

PDBRR 965

<b>AGENCY FOR INTERNATIONAL DEVELOPMENT</b> <b>PROJECT DATA SHEET</b>		<b>1. TRANSACTION CODE</b> <input type="checkbox"/> A = Add <input checked="" type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	<b>Amendment Number</b> <u>1</u>	<b>DOCUMENT CODE</b> <u>3</u>
<b>2. COUNTRY/ENTITY</b> Kenya		<b>3. PROJECT NUMBER</b> <u>615-0241</u>		
<b>4. BUREAU/OFFICE</b> Africa		<b>5. PROJECT TITLE (maximum 40 characters)</b> <u>CORAT Child Survival and Family Planning</u>		
<b>6. PROJECT ASSISTANCE COMPLETION DATE (PACD)</b> MM DD YY <u>03/31/90</u>		<b>7. ESTIMATED DATE OF OBLIGATION</b> (Under 'B:' below, enter 1, 2, 3, or 4) A. Initial FY <u>87</u> B. Quarter <u>2</u> C. Final FY <u>88</u>		

8. COSTS (\$000 OR EQUIVALENT \$1 = )						
A. FUNDING SOURCE	FIRST FY <u>87</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	114	295	409	229	1356	1585
(Grant)	( 114 )	( 295 )	( 409 )	( 229 )	( 1356 )	( 1585 )
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S.						
Host Country						
Other Donor(s) CORAT/Communities	-	304	304	-	789	789
<b>TOTALS</b>	<b>114</b>	<b>599</b>	<b>713</b>	<b>229</b>	<b>2145</b>	<b>2374</b>

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PH	533	510		1,285		0		1,285	
(2) DFA	533	510		0		300		300	
(3)									
(4)									
<b>TOTALS</b>				<b>1,285</b>		<b>300</b>		<b>1,585</b>	

<b>10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)</b> 440				<b>11. SECONDARY PURPOSE CODE</b>			
<b>12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)</b>							
A. Code	BFW	PART	PVON				
B. Amount	947	947	1,585				

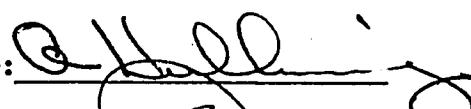
**13. PROJECT PURPOSE (maximum 480 characters)**

To assist Kenyan churches to expand community based child survival and primary health care programs in the Diocese of Maseno South, Maseno West, Eldoret, Mt. Kenya East and the Tenwek Hospital region.

<b>14. SCHEDULED EVALUATIONS</b> Interim MM YY MM YY Final MM YY				<b>15. SOURCE/ORIGIN OF GOODS AND SERVICES</b> <input type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)			
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**16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment.)**

To expand the program to include the Christian Community Services' community-based health care program of the Anglican Diocese of Mt. Kenya East and to increase the total funds obligated for the grant.

RFMC Clearance: 

<b>17. APPROVED BY</b> Steven W. Sinding Mission Director	Signature	Date Signed MM DD YY <u>03-11-88</u>	<b>18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION</b> MM DD YY <u>          </u>
	Title		



SUPPLEMENTAL FUNDING PROPOSAL

CHRISTIAN COMMUNITY BASED HEALTH CARE

(CCBHC)

in

DIOCESE OF MT. KENYA EAST

SUBMITTED TO U.S.A.I.D.

by

CORAT AFRICA  
P.O. BOX 424393  
NAIROBI, KENYA

and

CHRISTIAN COMMUNITY SERVICES OF  
MT. KENYA EAST  
P.O. BOX 290  
KERUGOYA

CONTACT: MR. W.R. TEMU, CORAT

MR. K. BURBANK JR., CORAT

SUBMITTED: DECEMBER 15, 1987

CORAT AFRICA is currently a project carrier to four major church related community based health care/ family planning (CBHC/FP) sub-projects in Kenya under a United States Agency for International Development (USAID) Operational Program Grant (OPG) #615-0241. The current sub-projects are the Diocese of Maseno South, Diocese of Maseno West, Diocese of Eldoret, and Tenwek Hospital.

CORAT proposes to expand the existing programme by adding an additional sub-project at the Diocese of Mt. Kenya East. The diocese was one of the original four projects which CORAT served under its previous grant from USAID/John Hopkins University. Christian Community Services of Mt. Kenya East is legally incorporated in Kenya as the Diocese of Mt. Kenya East's development organization.

Christian Community Services of Mt. Kenya East (CCSMKE) had originally found funding under the VADA/USAID co-financing project. Although Mt. Kenya East signed a project agreement with VADA, the project was never financed. In anticipation of receiving funds from that agreement, CCSMKE began operations and spent over 400,000 ksh. With the dissolution of the USAID/VADA arrangement, Christian Community Services of Mt. Kenya East found itself without funding to continue the work begun under the USAID/John Hopkins/CORAT project.

Christian Community Services of Mt. Kenya East approached CORAT and USAID requesting that their VADA project be funded now through CORAT. CORAT has agreed to request funds from USAID through this proposal.

This OPG project amendment requests an additional \$300,000 from USAID bringing the overall OPG total to \$1,585,000 for the three year project period. This funding will enable the following levels of project expansion:

- A. An additional 93 new VHC will be formed and trained bringing the estimated programme total to 457 active VHCS at end of project (EOP);
- B. About 119 new CHWS will be trained in Mt. Kenya East with a new overall target of about 1,296 active CHWS EOP;
- C. About 422 CHW re-training's in will take place in Mt. Kenya East bringing the total programme goal to about 2,241 re-training's by EOP;
- D. An additional 111,500 CHW motivational visits to programme homes will be carried out raising estimated programme total visits by EOP to 696,394;
- E. An estimated 550 family planning users will be added in Mt. Kenya East raising programme's overall goals to 15,128 active family planning users by EOP;

F. About 27,596 DRT training sessions for mothers will be carried out in Mt. Kenya East bringing programme totals to 400,047 by EOP;

G. Around 48 additional mobile clinics will be added to the CCSMKE sub-project bring projected programme total mobile clinics to 2,402 with the following anticipated results:

H. About 23,700 immunization doses will be given at CCSMKE raising programme totals to about 430,900 doses for children and ante-natal mothers by EOP;

I. An additional 13,000 children will be weighed bringing programme totals to 644,600 measurements of children's weight or arm circumference; and

J. About 13,000 additional children will be checked at mobile clinics raising the total number of children seen at these clinics to about 315,200 children.

