



INTERNATIONAL EYE FOUNDATION

Kenya rural blindness prevention project

GRANT NO. A.I.D. 615-0703

QUARTERLY REPORT - April, May, June, 1981

This is the fifth in a series of Quarterly Reports submitted to U.S.A.I.D. covering the period 1st April to 30th June, 1981, outlining the activities and progress of the International Eye Foundation/Kenya Rural Blindness Prevention Project (Phase II).

I. General

Project activities continued without significant difficulties.

In April, the seventh blindness prevalence survey was conducted in Baringo District. In May, the first contract-mandated evaluation was conducted and the second series of primary eye care/blindness prevention seminars was held in Nyanza Province. These and other activities are described in some detail below.

II. Personnel

In May, Mr. Alex Mackay, Fiscal Manager for the project since its inception, died suddenly at his home. Mr. Mackay was a valued member of the IEF team, and his advice on project operations will be missed. His duties as Fiscal Manager have been taken over by the Director of Field Operations, with assistance by the project secretary. It is not planned, at present, to hire a replacement for Mr. Mackay.

In June, Dr. F.M. Mburu, Ph.D., M.F.H., joined the project as Health Planner, to replace Mr. Dennis Ross-Degnan, who will be leaving Kenya on 1st September. A copy of Dr. Mburu's curriculum vitae is attached to this report.

III. Activities

Blindness Prevalence Surveys: The seventh in the series of blindness prevalence surveys was conducted in April in Baringo District. The survey covered four areas, each with people having different cultural patterns/life styles. These four areas were: Ol Koiwo (lowland Tugen), Kaharab/Eabasis (highland Tugen), Nginyang (Fokot), and Ngarbo (Njemps). The survey went smoothly, with excellent cooperation by all of the survey population. A copy of a report of preliminary results is attached.

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III. Activities (cont.)

Seminars on Primary Eye Care/Blindness Prevention: The second series of seminars was held at provincial and district level in Nyanza Province in May. At the Provincial Seminar, there were a total of 26 participants, representing eight ministries/Departments. The Kisii District Seminar had 47 participants representing 17 government and 5 mission health facilities. The Siaya District Seminar had 24 participants from 9 government and 4 mission health facilities. The South Nyanza District Seminar had 29 participants from 4 government and 3 mission health facilities. The Kisumu District Seminar had 34 participants representing 17 government and 2 mission health facilities.

Attendance at the seminars for South Nyanza and Siaya Districts was poor, probably due to the cholera outbreaks which were occurring in those two districts at the time making it impossible for many health workers to leave their posts. The seminars will be repeated at a later date for these two districts.

Response to the seminars has been excellent, with frequent requests for more seminars of this type in the future. Local Ministry of Health officials at all levels have been exceptionally cooperative and helpful in both arranging and conducting the seminars.

Publications: In May a booklet entitled Maveu na Mokooku ("I Don't want to be a Blind man", from a Masai song), which describes the activities of Phase I of the project was published. Thus far over 440 copies have been distributed to ministry officials, health facilities and interested individuals throughout Kenya.

Work is currently in progress to revise the Primary Eye Care Manual first published during Phase I of the Project. This should be completed by September, 1981.

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IV. Finances

Local expenditures during the quarter under review totalled K.Sh.469,772.80 (\$56,325.80 at K.Sh.8.00/U.S.\$1.00 for April and K.Sh.8.50/U.S.\$1.00 for May and June). Expenditures from Bethesda totalled \$91,932.34 for the quarter. A financial summary giving a breakdown of expenses by line item for both Kenya, (in K.Sh.) and Bethesda (in U.S.\$) is attached.

During the quarter under review, the project budget was revised after examination of actual expenditures for year one. A copy of the revised budget is attached to this report.

V. Project Vehicles

During the quarter under review, vehicle KVQ 963, a Land Rover damaged severely in an accident in December 1980, was repaired. The repairs cost in excess of Sh.70,000/= which was paid by the company with which IEF/KREPP vehicles are insured.

VI. Community-based Primary Eye Care Projects

Involvement continues in the Saradidi Rural Health Project. In May, the Field Training Specialist conducted further primary eye care/blindness prevention training sessions for the Saradidi village health workers.

Preliminary investigations were made into the possibility of establishing further projects in Meru and Kajiado Districts. The project Health Planner has written a brief proposal for a project at Meru, a copy of which is attached. A total of seven visits have now been made to the proposed project site at Meru by Health Planner and other staff members.

VII. Blindness Prevention Units

During the quarter under review, only three units were active (Meru, Nakuru and Nyeri). The unit at Nakuru was somewhat hindered in field work by the lack of funds for paying field allowances in Rift Valley, due apparently to financial problems faced by the Ministry of Health there. The two unassigned units are awaiting confirmation of re-assignment. It is planned to post one unit at Kericho under the supervision of Dr. Steinkuller and the other to Machakos under Dr. Otiiti, the new Eastern Provincial Ophthalmologist. The unit to be posted at Kericho will serve as a combined MEU/BRPU, thus allowing for more efficient use

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VII. Blindness prevention units (cont.)

Data on number of patients seen and treated through the prevention units during the quarter has not yet been tabulated, but will be included in the next report.

VIII. Projected Activities

During the next quarter, seminars on primary eye care/blindness prevention will be held in Western and possibly Central Provinces. The eighth blindness prevalence survey will be conducted in Kajiado District in August.

