



# GLOBAL GRANTS COMMUNITY ASSESSMENT RESULTS

Use this form to report community assessment findings to The Rotary Foundation when you apply for a global grant.

Assessing the strengths, weaknesses, needs, and assets of the community you plan to help is an essential first step in designing an effective and sustainable global grant project. See [Community Assessment Tools](#) for full instructions and helpful tips.

This form will help you report the results of your community assessment, and it's required when you apply for any humanitarian or vocational training team grant. Complete a separate form for each beneficiary community (e.g., school, health care system, or village), using information that is both current and specific to each community. Remember, you can't use global grant funds to cover the cost of doing an assessment, but you can use district grant funds.

Beneficiary community or institution

Maseno/Coptic Lela village in Vihiga district , Kenya  
 Maua village and Mabuku village in Kakamega district, Kenya

Groups in the community that would receive a clear, direct, and immediate benefit from the project

Families with malnourished children , 75 families in Vihiga and 75 families in Kakamega.  
 We will include 100 families during 2022 and 50 families during 2023. The whole families will benefit from the project= approx. 600 persons (150x4 persons).  
 Hiv pos people.

Beneficiaries' demographic information, if relevant to the project

Kenya is an East African country with a population of 50 million people. It used to be a British colony, independent 1963. There are 42 ethnical groups. Most people are Christians.  
 45% of Kenyans live in extreme poverty (World bank), which is the case in our villages.

Population growth is 1,8 %. Infant mortality is 3,8%. Fertility rate 3,4.

Mean number of children/ woman is 3,14. Hiv prevalence is 4,5%.

Vihiga: Luhya groups are dominating.

Maseno/Coptic Lela village 876 households, . 55 children below five years, 55 malnourished (100%).

Kakamega: Luo and Luhya groups are dominating.

Maua village 578 hoseholds. 48 children below five years, 47 malnourished (98%)

Mabuku village 369 households. 82 children below five years, 79 malnourished (96%).

The farms are small, 1/8 – 1 acre, mostly 1/2 acre. Low soil fertility and lack of nutritious crops.

In the three villages we weighed totally 185 children below five years, of whom 181 are malnourished. Malnutrition rate 98%.

63% of the malnourished children are Hiv pos.

Hiv prevalence in Kakamega is 4%, in Vihiga 4,7% ( in Kenya 4,5%)

40% of the target children live with grandparent, 45 % with single mother, all widows , 7% with single father, all widowers, 8% in childheaded family-mostly due to Hiv affected families.

79% of the malnourished children live with single mothers or grandmothers.

For living conditions, see interviews

Who conducted the assessment? (check all that apply)

- Host sponsor members
- International sponsor members
- A cooperating organization
- University
- Hospital
- Local government
- Other [Click or tap here to enter text.](#)

Assessment dates

2021-04-20- 2021-05-12

What methods did you use? (check all that apply)

- Survey

- Community meeting
- Interview
- Focus group
- Asset inventory
- Community mapping
- Other Weighing/ Monitoring of all children below five years . Homevisits to the targetfamilies to assess the needs.

Who from the community participated in the assessment?

Chiefs, leaders, youth, village elders, Hiv support groups, teachers, church leaders, female groups, parents and other villagers, community health workers, nurses, agricultural extension field worker( MoA).

List the community needs you identified that your project would address.

1. Low harvests due to low soil fertility, small land, soil erosion.
2. Lack of nutritious crops
3. Lack of farm animals
4. Lack of knowledge in new agricultural technologies/nutrition/ healthcare

List any needs you identified that your project would not address.

1. Lack of safe water
2. Lack of electricity
3. Lack of roads

List the community's assets, or strengths.

1. Favourable climate with two rainy seasons ( long rains in May and short rains in November)- though latest years on and off drought or floods due to climate change.
2. There is availability to protected springs.
3. Peaceful areas.
4. Mothers give colostrum(first breast milk ,rich in antibodies and vitaminA). They continue breast feeding for three years.
5. Free ARV treatment of Hiv and free tbc treatment.
6. Free malariatreatment for children below five years.

7. Free mosquito nets to all families( MoH/USAID)
8. EPI( expanded programme of immunization) for children well established( except during covid time)
9. MCH( mother-child- health) clinics with free familyplanning, free Hiv testing, free condoms to prevent STD( sexually transmitted disease), Hiv and pregnancy.
10. Female genital circumcision is not practiced in target areas.

Considering the needs and assets you listed, explain how you determined the project's primary goal.

High morbidity and mortality among children below five years due to underlying malnutrition and low immune defence. Children lack food because of small land, low soilfertility and lack of nutritious crops. Health problems due to lack of knowledge of hygiene, nutrition, common diseases( malaria, pneumonia, diarrhoea) and basic treatment. Lack of vaccinations, Hiv diagnosis and antiviral treatment.

How would your project's activities accomplish this goal?

Increased soilfertility through nitrogen fixing shrubs, biomass transfer, fertilizers including manure.  
 Decreased soil erosion through tree planting.  
 Introduction of nutritious crops- 1. Sweet potatoes, pawpaw and pumpkin for vitamin A and increased immune defence 2. Groundnuts, hybrid maize, beans for proteins 3. Vegetables for vitamin C and iron, zinc, magnesium.  
 Nitrogen fixing shrubs like Calliandra for increased soil fertility and goat fodder.  
 Kenbro poultry for eggs and meat to increase protein and vitamin intake and surplus for sale  
 Dairy goats for milk and sale of kids.  
 Training/ capacity building in healthcare-nutrition, agriculture and childrens' rights.  
 Monthly weighing/monitoring of target children.  
 Complete vaccinations of target children.  
 Prompt treatment of malaria, diarrhoea and pneumonia of target children.  
 Hiv testing of targetchildren and parents. Antiviral therapy of Hiv pos.

What challenges have prevented the community from accomplishing the project's goals?

Poverty. Lack of money to buy above inputs.  
 Lack of knowledge of new agricultural technologies, nutrition and health care.

Stigma of Hiv.

How is the community addressing these challenges now?

Using available resources, seed banks. Table banking, merry go round

Why are the project's activities the best way to meet this community need?

Giving people the tools to get higher yields and food security leading to lower malnutrition and better health. The work is sustainable, giving independence. Empowerment of people, especially women, will give development of democracy.

The inputs are spreading to benefit also other villagers.

Surplus of seeds, eggs, chicken, goat- milk and kids will improve family economy.

Healthier children will increase schooling, that together with education in childrens' rights will reduce child abuse.

Increased food security keeps the youth in the villages and prevents population movement to the crowded cities.