

ABSTRACT

This paper describes two examples of primary health care programmes implemented in Mbita Division, South Nyanza, Kenya: the community based health care (CBHC) programme and income generating projects for women's groups. Such programmes need to incorporate local sociological, ecological and infrastructural constraints in programme design. Implementing CBHC will necessitate enlisting active community discussion and participation at the onset, and ideally local communities should bear some of the programme cost. Incorporating the traditional medical practitioners is recommended to increase programme efficacy. Changes in marriage patterns, absence of business management skills, low educational levels and conflicting labour demands on women are identified as major constraints, in the income generating projects. To address these constraints programmes should allow for more individualized participation rather than cooperative ventures.