VITA

FRANCIS M. MBURU

Home address

P.O. Box 59594,
Phone 560698
NAIROBI

Office address

Department of Community Health
Faculty of Medicine
Box 30588 Phone 334800 ext. 2376
NAIROBI or 2481

Personal

Date of birth: September 1, 1947

Marital status: Married

Educational Background

Fulbright scholarship
University of Texas
School of Public Health
at Houston:

Jan. 1975-Dec. 1977
1977; Awarded Master of Public
Health (MPH): Area of
Concentration: Health
Planning and Policy
Analysis

University of Mississippi:

1976, Ph.D. in Health Care
Administration and Management

Makerere University,
Kampala

- 1973, M.A. Sociology of
Health Care

- 1972 B.A. (honours) Sociology

Academic Experience

Present Position

Senior Lecturer

August 1978-July 1979
University of Nairobi
Faculty of Medicine
Department of Community
Health

Lecturer

February, 1977 to May
1978
Texas Southern University
School of Public Affairs
and Administration

Assistant Professor in
Public Administration

January, 1977 to May
1978
University of Houston,
Downtown Department of
Management Technology

Part-time Assistant Professor
in Organization Behaviour
and Management

Experience (contd.)

February, 1975 to July 1976 University of Mississippi	Graduate Research Assistant
August 1973-December 1974 University of Nairobi Department of Community Health	Assistant Lecturer in Community Health
- June 1972-July 1973 on secondment	Assistant Lecturer in Community Health
- March 1972-October 1974	Research Sociologist
Medical Research Centre, Nairobi, Department of the Royal Tropical Institute of Amsterdam	

OTHER ACTIVITIES

March 1972 to October, 1974: Member of "Scientific Advisory Committee", purpose: review any proposed health research protocols and advice Ministry of Health.

September, 1974: Trained in Group Management. Subsequently took part in guiding a multireligious group in formulating sets of objectives and strategies for a common religious education in High Schools in Kenya and Uganda. A five year stalemate among the religious groups ended.

October, 1974: Contributor to "Christian Religious Education Guide - 'A', Level", published by Jomo Kenyatta Foundation, Nairobi, 1978.

November, 1978: Participant in a "Workshop on Teamwork in Office Management" sponsored by the Ministry of Health.

Consulting Experience

December 1978 - July 1979: Member of an evaluation team for Chogoria MCH/FP Programme, Kenya. The programme services cater for a population between 150,000 and 180,000 people. Reports prepared.

3.

Experience (contd.)

- December 1978 & August 1979: Conducted Workshop with all Programme staff.

January 1979-June 1979: Consultant to the Ministry of Health (MoH) on:

- (i) "Strengthening the management of supplies to Rural Health Facilities (RHF)"
- Report (prepared in conjunction with WHO staff member) on "Situation Analysis".
- (ii) May 30, 1979, Moderator in workshop Seminar on "Strengthening the management of Supplies in RHF".
- (iii) September - November 1980: Consultant to MoH on Sociological Evaluation, "Pilot Project, New Management System of Drug Supplies for RHF".
- (iv) Case Study on "Management Development in MCH/FP Programme in Kenya" June 1979:
July 1979 - April 1980: Consultant to International Planned Parenthood Federation (IPPF) Africa Region on "The Epidemiology of Infertility in Africa".

Department and Faculty Activities

Acting Head of Department at various times since 1979.
Member of "Salary and Terms of Service Review Committee", Faculty of Medicine, 1979.
Member of Curriculum Review Committee, Faculty of Medicine, 1979 to present.
Rapporteur and member of Planning Committee, "Workshop on Programme Development", December 27, 1979 - January 4, 1980.

International Experience

Member, WHO Meeting of Task Force on Acceptability Research in Family Planning, Geneva, August 16-23, 1979.
Member of Editorial Board, Social Science and Medicine an International Journal, 1979 to present.
Have reviewed and continue to review papers on a variety of topics including Health Management, organization and planning, socioeconomic and health aspects of development and a variety of other scientific areas.

PAPERS AND PUBLICATIONS

- Mburu, F.M., 'The Arithmetic of Social Change and Development' Makerere Sociological Journal, vol. 2, 1972.
- Mburu, F.M., 'Consciousness and Crime in Kenya; The Kenyan, Makerere University, vol. 1, 1971.
- Mburu, F.M., 'Political Centrality and Consciousness of Ethnic Groups in Africa' Makerere Political Review, vol. 2, 1971.
- Mburu, F.M., 'Bank Robberies in Kenya' Sociology Working Paper No. 119, Makerere University, Kampala.
- Mburu, F.M., Traditional and Modern Medicine Among the Akamba Ethnic Group, Unpublished M.A. Thesis, Makerere University, 1973.
- Mburu, F.M., 'Education, Illness and Health in Parts of Machakos District, Medical Research Centre, Nairobi, 1972, mimeo.
- Mburu, F.M., 'Regional Stratification between Lowland and Upland Machakos' paper read at the East African Social Sciences Conference, Nairobi, December 1972.
- Mburu, F.M., 'Home Visit Case Studies: Their Place in the Making of a Doctor' Nairobi Medical Journal, February, 1973.
- Mburu, F.M., 'Traditional Medicine: Myths, Mystics and Reality' in P. Singer (ed), Traditional Healing: New Science or New Colonialism (Buffalo, New York, CONCH, 1976)
- Mburu, F.M., Health Behaviour in Kenya: A Comparative Multivariate Analysis of Factors Associated with Child Health in Rural Communities, Unpublished Ph.D. Dissertation, University of Mississippi, 1976.