### 3. SUB-PROJECT HISTORY

3.1. The Diocese of Mt. Kenya East. The Diocese of Mt. Kenya East is one of the eleven Dioceses of the Church of the Province of Kenya (a part of the worldwide Anglican Communion. The Diocese includes Kirinyaga, Embu, Meru, Isiolo, Marsabit, Mandera, and Wajir Districts. The Community Health Programme, however, focuses its efforts in the Districts of Kirinyaga, Embu and Meru with minor activity in Marsabit and Isiolo.

3.2 Health Problems - The need for a Community Health and Family Planning Programme has long been evident to the Diocese. Evaluation of the area by a CORAT survey team in 1976 showed that people in the rural areas had continuing problems with preventable diseases, poor environmental sanitation, high infant mortality rates, and poor access to medical care. This study recommended that the Diocese of Mt. Kenya East begin a Primary Health Care Programme because:

A) Primary Health Care was most needed in diocesan area.

B) Cost for such a programme was low compared to establishing health posts, dispensaries, health centres and hospitals, etc.

C) Broad geographic coverage was easier than with static health facilities like hospitals.

In 1978, the Diocese adopted the CORAT study recommendations and, in 1980, the Community Health Department was formed and a primary health programme begun.

In 1982, Christian Community Services of Mt. Kenya East was registered as a not-for-profit corporation under the laws of Kenya to handle the development work of the Diocese of Mt. Kenya East.

In 1983, CCSMKE began a Family Planning Operations, Research Project with CORAT, John Hopkins University (JHU), and U.S.A.I.D. As part of the JHU project, another 1983 survey demonstrated relatively high knowledge (34%) and potential demand (36%) for family planning with a low (16%) rate of utilization.

This project is an expansion of the Community Health Department's existing programme and not the beginning of a new project. By January, 1988, the Community Health Department's existing programme aims to:

1. Have established 255 Village Health Committees;
2. Have trained 162 Community Health Workers visiting over 40,000 households per year;
3. Have developed over 2,000 Family Planning clients;
4. Have a monthly schedule of Mobile Clinics to 12 remote area locations treating 8,500 patients per year; and
5. Have promoted 5 CHW's to contact CHW for supervisory duties and to have promoted 2 CCHW's to area supervisors.

In short, this proposal is extension of a well managed successful primary health care programme that has had the full approval of --and ongoing co-operation of-- local district authorities. In fact, some Ministry of Health and other visitors have come with the purpose of learning how to replicate what they have termed as a "model" PHC programme.

### III. PROJECT ANALYSIS

#### 1. Economic Analysis

The addition of this sub-project is not expected to affect the economic analysis of the original proposal. Similar effects as described in the original proposal are expected to be substantially the same for the Mt. Kenya East sub-project.

#### 2. Technical Analysis

The Mt. Kenya East sub-project is technically similar to the other sub-projects proposed in the original proposal. The original technical analysis (on pp. 12-18 of the original proposal) covers CCSMKE also.

#### 3. Social Analysis

The addition of the Mt. Kenya East sub-project is not expected to have any adverse effect on other sub-projects or on society as a whole. The Mt. Kenya East project will add people from other tribes and areas: Kikuyu, Embu, Meru, Rendille, Samburu, Somali, Boran, Gabbra, and Molo. Because CCSMKE personnel have been working with these groups for years, positive social outcomes are expected and no adverse social effects are anticipated.

The focus of the CCSMKE programme is on women's traditional role as the person responsible for family health as is the focus of the other sub-projects. The social analysis set forth in the original proposal (pp. 18-19) holds for the CCSMKE sub-project, too.

CCSMKE has a long record of collaboration with other agencies in their area. No major conflicts are expected. CCSMKE is a member of the District Development Committees in its districts and has long worked closely with the Provincial and District Medical Teams. CCSMKE and Chogoria Hospital are cooperating to ensure that as far as possible no competition or duplication of services will occur in the Meru Tharaka area.

#### 4. Administrative Analysis

CCSMKE- CCSMKE has the administrative ability and experience to handle this project. CCSMKE has been faithfully handling large grants from a number of donors since its inception. The organization has had audited accounts since its inception. The Executive Director and Community Health Coordinator understand project administration and successfully completed the JHU project. Nevertheless, this project will increase the administrative and managerial load. Therefore, a part of this proposal provides managerial and administrative strengthening through provision of a Deputy Health Coordinator, Cashier/Bookkeeper, Data Clerk, and CORAT consulting input.

CORAT- During the first year of the CCBHC project, CORAT has found that it spends a large amount of time dealing with financial management--- both for the individual sub-projects and for the overall project. This work has consisted of reading sub-project financial reports, asking appropriate questions, explaining (often repeatedly) project financial matters, making spot checks of sub-project accounts, helping sub-projects to better organize and report their financial work, answering USAID questions on finance, and generating financial reports and cash requests. These activities have taken a larger part of CORAT's time during the first year than anticipated.

CORAT believes that it should strengthen the financial management aspect of the work by adding more management time for finance and assigning a qualified financial consultant to help with the work in addition to the other management services provided. Because this person needs to be a Consultant level person in order to deal effectively with the sub-projects as well as USAID systems, CORAT has added additional man-days for Financial Management of the project.

CORAT has added further man-days to the overall supervision of the project in order to accommodate the increased management and reporting load that the addition of CCSMKE will necessitate. Mr. Burbank and Miss Obwaya are available to spend more time on the project where necessary for management advisory, programme oversight, and the survey field work and analysis. CORAT Associates are also available to carry out project assignments---

especially, in survey and service data analysis. Therefore, additional Associate man-days have been added.

#### IV. PROJECT DESIGN AND IMPLEMENTATION

##### I. IMPLEMENTATION

This sub-project is the continuation of an ongoing successful project which was initially funded in part by a Family Planning Operations Research Grant from USAID through John Hopkins University and CORAT. Having been part of that project managed by CORAT, CCSMKE is a very appropriate partner project for CORAT and the other sub-projects.

##### A. CORAT Services

CORAT will provide the similar services as outlined in the original proposal (pp. 23-24). A total of 246 man-days have been added in this proposal. The largest part (142 man-days) of this addition is for surveys and data analysis. Of the rest, most is a simple replication of the estimates made in the original contract for servicing each sub-project. For example, an additional 40 mandays have been added for CORAT consultants' overall management of the project. This time is that to be spent principally on the additional visitation, reporting, and administrative matters arising from adding CCSMKE. This compares to 60 days budgetted for each sub-project in the original proposal. Additional consulting mandays to implement these services have been budgetted on an annual basis in Appendix A.

