Understanding the Effects of Religion on Public Health and Development Practice in Kenya

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Project Title:  
Assessing and responding to the need for childcare services among HIV-caregivers within a faith-based organization

Specific Aims:  
1. To ascertain the need for childcare services among Lea Toto caregivers, identifying specific amenities, cost, and beneficiaries.  
2. To develop a community-based response to the lack of adequate childcare for working mothers.  
3. To understand the role that faith-based organizations and churches play in community childcare, and identify their desired role in future childcare services by caregivers themselves.

Expected Outcomes:  
To implement an efficacious sustainable community-based solution to the childcare crisis within Nairobi’s informal settlements. This is conducted within the context of a well established faith-based organization, Lea Toto.

Populations/Communities Served:  
Lea Toto – Kawa Kawa, Kiberi and Kariobangi

Project Timeline:  
June: Developed and administered 98 surveys for caregivers. Conducted 3 focus group discussions with social workers, and 3 with community health workers. Completed 3 in-depth interviews with childcare providers.

July: Performed a competitor analysis of childcare providers in Kawa Kawa (predominantly church-based). Conducted data analysis and presented to Kawa Kawa team and community health workers. Molded community health workers to begin a faith-based community childcare center.

August: Developed and initiated training schedule and childcare center implementation plans.

September-December: Preparing final report to guide childcare facility business plan, as well as applying for initiation funding.

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Network of inter-assoc partners within Muduro

Religion is a significant social force in virtually all cultures and societies. Religious beliefs and practices influence individuals’ health behaviors in myriad ways and religious institutions can serve either as significant partners or as barriers to successful implementation of public health programs. In a context such as Kenya, religion’s influence in public health is especially significant. Despite the complex effects of religion on health and development programs, Western researchers and practitioners working for international NGOs or administrators of US government programs (e.g., CDC and USAID) do not always attend to the complexity of religion. Conversely, religious leaders do not always understand the motivations of individuals working in public health or development programs and are sometimes wary of collaborating on public health or development projects.

Dedicated to the holistic health of those they serve, the students within this Global Health Institute Field Team examined various health issues within the context of religion, health and development throughout Kenya.

Specific Aims:  
1. To understand the role of faith in the context of community-based work. These placements were, Nyumbani Village, Lea Toto and Mukuru on the Move. Ultimately each student found the importance of identifying the social, cultural, historical and theological forces that are integral to the issues in which they worked on.

Populations/Communities Served:  
Mukuru’s on the Move, Rachel Berkowitz, a fellow Emory University, Hubert Department of Global Health and Development.

Project Timeline:  
June: Performed clinic record extractions and input village residents’ records into Microsoft Excel.

July: Matched clinic records with homecare records in order to validate patient/resident names and household locations. Cleaned and coded data, analyzed data, presented findings and made recommendations.

September-October: Preparing a final report for distribution to key members of Nyumbani Village staff.

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Project Title:  
Evaluating the health status of Nyumbani Village

Specific Aims:  
1. To extract health records of Nyumbani Village residents from the clinic files  
2. To calculate disease incidence in Nyumbani Village during the year 2012  
3. To qualitatively determine associations between disease incidence and demographic and geographic covariates  
4. To make recommendations for health interventions based on study results  
5. To understand the role of FBOs in addressing HIV/AIDS and in providing reproductive and sexual health education.

Project Timeline:  
June: Performed clinic record extractions and input village residents’ records into Microsoft Excel.

July: Matched clinic records with homecare records in order to validate patient/resident names and household locations. Cleaned and coded data, analyzed data, presented findings and made recommendations.

Progress to date:  
Data analysis revealed statistically significant seasonal trends in the incidences of respiratory tract infections (RTI), malaria, diarrhea, and water and sanitation (WASH) related disease. Female children are 7% more likely to be diagnosed with an RTI than male children; males are 33% more likely to be diagnosed with WASH-related disease than females; children are 8% more likely to be diagnosed with a WASH-related disease than grandparents; and residents are 21% less likely to be diagnosed with a disease associated with consumption of unsafe water if there is a water filter in the household. Based on these results, three main recommendations were made. First, clinic record keeping should be more rigorous, with clinic and homecare records synchronized to ensure that names and ages are recorded accurately. Additionally, cluster and house numbers for each patient should be recorded to facilitate monitoring and evaluation. Second, water filters should be provided to every household with signs posted on rainwater tanks and on filters instructing on the proper use and operation of the tanks/filters. Third, behavior-change based health education should be implemented in the schools and homes. Finally, collaboration with the Californian and Sanitation teams resulted in the development of a rigorous and uniform checklist for WASH checks in every village.

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