- Mburu, F.M., Population Policy in Kenya, unpublished Master of Public Health Thesis, University of Texas School of Public Health, 1977.
- Mburu, F.M., Smith, M.C. and Weatherby, H. Humor in Prescription Drugs, Journal of Pharmaceutical Marketing, vol. 2, 1976
- Mburu, F.M., Smith, M.C. and Sharpe, T.R. The Determinants of Health Care Utilization in a Rural area of Kenya. Social Science and Medicine, vol, 12 (4A): 211-217 (1978).
- Mburu, F.M., Rhetoric-Implementation Gap in Health Policy and Health Services Delivery for Rural Populations in a Developing Country", Social Science and Medicine vol. 13A, pp. 577-83, (1979).
- Muller, A.S., Ouma, J.H., Mburu, F.M. et al. Some Methodological Considerations in Population-based Longitudinal Studies.... in R. Owuor, V.L. Ongom and B.G. Kirya (eds.), The Child in the African Environment, E.A. Literature Bureau, Nairobi, 1974.
- Muller, A.S., Ouma, J.H., Mburu, F.M. et al. Introduction to "Machakos Project Studies", Design and Methodology. Tropical Geographical Medicine, vol. 29, 1977.
- Mburu, F.M., (in association with F.D. Schofield) "Strengthening the Management of Supplies in Rural Health Facilities: Situation Analysis". Report, Administrative Support Unit, Ministry of Health, Nairobi, Kenya, June 1979.
- Krystall, A., Mburu, F.M., Shaffer, R. and Karigithe, S. The Chogoria MCH/FP Programme - Evaluation Report, July 1979, FPIA Regional Office, Nairobi, Kenya.

- Mburu, F.M., "Situation Analysis of Infertility in seven African Countries" Preliminary Report to IPPF, Africa Region, Nairobi, October, 1979.
- Mburu, F.M., "Infertility in Africa: Prevalence, Determinants and Management" Unpublished Report, IPPF, Africa Region, Nairobi, November, 1979.
- Mburu, F.M., "Implications of the Ideology and Implementation of Health Policy in a Developing Country", Social Science and Medicine, forthcoming.
- Mburu, F.M., Infertility: The Indelible Curse in Africa, AFRICA LINK, IPPF, Nairobi, June, 1980.
- Mburu, F.M. and Kaseje, D.C. "Community-Based Distribution of Non-Medical Family Planning Services: A Feasibility study in Kenya" Unpublished report, Family Planning Association of Kenya, Nairobi, April, 1980.
- Mburu, F.M. Critique (of "WHO's Program of Health for all by Year 2000: A Macrosystem for Health Policy Making - A Challenge to Social Science Research" by J.H. Bryant) Social Science and Medicine, Forthcoming.
- Mburu, F.M. "Population Policy and Programme in Kenya: The Question of viability and Effectiveness" in Population and Growth and Its Relevance to Socio-Economic Development edited by J.G. Mati and K.A. Buigutt 1980 Proceedings of a Symposium of the Kenya National Academy for Advancement of Arts and Sciences.
- Mburu, F.M., "The Need for Research in Family Planning" AFRICA LINK, IPPF, Nairobi, Kenya, November, 1980.

Mburu, F.M., and Kaseje, D.C., "Community Based
Distribution of Non-Medical Family Planning
Services: Is it Feasible in Kenya"
AFRICA LINK, IPPF, Nairobi, Kenya,
Forthcoming.

Mburu, F.M., "Sociopolitical Imperatives in the History
of Health Development in Kenya", Social
Science and Medicine, Forthcoming.

Mburu, F.M., Book Review of The Future of Academic
Community Medicine in Developing Countries
by W. Lathem, Praeger, 1979.

Conferences Papers

- Mburu, F.M., "Population Policy and Programmes in Kenya: The Question of Viability and Effectiveness" Symposium of the Kenya Academy of Arts and Sciences, Nairobi, October 11-13, 1978.
- Mburu, F.M., "Rhetoric-Implementation Gap in Health Policy and Health Services Delivery for Rural Population in a Developing Country" 6th International Conference on Social Science and Medicine, Amsterdam, August 6-10, 1979.
- Mburu, F.M., "Health Development in Kenya 1964-1978: Issues of Relevance and Priority", 1st Annual Medical Scientific Conference of the Kenya Medical Research Institute, January 28 - February 1, 1980.
- Mburu, F.M., "The Demographic Structure in Kenya: Population Problem Areas", 1st Annual Medical Scientific Conference of the Kenya Medical Research Institute, January 28 - February 1, 1980.
- Mburu, F.M., Mwangi, G., Onyango, P. "Society and Its Health Care" paper prepared for the Commonwealth and Kenya Medical Association Conference, Nairobi, Kenya, March 25 - 28, 1980.
- Mburu, F.M., "Environmental Health Risks and Strategies for Action Through Adult Education", Paper prepared for the African Adult Education Association Seventh Biennial Conference, Swaziland, July 5 - 13, 1980.
- Mburu, F.M., "The Need for Research in Family Planning" Workshop for (Family Planning) Clinical Supervisors, November 24 - 28, 1980.