Financial Management- Additionally, CORAT has added a Financial Management component to the project for 40 man-days over the remaining two year period. This estimate is based on 2 mandays per sub-project per year to handle reports and consult by telephone. Six mandays have been budgetted to help CCSMKE start-up. An additional 16 mandays for the next two years have also been added for overall project financial management.

As noted above, financial management of the project has required more time than originally anticipated. Beyond the time already required, some U.S.A.I.D. personnel have discussed the possibility of requesting a substantial change in the reporting and cash flow procedures established in the original contract. The increases in financial management time estimated here will hopefully remedy the current situation but are not sufficient to accomodate any major changes in current operating procedures.

CORAT expects to hire an additional CPA to strengthen CORAT's internal management. This person or one of the other CORAT CPA/financial consultants will carry out this work coordinated by the overall project manager.

Separately, CORAT is submitting a revised 1988 Workplan which will include CCSMKE activities.

## 2. MONITORING AND EVALUATION

### A. Monitoring

Monitoring activities will be the same as those proposed for the other four/ sub-projects. (See pp.36-37 of original proposal.) CCSMKE will simply adopt similar reporting patterns and formats as those currently used. CCSMKE staff already participated in this year's 1988 Planning Conference and are becoming part of the group.

### B. Evaluation

Service data will be collected from CCSMKE as from the other sub-projects (see p. 38 of original proposal).

Similar survey data will be collected from CCSMKE as with the other projects. (See pp.38-39 of original proposal.) A baseline survey is planned to collect child survival and family planning data as with the other sub-projects. This data will be useful to CCSMKE in providing CS/FP baseline data.

However, CCSMKE has only a two year effective measurement period which may not register significant statistical shifts due to the brevity of the project period. If the project period is lengthened, then, significant shifts may be expected. If the project period is lengthened, then, a follow-up impact survey will be carried out. Otherwise, there will be no follow-up evaluation.

### C. Cost-Effectiveness Analysis

CCSMKE will participate in CORAT cost-effectiveness studies as provided in the original proposal (p.39).

### D. Diffusion

CCSMKE will participate in diffusion activities as provided in the original proposal (p. 39).

## V. FINANCIAL PLAN

The general provisions of the Financial Plan as outlined in the original proposal (pp. 40-44) remain unchanged and will simply incorporate CCSMKE except that CCSMKE will have only a 15% contingency line item (vs. 20% for other sub-projects). This change is to help CCSMKE fund activities already planned. CORAT contingency figures have been adjusted to round off the overall project request.

SUMMARY BUDGET

This proposal requests a supplemental U.S.A.I.D. operating program grant (OPG) of \$300,000 raising the new total OPG grant to \$1,585,000. The total estimated cost of the project is \$2,374,314 (67% total project cost).

The contribution of Kenya (CORAT, sub-projects, communities, and other agencies) is estimated at a new total of \$789,314 (33% of total project cost).

	FX	LC	TOTAL	
USAID	\$ 229,369	\$ 1,355,631	\$ 1,585,000	67%
KENYA	\$ -	\$ 789,314	\$ 789,314	33%
TOTAL	\$ 229,369	\$ 2,144,944	\$ 2,374,314	100%

The U.S.A.I.D. request is from the following figures:

	AID CONTRIBUTION		OTHER CONTRIBUTION		GRAND TOTALS	
	FX	LC	FX	LC	FX	LC
TECHNICAL ASSISTANCE	-	\$559,594	-	\$656,576	-	\$1,216,170
TRAINING	-	\$71,904	-	\$22,286	-	\$94,190
COMMODITIES	\$229,369	\$90,756	-	\$83,865	\$229,369	\$174,621
OTHER COSTS	-	\$343,506	-	\$26,586	-	\$370,092
EVALUATION	-	\$46,321	-	-	-	\$46,321
CONTINGENCY	-	\$243,550	-	-	-	\$243,550
TOTALS	\$229,369	\$1,355,631	-	\$789,313	\$229,369	\$2,144,944

## CORAT LOGFRAME

DATE REVISED: DEC. 10, 1987

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>SECTOR GOAL: BETTER COMMUNITY HEALTH IN KENYA</p>	<p>A) Reduced Early Childhood Mortality Rate B) Reduced Birth Rate C) Expanded CHD coverage regionally.</p>	<p>A) MCH Surveys B) MCH Reports</p>	<p>A) MCH Surveys will cover Project Areas. B) Increased MCH commitment to CHD.</p>
<p>PROJECT PURPOSE A) TO ASSIST KENYAN CHURCHES TO EXPAND COMMUNITY BASED CHILD SURVIVAL AND PRIMARY HEALTH CARE PROGRAMS IN:</p> <ol style="list-style-type: none"> <li>1. Diocese of Eldoret</li> <li>2. Diocese of Maseno South</li> <li>3. Diocese of Maseno West</li> <li>4. Diocese of Mt. Kenya East</li> <li>5. Terwek Hospital Region</li> </ol> <p>B) To Provide Education on Health to Mothers</p> <p>C) To Increase Nutritional Status of Children under 5 Years</p> <p>D) To Increase Use of OR</p> <p>E) To increase Knowledge and Use of FP</p>	<p>In Project areas: Purpose A-D to be measured in baseline and evaluation surveys. Also,</p> <ol style="list-style-type: none"> <li>1) Eldoret E) - @1,170 New FP Users - @1,170 ECPS FP Users</li> <li>2) Maseno South E) -@2,337 New FP Users and -@3,750 ECPS FP Users</li> <li>3) Maseno West E) -@2,133 New FP Users and -@3,500 ECPS FP Users</li> <li>4) Mt. Kenya East E) -@564 New FP Users -@2,508 ECPS-FP Users</li> <li>5) Terwek E) -@2,320 New FP Users and -@4,200 ECPS FP Users</li> </ol>	<p>A) 5 Baseline and 4 Follow-up Surveys B) Project Service Data C) MCH District Reports D) Project Reports E) Site Visits F) CORAT Reports and Visits Office</p>	<p>A) Research Methodology is able to reflect shifts in child survival indicators and FP acceptance rates despite small bases and short time interval B) Disease patterns do not alter significantly. C) Continued political and economic stability D) Continued Government support for CHD and FP in 5 project areas.</p>

