages the salary of TCHD staff, manages the funds received from donors, supports internal research of TCHD programs, and recruits TCHD staff who sit on the board. Further, the hospital supports the organization with the information required especially on new infections and areas to target.

TCHD has worked with a number of NGOs and local partners including European Development NGOs Actions in Developing Countries (PVD) funding by the Protestant Association for Cooperation in development (EZE) of Germany under the Community Health and Development, Programme for Marginalised Families in Rural Eastern Kenya, NACC, KEMSA and others. Most of these organizations partner with THCD in providing financial support based on proposals written. The donors differ based on the project supported, and length of funding also differs. The NGOs give money in quarters; they receive the quarterly report before reimbursing the money. TCHD is open to even the small financing.

The Government of Kenya through the Ministry of Health assists in the provision of health to the community. The Centre provided a building for a health facility while the government provided the nurses and some health professionals who assist the TCHD programmes. The Ministry of Agriculture assists in dairy goat projects, while the Ministry of Education assists in the licensing of schools build in partnership with the community. Overall, the government plays a key role in setting standards, developing infrastructure as well as licensing and advising service provision.

Schools play a key role in the dissemination of information to parents, teachers and children. Through schools, TCHD has been able to teach children hygiene, build capacity among children as well as parents.

## **FINANCES AND OTHER RESOURCES**

The organisation currently depends on donor funding for its activities. TCHD has its accountant and its books are separate from those of the hospital and are audited externally after every three months. The hospital is ultimately responsible for the finances of the organization and approves all expenditure.

## **SWOT: STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS**

<b>Strengths/Achievements</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Devoted Christians</li> <li>• Participatory leadership</li> <li>• Competency</li> <li>• Commitment</li> <li>• Consistency</li> <li>• Unity</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate training</li> <li>• Incomplete administrative structure</li> <li>• Lack of enough money for employment</li> <li>• Internal monitoring and evaluation only</li> <li>• Limited funding</li> <li>• Low representation of women</li> </ul>
<b>Opportunity</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Training of more staffs on leadership</li> <li>• Devolution</li> <li>• Publicity and awareness of TCHD</li> </ul>	<ul style="list-style-type: none"> <li>• Donor dependence</li> <li>• Sustainability difficult</li> <li>• Lack of mentoring of staffs on leadership succession</li> </ul>

## **IMPACT/SUCCESS/ASSESSMENT**

TCHD has been able to achieve:

- 90% prevention of diseases.
- Immunization of children and ante-natal care through mobile clinics
- Improvement in nutrition and reduction of nutrition-deficient related infections by 90%
- Strong goodwill and trust with the community to the extent that new NGOs have to go through TCHD to be accepted in the community.
- Expansion from one county to parts of five counties: Narok, Kericho, Bomet, Transamra and Nakuru.
- Church involvement in holistic development; AGC, followed by AIC, Catholic, deliverance, SDA, SP, Full Gospel Churches.
- The introduction of people owned process; people initiate development programs and run them while TCHD only advises and helps in building capacity.
- Have been able to reach marginalised areas.

- i. Trained between 30 and 35 community leaders in each village.
- j. Some leaders have served in THCD for almost 30 years.
- k. Began with five field officers but currently has 70 staffs.
- l. Growth from the provision of health services to other services; HIV/AIDS prevention and treatment; Water facilities, hygiene and sanitation; Food security; employment; and Church mobilization and community development.
- m. Shifting from community dependence to people owned process and empowerment programmes.

TCHD is different with other organisations mainly because;

- a. Daily meetings to appraise the day and plan for the next day.
- b. Hold joint prayers in the morning before start working and in the evening after working.
- c. TCHD is composed of people ready to serve. The service is the calling.

The success of TCHD over the years has been tremendous based on their evaluation reports and interview findings. This is based on their six components: maternal and child health care; HIV/AIDS prevention and treatment; water facilities, hygiene and sanitation; food security and improved nutrition; gainful employment; and church mobilization and community development.

Maternal and health care immunization, deworming, clinics and nutrition are now conducted in the village through the mobile clinics, trained community health officers and TCHD officers working in the villages. Further, women have been trained in the production of fruits on a small scale and production of a variety crops for nutrition both for the child, the mother and the family. House to house health assistance, monitoring, and childrearing education is also done in the villages; the community health workers visit the households, at least, three times a week.

On HIV/AIDs prevention and treatment, TCHD runs the “why wait” programs in schools, has fought stigmatization of HIV and AIDS patients by the church and community members, and currently the church offers scholarships to orphans and vulnerable children (OVCs). Community members have been able to access 2500 litre water tanks, construction of toilets in schools and community. Churches have also been able to accept and run holistic community development projects in the communities based on their capacity.

Community members can store their harvest in food banks in the village through TCHD food bank initiatives. Through groups, most community members store their cereals during the harvest and sell when there are shortages fetching higher prices. Also, the community members can store for other people outside their village for a fee. This creates employment for community members ultimately leading to food security.

TCHD has also been able to prevent community dependency through community development and gainful employment projects. Currently, 70% of finances is provided by the community with TCHD only offering 30% financial support for water and food security projects. In most projects, TCHD only assists the community in capacity building. The community has been able to develop and own almost ten projects worthing 69 Million shillings from 2011. The projects include dispensaries and schools.

## **REPORT PREPARATION INFORMATION**

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Persons interviewed; Mr. Jonathan Bii

Date of interview; 19th August 2013

Other sources of information; Evaluation reports, strategic plan,  
<http://www.tenwekhospital.org/tchd/about-tchd>,