INTERNATIONAL EYE FOUNDATION

kenya rural blindness prevention project

JAMHURI CRESCENT

TELEPHONE: 567316

NAIROBI

23 April, 1981

BARINGO DISTRICT OCULAR STATUS SURVEY

RANDOLPH WHITFIELD, JR. M.D.
Program Director
P.O. Box 1323, Nairobi
Telephone: Kigumbo 8

PRELIMINARY RESULTS

The Kenya Ministry of Health and the Kenya Rural Blindness Prevention Project carried out an ocular status survey in Baringo District between the 6th and the 22nd of April, 1981.

Utilizing a random cluster sampling technique, 2952 survey members were registered and 2675 (91%) were examined. Because of the diversity of peoples, climates and ways of living in Baringo District, four separate areas were chosen for study: Ol Kokwe (Tugen), Kabarnet (Tugen), Nginyang (Pokot), and Ngambo (Njemps).

PAUL STEINKULLER, M.D.
Assistant Project Director
P.O. Box 1366, Nairobi
Telephone 2620

<u>LOCATION</u>	<u>NUMBER EXAMINED</u>	<u>PREVALENCE OF SIGNIFICANT VISUAL LOSS</u>
Ol Kokwe	665	7.2%
Kabarnet	705	1.4%
Nginyang	596	6.2%
Ngambo	709	6.8%
TOTALS	2675	5.4%

K. DOUGLASS ARBUCKLE, M.A.
Director Field Operations
P.O. Box 55585, Nairobi

The prevalence of blindness (less than 3/60 in better eye) for the entire district is 1.2%. Prevalence of blindness by USA criteria (6/60 or less in better eye) is 3.5% (compared to 0.2% in the USA).

ALEX MACKAY, M.A.
Field Manager
P.O. Box 25167, Nairobi
Telephone 516501

The leading causes of visual loss, and their prevalence in Baringo District:

Cataract	2.2%
Trachoma	1.5%
Nontrachomatous leucoma	0.5%
Senile Macular Degeneration	0.3%
Refractive error	0.2%
Xerophthalmia	0.2%

VICTORIA M. SHEFFIELD, EdD
Field Training Specialist
P.O. Box 16365, Nairobi

Respectfully Submitted,

Randolph Whitfield, Jr.

Randolph Whitfield, Jr. MD

JENNIS E. FOSSE EDMAN, M.S.P.H.
Health Planner
P.O. Box 14585, Nairobi

Home Office

1000 N. 17th St., Lincoln, Nebraska, U.S.A. Tel: (402) 476-1830

INTERNATIONAL A.I.D. FOUNDATION

KENYA RURAL BLINDNESS PREVENTION PROJECT

Quarterly Financial Report, April, May, June, 1981

A.I.D. Project Number 615-0205

Grant Budget Line Items / Amount	Total Exp. This Period APRIL-JUNE 1981	Exp. Billed to AID This Period APRIL-JUNE 1981	Cumulative Exp. Billed to AID APRIL-JUNE 1981	Project Exp. To be Billed To AID next Period JUNE-SEPT. 1981
Salaries/Fringe \$ 767,980	\$ 51,066.00 Sh. 88,738.00	\$ 51,057.00 Sh. 104,500.00	\$ 51,066.00 Sh. 88,738.00	\$ 51,057.00 Sh. 50,000.00
Travel & Transport \$ 123,700	\$ 9,573.90 Sh. 99,783.35	\$ 9,573.90 Sh. 110,000.00	\$ 9,573.90 Sh. 99,783.35	\$ 4,000.00 Sh. 100,000.00
Subsist. & P.D. \$ 185,818	\$ - Sh. 142,365.75	\$ - Sh. 126,500.00	\$ - Sh. 142,365.75	\$ 1,000.00 Sh. 140,000.00
Evaluation \$ 18,000	\$ 7,000.00 Sh. 2,472.70	\$ 7,000.00 Sh. -	\$ 7,000.00 Sh. 2,472.70	\$ - Sh. -
Supplies \$ 19,410	\$ - Sh. 27,357.60	\$ - Sh. -	\$ - Sh. 27,357.60	\$ - Sh. 40,000.00
Surgical Equip. \$ 5,280	\$ - Sh. 3,910.85	\$ - Sh. -	\$ - Sh. 3,910.85	\$ - Sh. 4,000.00
Teaching Materials \$ 89,412	\$ 159.29 Sh. 62,267.00	\$ - Sh. 13,000.00	\$ 159.29 Sh. 62,267.00	\$ - Sh. 60,000.00
Drugs & Medications \$ 15,058	\$ - Sh. 1,275.30	\$ - Sh. 1,000.00	\$ - Sh. 1,275.30	\$ - Sh. 1,000.00
Office Equipment \$ 51,083	\$ 283.15 Sh. 39,669.80	\$ - Sh. 22,000.00	\$ 283.15 Sh. 39,669.80	\$ - Sh. 30,000.00
Other Direct Costs \$ 204,000	\$ 23,850.00 Sh. 1,932.45	\$ 23,850.00 Sh. 4,500.00	\$ 23,850.00 Sh. 1,932.45	\$ 23,850.00 Sh. -
Total \$ 1,870,000	\$ 91,932.34 Sh. 469,772.80	\$ 91,480.90 Sh. 381,500.00	\$ 91,932.34 Sh. 469,772.80	\$ 79,907.00 Sh. 435,000.00