<u>DESCRIPTIVE SUMMARY</u>	<u>OBJECTIVELY VERIFIABLE INDICATORS</u>	<u>MEANS OF VERIFICATION</u>	<u>IMPORTANT ASSUMPTIONS</u>
<p><b>PROJECT OUTPUTS:</b></p> <p>A) Immunizations</p> <p>B) Motivational Home visits by CHWs</p> <p>C) Oral Rehydration Training for Mothers</p> <p>D) Child Weighings or Arm Circumference Measurements</p> <p>E) New Village Health</p> <p>F) New Community Health Workers (CHWs)</p> <p>G) Retrained CHWs</p> <p>H) Surveys</p>	<p>*Five project area totals are:</p> <p>A) -@410,000 immunizations (doses) to children -@20,400 Neo-natal tetanus doses to ante-natal mothers -@2,400 Mobile Clinics</p> <p>B) -@696,000 visits by CHWs</p> <p>C) -@400,000 New and Repeat ORT for Mothers</p> <p>D) -@644,600 child weighings Committees (VHCs) age measurements</p> <p>E) -@241 New VHCs -@457 Active VHCs (EOPS)</p> <p>F) -@835 New CHWs -@1300 Active CHWs (EOPS)</p> <p>G) -@2,240 CHW Retrainings</p> <p>H) -@9 Surveys complete</p> <p>* See sub-project proposals for details</p>	<p>1. PROJECT REPORTS:</p> <p>A) Mobile Clinic Reports</p> <p>B) CHW Reports</p> <p>C) Supervisor and Project Coordinator Reports</p> <p>D) CORAT Reports</p> <p>2. Site Visits by CORAT</p> <p>Surveys and Survey Reports and/or arm circumference</p>	<p>A) MOH/KEPI to supply vaccines and maintain cold chain</p> <p>B) Good Community participation continues</p> <p>C) CHWs continue to volunteer to help local communities at no/low pay.</p> <p>D) Qualified Nursing personnel will be available to manage projects</p>
<p><b>PROJECT INPUTS:</b></p> <p>A) Technical Assistance (CORAT Mondays =889</p> <p>B) Training</p> <p>C) Commodities</p> <p>D) Other Expenses</p> <p>E) Evaluation Expenses</p> <p>F) Contingency/Inflation</p> <p>TOTAL</p>	<p><b>U.S.A.I.D. INPUTS</b></p> <p>A) Technical Assistance =559,594</p> <p>B) Training =71,904</p> <p>C) Commodities =320,125</p> <p>D) Other Expenses =343,506</p> <p>E) Evaluation Expenses =16,321</p> <p>F) Contingency/Inflation =243,550</p> <p>\$1,585,000</p>	<p>F) - Audited Accounts - Bank Statements</p>	

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APPENDIX A  
 CORAT SUPPLEMENTAL PROPOSAL TO USAID  
 REVISED ORGANIZATIONAL INDICATORS

OUTPUT (-SUBPROJECT)	1987	1988	1989	TOTAL
<b>NEW VHCS</b>				
MASENO SOUTH	12	25	25	62
MASENO WEST	11	20	20	51
MT. KENYA EAST	43	30	20	93
TENWEK	2	4	4	10
ELDORET	5	10	10	25
TOTAL NEW VHCS	73	89	79	241
<b>NEW CHWS</b>				
MASENO SOUTH	50	80	60	190
MASENO WEST	66	100	85	251
MT. KENYA EAST	29	40	50	119
TENWEK	30	60	60	150
ELDORET	25	50	50	125
TOTAL NEW CHWS	200	330	305	835
<b>CHWS RETRAINED</b>				
MASENO SOUTH	119	278	330	727
MASENO WEST	43	195	275	513
MT. KENYA EAST	78	162	182	422
TENWEK	85	171	226	482
ELDORET	0	25	72	97
TOTAL RETRAINED CHWS	325	831	1,085	2,241
<b>NEW CCHWS</b>				
MASENO SOUTH	12	12	12	36
MASENO WEST	6	8	9	23
MT. KENYA EAST	0	10	15	25
TENWEK	0	0	0	0
ELDORET	1	4	6	11
TOTAL NEW CCHWS	19	34	42	95
<b>NEW SUPERVISORS</b>				
MASENO SOUTH	2	0	0	2
MASENO WEST	2	0	0	2
MT. KENYA EAST	1	0	0	1
TENWEK	2	0	0	2
ELDORET	1	1	1	3
TOTAL NEW SUPERVISORS	8	1	1	10
<b>TOTAL YEAR END ACTIVE VHCS</b>				
MASENO SOUTH	58	75	90	
MASENO WEST	39	53	66	
MT. KENYA EAST	255	257	249	
TENWEK	23	27	31	
ELDORET	5	14	21	
TOTAL YEAR END ACTIVE VHCS	380	426	457	

APPENDIX A (CONT.)  
CORAT SUPPLEMENTAL PROPOSAL TO USAID  
REVISED ORGANIZATIONAL & OUTPUT INDICATORS

OUTPUT (--SUBPROJECT)	1987	1988	1989	TOTAL
<b>ACTIVE CHWS YEAR END</b>				
MASENO SOUTH	278	330	357	
MASENO WEST	195	275	333	
MT. KENYA EAST	162	182	209	
TENWEK	171	226	280	
ELDORET	25	72	117	
TOTAL YEAR END ACTIVE CHWS	831	1,085	1,296	
<b>HOME VISITS</b>				
MASENO SOUTH	18,913	69,364	86,637	174,916
MASENO WEST	13,254	53,169	76,662	143,085
MT. KENYA EAST	33,989	36,520	40,970	111,479
TENWEK	35,910	76,224	100,188	212,322
ELDORET	6,000	14,550	34,042	54,592
TOTAL HOME VISITS	108,066	249,827	338,501	696,394
<b>NEW/REPEAT ORT TRAINING</b>				
MASENO SOUTH	11,348	41,618	51,983	104,949
MASENO WEST	7,953	32,171	45,997	86,121
MT. KENYA EAST	8,498	9,104	9,994	27,596
TENWEK	25,137	53,357	70,132	148,626
ELDORET	3,600	8,730	20,425	32,755
TOTAL ORT TRAINING	56,536	144,980	198,531	400,047
<b>YEAR END FP USERS</b>				
MASENO SOUTH	1,947	2,854	3,752	
MASENO WEST	1,364	2,380	3,497	
MT. KENYA EAST	1,944	2,184	2,508	
TENWEK	2,223	3,164	4,200	
ELDORET	150	648	1,171	
TOTAL YEAR END FP USERS	7,628	11,230	15,128	
<b>NEW FP USERS</b>				
MASENO SOUTH ('87:+M.WEST)	583	881	873	2,337
MASENO WEST (**INCLUDED ABOVE)	(**)	1,016	1,117	2,133
MT. KENYA EAST		240	324	564
TENWEK	338	941	1,036	2,315
ELDORET	150	498	523	1,171
TOTAL NEW FP USERS	1,071	3,576	3,873	8,520

