



# What is a **CHEC?**



Community Health & Empowerment Club

---

A community-driven model for lasting health, economic, and leadership change.

**19 villages** in western Kenya | **Several communities** now fully self-sustaining

# **COMMUNITIES LEAD. CHANGE LASTS.**

---

Global Health Connections CHECs give rural communities in Kenya the tools to build their own health and economic futures — and keep them.

*19 villages. Several now fully self-sustaining.*

## From the field

*“I used to rely on others to survive. Now I run my own business and help other women in my community.”*

— Milka Dan, Kanyapir CHEC Member



Milka joined a CHEC in western Kenya.

She got health education, financial literacy training, and the community backing to start a tree farming business.

*This is a CHEC at work.*

# Why do CHECs exist?

Rural communities in western Kenya face the same cluster of challenges — and most programs tackle only one at a time.

## ✗ Health knowledge gaps

Limited access to health education on nutrition, sanitation, maternal care, and disease prevention.

## ✗ No financial foundation

Without budgeting skills or business training, families stay trapped in subsistence cycles.

## ✗ Weak community structures

Lack of local leadership means outside programs come and go without leaving anything behind.

## ✗ Siloed aid

Health programs ignore economics. Economic programs ignore health. Communities need both at once.

# What is a CHEC?

A Community Health & Empowerment Club is a structured, village-based program that brings community members together voluntarily to build health knowledge, financial skills, and local leadership.

## HEALTH

24-week curriculum covering sanitation, nutrition, maternal care, disease prevention, mental health, and gender-based violence.

## ECONOMICS

10-week financial literacy program plus hands-on income-generating projects: poultry, gardens, small retail, livestock.

## LEADERSHIP

Members elect local leaders early on. A Sustainable Governance Committee takes full ownership by program end.

# The CHEC model — how it works

Each CHEC follows a structured journey from baseline to self-sufficiency.



**CHEC IS SUSTAINABLE AND THRIVING → community runs independently**

# The CHEC Model



# The 24-week health curriculum

Members receive practical health education designed to change real behaviors at home and in the community.

# 24

weeks

of health education

## Topics covered:

- Clean water & sanitation
- Nutrition & healthy eating
- Disease prevention
- Maternal & child health
- Hygiene practices
- Mental health awareness
- Gender-based violence prevention

*The curriculum focuses on behavioral change, not just knowledge transfer.*

# The 10-week economic curriculum

Financial literacy meets real business skills — with community income projects to put it all into practice.

10

weeks

of economic training

## What members learn:

- Budgeting & saving
- Business planning & record keeping
- Small business development
- Financial management

---

## Income projects members launch:

- Poultry farming
- Kitchen gardens
- Small retail businesses & livestock projects

# Leadership & sustainability

From day one, the CHEC is built to run without outside help.

**01** **Early leadership election**  
Community members elect their own leaders early in the program. No outside appointments.

**03** **4-week governance training**  
The newly elected SGC goes through 4 weeks of dedicated training on running meetings, managing decisions, and keeping the CHEC active independently.

**02** **Sustainable Governance Committee**  
After health graduation, CHEC members elect the Sustainable Governance Committee (SGC)—the group that will lead the CHEC once GHC departs.

**04** **Full community ownership**  
When Global Health Connections steps back, the community steps forward. That's the design, and it works.

# What makes CHECs different

## ✓ Fully integrated model

Health education, financial literacy, leadership, and income projects — all inside one program. Most aid programs pick one.

## ✓ Community-led from the start

Members run discussions. They elect leaders. They own the outcome. Outside facilitators support, not direct.

## ✓ Built-in accountability

Baseline, midline, and endline surveys track real change in health behaviors, savings rates, and income.

## ✓ Designed to exit

The goal is for Global Health Connections to become unnecessary. Several CHECs are already there.

# How we measure impact

CHECs aren't run on faith. Every program is tracked through 3 structured surveys measuring real behavioral change.

## Baseline Survey

*Before CHEC starts*

Captures health, economic, and social conditions at village level. Sets the measurement bar.

## Midline Survey

*Month 15*

Checks in on progress: behavior change, savings growth, income starts. Adjusts support where needed.

## Endline Survey

*Month 24*

Measures long-term impact. Compares directly to baseline. Results go into Star Charts for each CHEC.

*Star Charts visualize each community's progress at a glance — used for reporting and donor communication.*

## Where CHECs stand today

19

villages in  
western Kenya

5

years of  
refinement

1000+

women  
trained

9

now running  
independently

*The model has been tested, adjusted based on community feedback, and continuously strengthened.*

***“When we equip communities to lead, they don't just survive. They build something that outlasts all of us.”***

— Faith Mageto, Executive Director, Global Health Connections Kenya

---

Join us in building a future where every community rises.

# Let's Connect

If this resonates, reach out.

We'd love to tell you more about what's happening on the ground.



## Contact us

Mimi Gordon – Director of Marketing

[info@globalhealthconnections.org](mailto:info@globalhealthconnections.org)

[www.globalhealthconnections.org](http://www.globalhealthconnections.org)