IEF KENYA RURAL BLINDNESS PREVENTION PROJECT EXPENDITURES SUMMARY: YEAR ONE

<u>LINE ITEM</u>	<u>BETHESDA</u>	<u>KENYA</u>	<u>TOTAL</u>
1. Salaries & Fringe Benefits	182,924	45,780	228,704
2. Travel & Transportation	90,613	62,541	153,154
3. Subsistence & Per Diem	2,095	53,964	56,059
4. Evaluation	-0-	-0-	-0-
5. Surveys	-0-	7,910	7,910
6. Surgical Equipment	1,280	-0-	1,280
7. Teaching Materials	455	2,105	2,560
8. Drugs & Medications	2,814	1,774	4,588
9. Office Equipment	990	29,095	30,085
10. Other Direct Costs	71,299	2,717	74,016
TOTALS	352,470	205,886	558,356 **

**All figures rounded to the nearest dollar.

2 June 1981

2 June 1981

YEAR TWO	USAID	MOH	IEF	TOTALS
PERSONNEL - FULL TIME: Salaries, Fringe, and Support.				
PROJECT DIRECTOR				
Salary	50,600			50,600
Fringe Benefits @ 26.5%	13,409			13,409
House Rental @ \$500 per month	4,200	1,800		6,000
Guard Service @ \$200 per month	2,400			2,400
Educational Allowance	500			500
Transport: 2 Full, RT	4,140			4,140
2 Half, RT	2,070			2,070
ASSISTANT PROJECT DIRECTOR				
Salary	41,250			41,250
Fringe Benefits @ 26.5%	10,931			10,931
House Rental @ \$375 per month	4,500			4,500
Guard Service @ \$200 per month	2,400			2,400
Educational Allowance	6,000			6,000
Transport: 3 Full, RT	6,210			6,210
2 Half, RT	2,070			2,070
Storage of Household Effects @ \$120 per month	1,440			1,440
DIRECTOR OF FIELD OPERATIONS				
Salary	29,700			29,700
Fringe Benefits @ 26.5%	7,871			7,871
House Rental @ \$812.50 per month	9,750			9,750
Guard Service @ \$75 per month	900			900
Transport: 2 Full, RT	4,140			4,140
Storage of Household Effects @ \$100 per month	1,200			1,200
FIELD TRAINING SPECIALIST				
Salary	22,550			22,550
Fringe Benefits @ 26.5%	5,976			5,976
House Rental @ \$625 per month	7,500			7,500
Guard Service @ \$150 per month	1,800			1,800
Transport: 1 Full, RT	2,070			2,070
Storage of Household Effects @ \$100 per month	1,200			1,200

YEAR TWO	USAID	NOH	IHF	TOTALS
<u>PERSONNEL - FULL TIME (cont'd)</u>				
<u>HEALTH PLANNER</u>				
Salary	22,000			22,000
Fringe Benefits @ 76.5%	5,830			5,830
House Rental @ \$600 per month	7,200			7,200
Guard Service @ \$220 per month	2,640			2,640
Transport: 2 Full (one way)	2,070			2,070
Shipping of Household Effects	2,000			2,000
<u>FISCAL MANAGER</u>				
Salary (6 months)	7,425			7,425
House Allowance @ \$550 per month, 6 months	3,300			3,300
Guard Service @ \$150 per month, 6 months	900			900
<u>PARAMEDICAL PERSONNEL</u>				
Clinical Officers (Ophth.): 22 @ \$333 p.m.		87,912		87,912
Ungraded Assistants: 22 @ \$233 per month		61,512		61,512
<u>PROJECT SECRETARY</u>				
Consolidated Salary @ \$500 per month	6,000			6,000
<u>PERSONNEL - PART TIME</u>				
<u>HEALTH PLANNER (Four month transition)</u>				
Salary @ \$1,833 per month x 4 months	7,332			7,332
House Rental @ \$600 per month x 2.5 months	1,500			1,500
Fringe Benefits @ 26.5% 2.5 months	1,215			1,215
<u>Project Consultants: Epidemiologists, Demographers, Anthropologists, etc.</u>				
5 days per month x 12 months @ \$100 per day	6,000			6,000
<u>Four Kenyan RPU Drivers @ \$141 per month</u>				
	6,768			6,768
<u>One Project Driver @ \$141 per month</u>				
	1,692			1,692
<u>Kenyan Counterpart Health Education Promotors</u>				
Salary @ \$567 per month x 12 months x 2		13,608		47,628
Per diem @ \$37.50 per seminar x 35 seminars	1,315			1,315
<u>One Office Cleaner @ \$68.75 per month</u>				
	825			825