APPENDIX A (CONT.)  
CORAT SUPPLEMENTAL PROPOSAL TO USAID  
REVISED OUTPUT INDICATORS

OUTPUT (-SUBPROJECT)	1987	1988	1989	TOTAL
<b>MOBILE CLINICS</b>				
MASENO SOUTH	140	220	220	580
MASENO WEST	150	220	220	590
MT. KENYA EAST	0	48	48	96
TENWEK	158	300	348	806
ELDORET	55	110	165	330
<b>TOTAL MOBILE CLINICS</b>	<b>503</b>	<b>898</b>	<b>1,001</b>	<b>2,402</b>
<b>CHILD IMMUNIZATIONS (DOSES)</b>				
MASENO SOUTH	14,000	66,000	27,500	107,500
MASENO WEST	22,500	66,000	34,375	122,875
MT. KENYA EAST	0	14,400	8,640	23,040
TENWEK	19,750	29,325	29,580	78,655
ELDORET	8,250	33,000	37,125	78,375
<b>TOTAL IMMUNIZATIONS</b>	<b>64,500</b>	<b>208,725</b>	<b>137,220</b>	<b>410,445</b>
<b>EXPECT. MOTHER IMMUNIZATIONS</b>				
MASENO SOUTH	840	1,650	1,980	4,470
MASENO WEST	1,800	3,300	3,960	9,060
MT. KENYA EAST	0	288	360	648
TENWEK	714	1,346	1,571	3,631
ELDORET	330	825	1,485	2,640
<b>TOTAL MOTHER IMMUNIZ. DOSES</b>	<b>3,684</b>	<b>7,409</b>	<b>9,356</b>	<b>20,449</b>
<b>CHILD WEIGHINGS/ARM CIRCUMFERENCE</b>				
MASENO SOUTH	27,313	89,164	99,839	216,316
MASENO WEST	26,754	73,419	93,162	193,335
MT. KENYA EAST	0	7,200	5,760	12,960
TENWEK	29,805	58,812	70,974	159,591
ELDORET	8,550	18,630	35,275	62,455
<b>TOTAL CHILD WEIGHINGS</b>	<b>92,422</b>	<b>247,225</b>	<b>305,010</b>	<b>644,657</b>
<b>CHILDREN SEEN AT CLINICS</b>				
MASENO SOUTH	1,000	33,000	22,000	56,000
MASENO WEST	22,500	33,000	27,500	83,000
MT. KENYA EAST	0	7,200	5,760	12,960
TENWEK	19,750	34,500	34,800	89,050
ELDORET	16,500	24,750	33,000	74,250
<b>TOTAL CHILDREN SEEN</b>	<b>59,750</b>	<b>132,450</b>	<b>123,060</b>	<b>315,260</b>

APPENDIX B - REVISED  
 CORAT SUPPLEMENTAL PROPOSAL TO USAID  
 CORAT COMPONENT REVISED TOTAL BUDGET

BUDGET ITEM	FE. '87 JA. '88	FE. '88 JA. '89	FE. '89 MR. '90	3 YEAR TOTALS
1. TECHNICAL ASSISTANCE	(US\$)	(US\$)	(US\$)	(US\$)
CORAT CONSULTANT COSTS	\$47,031	\$65,076	\$85,873	\$197,980
CORAT ASSOCIATE COSTS	\$19,238	\$16,210	\$28,411	\$63,859
TOTAL TECHNICAL ASSISTANCE	\$66,269	\$81,286	\$114,284	\$261,839
2. TRAINING	\$1,563	\$0	\$0	\$1,563
3. COMMODITIES				
VEHICLE	\$13,000	\$0	\$0	\$13,000
COMPUTER, PRINTER, SOFTWARE	\$10,000	\$1,100	\$0	\$11,100
TOTAL COMMODITIES	\$23,000	\$1,100	\$0	\$24,100
4. OTHER EXPENSES				
VEHICLE OPERATION (\$.25/KM)	\$1,250	\$4,290	\$4,417	\$9,957
AIR TRAVEL	\$0	\$1,250	\$1,375	\$2,625
TRAVEL	\$313	\$2,875	\$3,163	\$6,351
ANNUAL WORKSHOP	\$938	\$1,631	\$1,794	\$4,363
DISSEMINATION WORKSHOPS	\$0	\$0	\$5,281	\$5,281
FACILITY EXPENSE	\$0	\$250	\$270	\$520
AUDIT	\$2,188	\$3,625	\$5,094	\$10,907
TOTAL OTHER EXPENSES	\$4,689	\$13,921	\$21,394	\$40,004
5. EVALUATION				
SURVEY FIELD EXPENSES	\$12,500	\$3,000	\$18,625	\$34,125
DATA ANALYSIS EXPENSES	\$1,400	\$815	\$3,021	\$5,236
TOTAL EVALUATION	\$13,900	\$3,815	\$21,646	\$39,361
CORAT SUB-TOTAL	\$109,421	\$100,122	\$157,324	\$366,867
CONTINGENCY (@15%)	\$16,413	\$16,898	\$25,398	\$58,709
CORAT TOTAL USAID REQUEST	\$125,834	\$117,020	\$182,722	\$425,576
CORAT CONTRIBUTION BUDGET	FE. '87	FE. '88	FE. '89	3 YEAR
BUDGET ITEM	JA. '88	JA. '89	MR. '90	TOTALS
3. COMMODITIES	(US\$)	(US\$)	(US\$)	(US\$)
VEHICLE DUTY AND TAX	\$12,500	\$0	\$0	\$12,500
COMPUTER DUTY AND TAX	\$10,000	\$1,000	\$0	\$11,000
TOTAL COMMODITIES	\$22,500	\$1,000	\$0	\$23,500
TOTAL LOCAL/OTHER SOURCES	\$22,500	\$1,000	\$0	\$23,500
PERCENT GRAND TOTAL BUDGET	0.15			0.05
GRAND TOTAL CORAT BUDGET	\$148,334	\$118,020	\$182,722	\$449,076
3 YEAR TOTAL TARGET POPULATION SERVED				675830
FINAL YEAR COST PER PERSON SERVED		US\$	0.26	
3 YEAR COST PER PERSON SERVED		US\$		0.65