2 June 1981

YEAR TWO	USAID	NOH	IEF	TOTALS
<u>PROJECT COMPONENT COSTS</u>				
Development of Community-based Primary Eye Care delivery system	10,000	5,000		15,000
Teaching Materials - reproduction & distribution	7,500	12,500		20,000
Teaching Film	74,352			74,352
Project Teaching Seminars				
Food @ \$165 per seminar x 35	5,775			5,775
Rentals @ \$146 per seminar x 35		5,110		5,110
Participant Transportation @ \$33 x 35		1,155		1,155
Prevalence Surveys				
Travel, tenting, food, etc. x 2 surveys	10,000			10,000
Rentals @ \$146 per day, 2 surveys		5,110		5,110
Drugs & Medications	7,500	12,000	75,000	94,500
Surgical Equipment	3,000		3,750	6,750
Vehicles				
Phase One - 8 vehicles, 20,000 kms / vehicle	60,000			60,000
Phase Two - 5 vehicles, 40,000 kms / vehicle	40,000			40,000
Evaluation: Travel, per diem, consultants fees	8,000			8,000
Management, IEF/Bethesda				
Travel (KT x one visit)	2,070			2,070
Per diem @ \$110 per day x 7 days	770			770
Project Personnel per diems @ \$187.50 x 5 x 12 mos.	11,250			11,250
Malpractice Insurance for Ophthalmologists	990			990
Nairobi Office: Rent @ \$625 per month	7,500			7,500
Office Supplies, Telephone, Postage	10,000			10,000
Sub-Total	591,496	205,707	78,750	875,953
Plus IEF Administrative overhead @ 18%	106,470			106,470
TOTAL	697,966	205,707	78,750	982,423

YEAR THREE

USAID

NOH

ILF

TOTALS

PERSONNEL - FULL TIME: Salaries, Fringe,
and Support

PROJECT DIRECTOR

Salary	55,660			55,660
Fringe Benefits @ 26.5%	14,750			14,750
House Rental @ \$525 per month	4,500		1,800	6,300
Guard Service @ \$200 per month	2,400			2,400
Educational Allowance	1,000			1,000
Transport: 2 Full (one way)	2,500			2,500
2 Half (one way)	1,250			1,250
Shipping of Household effects	4,500			4,500

ASSISTANT PROJECT DIRECTOR

Salary	45,375			45,375
Fringe Benefits @ 26.5%	12,024			12,024
House Rental @ \$437.50 per month	5,250			5,250
Guard Service @ \$220 per month	2,640			2,640
Educational Allowance	6,600			6,600
Transport: 4 Full (one way)	5,000			5,000
1 Half (one way)	625			625
Shipping of Household Effects	4,500			4,500
Storage of Household Effects @\$120/month	1,440			1,440

DIRECTOR OF FIELD OPERATIONS

Salary	32,670			32,670
Fringe Benefits @ 26.5%	8,658			8,658
House Rental @ \$812.50 per month	9,750			9,750
Guard Service @ \$75 per month	900			900
Transport: 2 Full (one way)	2,500			2,500
Shipping of Household Effects	4,500			4,500
Storage of Household Effects @\$100/month	1,200			1,200

FIELD TRAINING SPECIALIST

Salary	24,805			24,805
Fringe Benefits @ 26.5%	6,573			6,573
House Rental @ \$687.50 per month	8,250			8,250
Guard Service @ \$200 per month	2,400			2,400
Transport: 1 Full (one way)	1,250			1,250
Shipping of Household Effects	4,500			4,500
Storage of Household Effects @\$100/month	1,200			1,200

YEAR THREE	USAID	NOH	IEF	TOTALS
<u>PERSONNEL - FULL TIME (cont'd)</u>				
HEALTH PLANNER				
Salary	24,200			24,200
Fringe Benefits @ 26.5%	6,413			6,413
House Rental @ \$660 per month	7,920			7,920
Guard Service @ \$220 per month	2,640			2,640
PARAMEDICAL PERSONNEL				
Clinical Officers (Ophth.) 22 @ \$333/month		87,912		87,912
Ungraded Assistants: 22 @ \$233/month		61,512		61,512
PROJECT SECRETARY				
Consolidated Salary @ \$625 per month	7,500			7,500
<u>PERSONNEL - PART TIME</u>				
Project Consultants: Epidemiologists, Demographers, Anthropologists, etc.				
4 days per month @ \$100 per day x 12 months	4,800			4,800
Four Kenyan RBPU Drivers @ \$155 per month	7,440			7,440
One Project Driver @ \$155 per month	1,860			1,860
One Office Cleaner @ \$81.25 per month	975			975
Kenyan Counterpart Health Education Promoters				
Salary @ \$567 per month x 2		13,608		13,608
Per diem @ \$37.50 per seminar x 35 seminars	1,315			1,315
<u>PROJECT COMPONENT COSTS</u>				
Development of Community-based Primary Eye Care delivery system				
	10,000	5,000		15,000
Teaching Materials - reproduction and distribution				
	5,000	12,500		17,500

2 June 1981

YEAR THREE

	USAID	NOH	IEF	TOTALS
<u>PROJECT COMPONENT COSTS (cont'd)</u>				
Project Teaching Seminars				
Food @ \$165 per seminar x 35	5,775			5,775
Rentals @ \$146 per seminar x 35		5,110		5,110
Participant Transportation @ \$33 x 35		1,155		1,155
Prevalence Surveys				
Data analysis	1,500			1,500
Drugs and Medications	3,000	15,000	75,000	93,000
Surgical Equipment	1,000		3,750	4,750
Vehicles				
Phase One - 8 vehicles, 20,000 kms/vehicle	60,000			60,000
Phase Two - 5 vehicles, 40,000 kms/vehicle	40,000			40,000
Evaluation: Travel, per diem, consultants fees	10,000			10,000
Management, IEF/Bethesda				
Travel (RT x 2 visits)	5,000			5,000
Per diem @ \$121 per day x 14 days	1,694			1,694
Project Personnel per diems @ \$206.25 x 5 x 12mos.	12,375			12,375
Malpractice Insurance for Ophthalmologists	1,089			1,089
Nairobi Office				
Rent @ \$700 per month	8,400			8,400
Office Supplies, Telephone, Postage	11,000			11,000
Sub-Total	520,066	203,597	78,750	802,413
Plus IEF Administrative overhead @ 18%	93,612			93,612
TOTAL	613,678	203,597	78,750	\$96,025

LINE ITEM	USAID Yr. 1	MOH Yr. 1	IEF Yr. 1	USAID Yr. 2	MOH Yr. 2	IEF Yr. 2	USAID Yr. 3	MOH Yr. 3	IEF Yr. 3	TOTAL
1. Salaries & Fringe Benefits	228,704	159,828		265,904	163,032		273,372	163,032		1,253,872
2. Travel & Transportation	153,154	1,050		130,680	6,265		139,965	6,265		437,379
3. Subsistence & Per Diem	56,059	4,800		64,560	1,800		65,229	1,800		194,248
4. Evaluation				8,000			10,000			18,000
5. Surveys	7,910	4,655		10,000	5,110		1,500			29,175
6. Surgical Equipment	1,280		3,750	3,000		3,750	1,000		3,750	16,530
7. Teaching Materials	2,560	17,500		81,852	12,500		5,000	12,500		131,912
8. Drugs & Medications	4,588	10,000	75,000	7,500	12,000	75,000	3,000	15,000	75,000	277,088
9. Office Equipment	30,085			10,000			11,000			51,085
10. Other Direct Costs	74,016	4,655		116,470	5,000		103,612	5,000		308,753
TOTALS	558,356	202,488	78,750	697,966	205,707	78,750	613,678	203,597	78,750	2,718,042

LAARE COMMUNITY HEALTH
HARAMBEE SCHEME

Project Proposal
International Eye Foundation
Kenya Rural Blindness Prevention Project
P. O. Box 55585, Nairobi

Introduction

In the past, health care has been seen to be hospitals and related health centres and dispensaries. In this context health services are perceived as being the facilities where such services are delivered. Recent knowledge and development have shown that neither the facilities nor the personnel therein are health itself. In addition adequate health care designed to contribute to the wellbeing of an individual, community or a particular population, can be and should be available elsewhere outside the hospitals or clinics. The community itself should evolve its own system through which the community can derive better health status. The desirable community health system is largely organized and run by the community itself. It is then expected that the health services available within that system should be more effective and more efficient because the system would focus on the priorities identified by the community itself. It follows that such a system must be community-based; thus calling for an intensive community involvement. Indeed the now widely accepted concept of "Primary Health Care", propagated and supported by the World Health Organization, UNICEF, among other international agencies, is based on the rationale that a community best understands its own problems and with some assistance could very well solve them.

The Ministry of Health, and indeed the Kenya Government have accepted to encourage and develop community-based health care programs in order to serve more of Kenya's population more effectively. There is now a widely-felt realization that Kenya does not have adequate resources to continue with the hospital-based, largely curative, services if there has to be a health for all by the year 2000. A more effective method for achieving that goal for the majority of Kenya's rural population lies in support and development of Community-Based Health Care Delivery Systems.

The proposed Harambee Scheme for the Antunmbui Sublocation, Ithima Location, Meru, is intended to provide primary health care for the communities of the sublocation. The services to be provided include preventive health for all age-groups, and health education that is vital for improvement of

living standards. In addition, curative services for common illnesses will be provided largely with the assistance of the local government health centre.

1. Justification of the Harambee Scheme

In August 1977 the Kenya Rural Blindness Prevention Project of the International Eye Foundation carried out an ocular and nutrition status survey in Mutuati Location, Meru District, Eastern Province. The area is situated about 80Km NE of Meru town, around the Nyambene Hills, in an area that combines two zones, arid and semi-arid. Mutuati is situated in an area that is one of the world's major producers of "Miraa" a plant that is used by the Somalis, Ethiopians, and Arabs, among others, as a stimulant.

The results of the survey showed that the area has a high prevalence of general malnutrition with some xerophthalmia. More than half of the children under five years had not achieved the normal growth rate for that age. A major explanation for that undesirable pattern of growth is that the children are not getting adequate protein and calories, a common problem in Kenya and other similar developing countries. In addition, the community was found to have a very high level of communicable eye diseases such as trachoma (90%) and conjunctivitis. It is, therefore, reasonable to conclude that there are other rectifiable health problems which are probably neither recognized nor dealt with.

For instance, Laare Health Centre staff, as part of their training as a rural health team, conducted a community diagnosis exercise in a neighbouring sublocation, Stanene, early in 1981, and found that less than 20% of women in child-bearing age ever took their babies to well care baby clinics. Though this community is not peculiar in this respect, comparatively few babies are fully immunized. An outstanding problem identified by the community included lack of accessible health care services and a serious lack of water for the population. Less than 40% of the children 5-15 are in school and it is claimed that many of the children are deployed in the miraa business. The illiteracy rate is high in the area. Under these conditions, development is slow, and in fact, heard to come by.