ESTIMATED ADDITIONAL CORAT MANDAYS NEEDED BY FUNCTION

CORAT USAID MANDAYS	CORAT TOTAL MANDAYS 1988	CORAT TOTAL MANDAYS 1989	TWO YEAR MANDAYS TOTAL
<b>PROGRAMME OVERSIGHT</b>			
ELDORET	0	0	0
MASENO SOUTH	0	0	0
MASENO WEST	0	0	0
MOUNT KENYA EAST	21	15	36
TENWEK	0	0	0
OVERALL PROGRAMME MANAGEMENT	2	2	4
PROGRAMME OVERSIGHT TOTAL	23	17	40
<b>FINANCIAL MANAGEMENT</b>			
ELDORET	2	2	4
MASENO SOUTH	2	2	4
MASENO WEST	2	2	4
MOUNT KENYA EAST	6	2	8
TENWEK	2	2	4
OVERALL FINANCIAL MANAGEMENT	9	7	16
FINANCIAL MANAGEMENT TOTAL	23	17	40
<b>MANAGEMENT ADVISORY</b>			
ELDORET	0	0	0
MASENO SOUTH	0	0	0
MASENO WEST	0	0	0
MOUNT KENYA EAST	12	12	24
TENWEK	0	0	0
MANAGEMENT ADVISORY TOTAL	12	12	24
<b>SURVEYS</b>			
ELDORET	0	0	0
MASENO SOUTH	0	0	0
MASENO WEST	0	0	0
MOUNT KENYA EAST	26	26	52
TENWEK	0	0	0
SURVEY TOTAL	26	26	52
<b>SURVEY DATA ANALYSIS</b>			
SURVEY DATA ANALYSIS	35	30	65
SERVICE DATA ANALYSIS	15	5	20
DATA ANALYSIS TOTAL	50	40	90
<b>GRAND TOTAL MANDAYS</b>			
	134	112	246
<b>TOTAL CONSULTANT MANDAYS</b>			
	78	56	134
<b>TOTAL ASSOCIATE MANDAYS</b>			
	56	56	112

APPENDIX B - REVISED  
 CORAT SUPPLEMENTAL PROPOSAL TO USAID  
 CORAT COMPONENT REVISED ADDITIONS TO BUDGET

COMPUTER FILE: CORMKE  
 REVISED: 12-Dec-87

BUDGET ITEM	FE. '88 JA. '89	FE. '89 MR. '90	2 YEAR TOTALS
CORAT CONSULTANTS	\$18,876	\$14,672	\$33,548
CORAT ASSOCIATES	\$10,472	\$11,536	\$22,008
1. TECHNICAL ASSISTANCE TOTAL	\$29,348	\$26,208	\$55,556
2. TRAINING TOTAL	\$0	\$0	\$0
VEHICLE	\$0	\$0	\$0
COMPUTER, PRINTER, SOFTWARE	\$0	\$0	\$0
3. COMMODITIES TOTAL	\$0	\$0	\$0
VEHICLE OPERATION (@\$.25/KM.)	\$1,540	\$1,392	\$2,932
AIR TRAVEL	\$0	\$0	\$0
TRAVEL	\$1,500	\$1,650	\$3,150
ANNUAL WORKSHOP	\$600	\$660	\$1,260
DISSEMINATION WORKSHOP	\$0	\$1,500	\$1,500
FACILITY EXPENSE	\$250	\$270	\$520
AUDIT	\$500	\$1,000	\$1,500
4. OTHER EXPENSES TOTAL	\$4,390	\$6,472	\$10,862
SURVEY FIELD EXPENSES	\$3,000	\$3,500	\$6,500
DATA ANALYSIS EXPENSES	\$100	\$200	\$300
5. EVALUATION TOTAL	\$3,100	\$3,700	\$6,800
CORAT SUB-TOTAL	\$36,838	\$36,380	\$73,218
CONTINGENCY (15%)	\$7,405	\$7,256	\$14,661
U.S.A.I.D. FUNDS TOTAL	\$44,243	\$43,636	\$87,879

ESTIMATED RATE OF EXCHANGE: 1\$ = 16.50 KSH.

FUNDING PROPOSAL

ANNEX I

CHRISTIAN COMMUNITY BASED HEALTH CARE

(CCBHC)

in

DIOCESE OF MT. KENYA EAST

SUBMITTED TO U.S.A.I.D.

by

CORAT AFRICA  
P.O. BOX 424393  
NAIROBI, KENYA

and

CHRISTIAN COMMUNITY SERVICES OF  
MT. KENYA EAST  
P.O. BOX 290  
KERUGOYA

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## 1.0 EXECUTIVE SUMMARY

### 1.1 Diocesan Community-Based Child Survival and Development.

The Diocese of Mt. Kenya East proposes to expand its present Primary Health Care Programme both geographically and in terms of numbers of VHCs and CHWs. The programme is aimed at alleviating measles, pertussis, tetanus, polio, diarrhoeal diseases and their effects, high birth rates, malnutrition, and ante-natal tetanus. Root causes of these problems are ignorance, distance from health facilities, poverty, lack of simple medicines, and poor water supplies. The number of CHWs will increase from about 240 to about 250 with consequent increases in the number of home visits, immunization coverage, health education sessions, knowledge and family planning users.

The main focus of the programme will be on the health of women 15 to 49 years (the child bearing years) and children under 5 years of age. The project strategy is to involve the community in the health care process. The community will select CHWs who will be trained to motivate their community to use the immunization and growth monitoring services available. CHWs will train the mothers to make and use ORT and to practice child spacing.

1.2 Budget - The budget for the programme is \$404,873 including local contribution of \$192,752. This requests \$212,121 from U.S.A.I.D.

## 2.0 BACKGROUND

2.1 The Diocese of Mt. Kenya East:- The Diocese of Mt. Kenya East is one of the eleven dioceses of the Church of the Province of Kenya (a part of the worldwide Anglican Communion). The Diocese includes: Kirinyaga, Embu, Meru, Isiolo, Marsabit, Mandera, and Wajir Districts. The Community Health Programme, however, focuses its efforts in the districts of Kirinyaga, Embu and Meru with minor activity in Marsabit and Isiolo.

The Diocese covers 199,601 sq. km. geographically 34% of Kenya. However, the proposed project area will omit Mandera and Wajir, because the church has no infrastructure in these districts yet.

Population estimates put the total figure for the area covered by the diocese at 2,506,000 persons (about 11.4% of the national total). Average density is 12.6 persons per square kilometre in the whole diocese. However, in the more limited project area, population is estimated at 2,159,400 (9.8% national total). Area is about 116,300 sq. km. (or 20% national total). Average population density in the project area is 18.6 people/sq. km.

2.2 Health Problems -The need for a Community Health and Family Planning Programme has long been evident to the Diocese. Evaluation of the area by a CORAT survey team in 1976 showed that people in the rural areas had continuing problems with preventable diseases, poor environmental sanitation, high infant mortality rates, and poor access to medical care. This study recommended that the Diocese of Mt. Kenya East begin a Primary Health Care Programme because:

- a) Primary Health Care was most needed in diocesan area.
- b) Cost for such a programme was low compared to establishing health posts, dispensaries, health centres and hospitals, etc.
- c) Broad geographic coverage was easier than with static health facilities like hospitals.

In 1978, the Diocese adopted the CORAT study recommendations. In 1980, the Community Health Department was formed and a primary health programme begun.

In 1982, Christian Community Services of Mt. Kenya East (CCSMKE) was registered as a not-for-profit corporation under the laws of Kenya to handle the development work of the Diocese of Mt. Kenya East.

In 1983, CORAT, John Hopkins University, and U.S.A.I.D. started a Family Planning Operations Research project with CCSMKE.

In 1983, another survey demonstrated relatively high knowledge (34%) and potential demand (36%) for family planning with a low (16%) rate of utilization. In 1986, a JHU/CORAT study demonstrated significant programme impact in the CCSMKE project. USAID/JHU/CORAT funding ended in 1986.

In 1987, CCSMKE was registered with U.S.A.I.D. through VADA. An agreement was signed to support this project but was never funded.

2.3 Organisation - Christian Community Services of Mt. Kenya East (CCSMKE) has five major departments with the overall purpose of developing the people of the Diocese of Mt. Kenya East. The departments are:

- A. Community Health
- B. Agriculture and Rural Development
- C. Social Services
- D. Construction, and
- E. Executive Office

Only the Community Health Department has a primary health care programme. Other departments' activities complement the primary health care programme by providing expertise in other areas (such as agricultural education on "kitchen garden planning" to aid nutrition teaching) but do not duplicate efforts outlined in this proposal. The Executive Office provides management and administrative support to the Community Health Department.

This project is an expansion of the Community Health Department's existing programme and not a marked departure from--- or the beginning of--- a new project. By end of 1987, the Community Health Department's existing programme aims to:

- A. Have established 255 Village Health Committees;
- B. Have trained 162 Community Health Workers visiting over 40,000 households per year;

C. Have developed over 1,900 Family Planning clients; and

D. Have a monthly schedule of Mobile Clinics to 12 remote area locations treating 8,500 patients per year.

In short, this proposal is an extension of a well managed successful primary health care programme that has had the full approval of ---and ongoing co-operation of ---local district authorities. In fact, some Ministry of Health and other visitors have visited the project with the purpose of understanding how to replicate what they have termed a "model" PHC programme.

2.4 Other Area PHC Agencies - Chogoria Hospital in Meru runs the only other large scale primary health care programme in the project area. Ongoing communication and service on each other's committees have ensured that duplication is avoided in the lower Meru (Tharaka) areas. Nevertheless, some competition has existed at the village level as villagers try to play one agency against another.

For the most part, the Ministry of Health has been the only other major provider of services. CCSMKE is represented in the DDC'S of the project districts. The DDC'S and personal contact have checked duplication of efforts.

### 3.0 OVERALL, GOAL PURPOSES, AND OUTPUTS

The main overall goal of the project is to improve the community health of the Kenya people. Special emphasis is on the poor and remote people whose health status is worse than others. The Christian Community Services of Mt. Kenya East shares this goal with the other sub-projects, but recognizes that its programme can contribute only in a small way to this larger national goal.

3.1 Purpose - The purposes of the Mt. Kenya East sub-project are to:

- A. Expand the current project to reach more of the remote and poor people of the area. ( Objectives and end of project status are discussed further under "Target Groups".)
- B. Increase the number of active trained CHWs from an estimated 150 to an "end of project status" (EOPS) estimate of 209. VHCs will be maintained at about 250.
- C. Increase the immune status of children under 2 years old. Baseline surveys will indicate current knowledge and practice. Reasonable EOPS indicators can then be developed.
- D. Increase significantly the number of women of child-bearing ages who know how to prepare oral rehydration therapy. Baseline surveys will indicate current knowledge and practice. Reasonable EOPS indicators can then be developed.

- E. Increase significantly the number of children in target groups who have healthy age/weight or arm circumference ratios. Again baseline data will need to be collected before EOPS indicators can be set to show achievement.
- F. Increase the number of couples knowing about and practising family planning through provision of contraceptives by the CHWs. The project has an estimated 1,940 current family planning clients. The project plans to extend family planning services to approximately 2,500 family planning users by EOP and will disaggregate start-up data on family planning usage.
- G. Increase knowledge of and practice of good health and sanitation practices in the target groups. Appropriate indicators will be developed with the baseline surveys.

Outputs - Outputs leading to this changed status are:

1. An estimated 23,700 immunizations (doses) to children under 5 years and ante-natal mothers.
2. An estimated 96 mobile clinics to remote areas needing immunization services.
3. An estimated 111,500 home visits by CHWs to households in their target groups.
4. Approximately 27,500 training and retraining/counselling sessions with women on ORT usage.
5. An estimated 13,000 child weighings or arm circumference measurements.

(Outputs and indicators are detailed in Appendix A).

3.3 Target Groups - The project will expand into new areas. The coordinator and staff will choose areas to work where cost-effective establishment of CHWs and VHCs in areas over 2 km. from a health institution is most indicated. Within each area, the VHCs and CHWs will focus on the families with under five years children and on women of child bearing age (15-49 years). Efforts will be made at all levels to focus on high risk families.

Each CHW will be expected to choose (with VHC and staff help) the 100 or so households within her/his area which she will visit on a regular basis. (The CHW will be available to other members of the community, but will not schedule visits to other households unless special circumstances dictate). In the diocese, research has shown that CHW areas have an average of 6.5 family members to each household, and 1.1 under 5 years child to each household. Key figures are:

EOPS TARGET GROUPS

EOPS CHWS	TOTAL HH SERVED (100/CHW)	POP./AVG. HH	TOTAL POP. SERVED	CHILD BEARING AGE WOMEN	CHILDREN UNDER 5 YEARS
209	20,900	6.5	135,850	N/A	22,990

N/A = Not available to be developed.