2. Objectives of the Haranbee Scheme

The objectives the project is intended to achieve are many and varied. However, they are all related and directed toward developing the entire community in all those areas which would raise the living standard and health status of the people.

Eye and eye diseases are seen as an ideal entry point, an initial focus of discussion and action, for three reasons:

First, the IEF has acquired great expertise in rural eye health through its five year experience with running the KRBPB,

Second, eye disease and blindness are very visible problems in areas where they are highly prevalent, and as such are usually important health concerns to these communities.

Third, about 70% of all blindness in Kenya is preventable or curable, and the steps necessary to achieve this are the keystones of all successful community-based health schemes: sanitation, hygiene, water development, health education, early diagnosis and treatment, and effective management of local resources.

One of the organizers of the project has been involved in these areas of community health at the faculty of Medicine, Nairobi, providing expertise important for the prevention and control of other diseases commonly found in the area. The IEF will provide an organizational-perspective eye care back up, and where necessary, provide for resources such as drugs the community is unable to get.

The proposed Haranbee Scheme is intended to facilitate integrated development activities which will uplift the living conditions of the population of Antuanbui sublocation in the shortest time possible. In this connection the integrated development scheme will include socio-economic aspects, housing, water, personal hygiene, child care, health education and management of local resources to enhance productivity. Specific objectives include the following:

1. To define the type, prevalence, nature, and causes of the diseases in the community in order to determine effective methods of treatment, control, and prevention of such diseases.
2. To work with and through the community to determine community needs, priorities, and acceptable solutions.

3. To determine and develop a community health delivery system that will effectively and efficiently cover the whole Antuambu Sublocation.
4. To develop an effective health services referral system from the community to the relevant service delivery points.
5. To assess and implement methods for community education that will be effective in the prevention of avoidable illnesses, including blindness.
6. To work with the community and Laare H.C. staff to develop a system for the training of local personnel to carry out preventive, promotive, and curative health care in the community.
7. To generate community interest in support and development of those socioeconomic conditions and living habits which are conducive to a higher standard of life and thus, the prevention of avoidable illnesses.

On the whole the objectives will be pursued with the assistance of the Laare Government Health Centre. The Health Centre will serve as one of the local referral centres. In a fundamental manner, the Harambee scheme is a step towards accomplishment of the goals of the concept of the Rural Health Unit.

Approaches to the Harambee Scheme

1. For the last six weeks the outgoing Health Planner of the International Eye Foundation, Mr. Dennis Ross-Degnan and Dr. F.M. Mburu, have made several trips to Laare in connection with the planning and implementation of the Harambee Scheme. Thus far seven trips have been made, and meetings held with members of the community, Laare Health Staff, and the Neru DC, Mr. Kaituika.

Community-based health care is a relatively new idea, often conceptually contradictory to what is generally known about health care. It has therefore taken time to explain to the leaders and the community what this new idea is. By the fifth baraza those present, including the leaders, showed tremendous enthusiasm. During the third baraza, questions raised showed that a majority of those at the baraza understood what the proposed scheme was all about. The IEF has pressed the "Plan and implement" idea. It was explained at length that the people of Antuambu sublocation would have to do the major part of the work and provide the necessary facilities for the scheme. The community showed no dissent to that proposal.

Those present said they would like to construct their own dispensary at Kaelo. That is the *raison d'être* for the use of the concept of "harambee", pulling together.

Members of the community leadership who have been involved in the preparation of the harambee scheme include:

- The Chief - Ithima Location
- Sub Chief - Antuambui sublocation
- Councillors - Divisional Nominated (a clinical officer who has a private clinic at Laare)
 - Locational Elected
- KANU Location Chairman
- KANU representative
- Seven clan Heads (Agambi)
- School Headmasters
- Laare Health Staff

In addition three public barazas have been held at Kaelo Market

2. It has been decided that each Clan Head will select a clan committee of seven members, including the clan head, three women and three men, to comprise the Interim Clan Steering Development Committee.

Beginning June 30, 1981, Dr. Mburu will hold discussions with each Clan Steering Committee to decide:

- .Clan needs
- .Priority clan needs
- .solutions
- .Systematic ways to fulfill the needs

To hold comprehensive discussions with the seven clan steering committees and be familiar with the geographical location of each clan will take about six days (June 29 - June 4, 1981). On the basis of the findings, a baseline survey is planned as soon as possible. Thereafter, the scheme will take off, largely in the direction the community prefers. The IEF will, for the most part, play the role of catalyst to development activities and change, not only for this project but also in developing a model for use in the development of community-based health care around other existing government health facilities.

As there are seven clans with dissimilar immediate needs, problems and priorities, there will not be a blanketing scheme for all of them. As much as possible, the needs of each clan will be met in a defined manner. Where consensus allows sets of strategies to meet some defined common needs may be applied.

Initially, during the planning and implementation stages a project of this nature requires a great deal of care and input by those providing leadership. The IEF, through Dr. Mburu intends to provide as much guidance as is required. The scheme provides a unique opportunity to practice community health; to translate theory into practice. In this Harambee Scheme, the communities are the subject; they will be involved in organizing and managing themselves. The communities are not therefore objects of observation and manipulation. That principle will guide this scheme.