4.0 THE NATURE OF HEALTH INTERVENTIONS

The programme will focus on four main interventions to improve the health of the target groups: women in child-bearing age and children under five years of age. These interventions are:

4.1 Immunization. This will be carried out by the community through the efforts of CHWs in educating the mothers and motivating them to have their children adequately immunized against the immunisable diseases (measles, whooping cough, tetanus, tuberculosis, diphtheria and poliomyelitis). The project will ensure that the vaccines are made as accessible as possible through mobile clinics.

4.2 Oral Rehydration Therapy - Although at present some CHWs distribute the ready made ORT salts, the programme will emphasize the training of mothers to give home-made salt, sugar solution (SSS) to prevent dehydration from diarrhoea.

A standard container which is universally available in the homes has been identified and simple standard measurements have been identified, and will be taught to the mothers, fathers and other children. Continuation of breast feeding, other foods, and fluids will also be stressed.

SSS will be demonstrated in the homes, schools, barazas and in churches. Training will be provided in SSS preparation, management of a diarrhoea case, and how and when to refer.

4.3 Nutrition Education and Growth Monitoring - The CHWs will discuss with mothers about child feeding with a view to improving the child feeding practices. Emphasis will be laid on increased frequency of feeding caloric content and feeding during illness. Onset and process of weaning will also be discussed to ensure introduction of supplementary feeding by four months. Based on current practice in the villages the weaning diet will be developed which is appropriate according to the culture, and consistency of food.

Growth Monitoring by regular weighing at mobile clinics will be stressed and will be made as participatory as possible. The mothers will participate in the weighing of their children and will discuss the trend indicated by the records. Emphasis will be laid on the trend of the curve, making regular weighing more important than "weight for age".

This emphasis is more useful in identifying early malnutrition and may also show improvement even if the simple weight plot falls in the wrong level based on the Harvard Standard of Weight for Age.

4.4 Child Spacing for Child Survival and Development - The importance of birth interval for Child Survival is well known. Women in child-bearing age will be motivated to use FP services which are available to them through the CHWs. Thus, the CHWs will provide the information and the commodities that the mothers can use to space their children.

The CHWs will assist the FP acceptors to select an appropriate method using a check-list and will supply the appropriate commodities to enable the FP acceptor to start using the method pending examination by a nurse at a static or mobile clinic.

4.5 Knowledge - Mothers and others will learn more about good nutrition, sanitation, personal hygiene, family planning and therapeutic techniques.

4.6 First-Aid-Medicines - Villages will obtain simple First-Aid medicines and contraceptives.

4.7 Mobile Clinics - Mobile Clinics will provide preventive and therapeutic health care in remote rural areas distant from health facilities.

## 5. PROJECT DESIGN AND IMPLEMENTATION

The project is the extension of an existing primary health care programme into new locations within the existing project area.

5.1 Project Design - Primary health care at the local village level will be carried out by Village Health Committees and Community Health Workers. New Village Health Committees will be organized and trained by a staff Community Development Assistant. Experienced Contact Community Health Workers (CCHW's) will visit CHW's and observe them at work. Supervisors will visit CCHW's and CHW's to encourage and make corrections where needed.

An existing Mobile Clinic schedule will be expanded to include 4 new locations in remote areas.

CHW's and CCHW's will be trained at residential courses taught and administered by an Educator/Trainer and co-ordinator. A Logistics Officer will provide support in supplying CHW's and Mobile Clinics. A Data Clerk will collect and analyze service data. A Cashier will make payments and receive money. The Accounts Clerk will keep the general ledgers and make periodic reports. A Secretary and Driver will add administrative support. Consultants will provide external assistance as needed. The project will be managed by the Community Health Coordinator reporting directly to the Executive Director of CCSMKE. Both will be involved with management of the project.

A baseline survey is planned.

5.2 Implementation Plan - The project has been underway since 1980 and has already built a large infrastructure at the local level with 250 village health committees and 162 active Community Health Workers.

This proposal plans an extension of an already familiar pattern for project staff. Major elements of the implementation plan are:

A. Formation of Village Health Committees - CCSMKE employs a Community Health Coordinator and a government trained Community Development Assistant (CDA), who are experienced in organizing and training Village Health Committees at the request of the local people through the C.P.K. congregations in that village. The CDA introduces primary health care concepts (often with the Coordinator's assistance) and suggests ways to organize a VHC representing all the local people (not just christians). The CDA returns to meet 2 or 3 times with the VHC to train them, help them form as a group, and to guide in the selection of a CHW.

VHC's are recommended to consist of 7-13 members with a Chairman, Secretary, and Treasurer as officials. The officials assume responsibility for the VHC functions and oversight of the CHW.

Some VHC become inactive (approximately 3% p.a.) due to conflict or poor management. Where possible, the CDA and other CCSMKE staff try to revive these committees. During the project, 93 new VHC will be formed and 40 inactive committees are expected to be revived.

B. Community-Health-Workers Training - After selection, CHW's are sent to one of the semi-annual CHW training courses held at the CPK's St. Andrew's Development and Theological Resource Centre in Kabare, Kirinyaga. There, CCSMKE staff, government district health officials, and other consultants train the CHW's in a combination of classwork and practical application in fieldwork during the 60 day course. Students reside at St. Andrew's during the course.

An experienced Kenyan Nurse is employed full-time as a CCSMKE Trainer/Educator and resides at Kabare. An estimated 119 CHWs are planned to be trained during the project. Most (75%) of the training cost is paid from other CCSMKE funds, while 25% is paid by the community. CHW's are retrained each year at a residential course to keep skills and knowledge high.

C. Deployment of CHWs - After training, CHW's return to their communities where they begin to visit households during several days each week. Averagely, a CHW will visit 20 homes each month, but population density and other factors cause a wide variation between individual CHW's visitation patterns. On these house visits, the CHW is trained to choose "high risk" families if possible. The CHW talks to the female head of the household (if possible) and/or other family members.

The CHW focuses on:

- a) good health practices;
- b) nutrition - diarrhoeal diseases and use of oral rehydration therapy (ORT);
- c) ante-natal care;
- d) care of under 5's children
- e) immunizations;
- f) family planning;
- g) environmental health care; and
- h) curative treatments for simple diseases.

D. First-Aid Kits - The VHC purchases a first-aid kit and small stock of simple medicines (e.g. chloroquine, paracetamol, etc.) for the CHW. These medicines are purchased from CCSMKE at wholesale prices and sold to the local people at prices below those of local stores. Money from the sale of medicines is used to: a) replace the medicines; and b) pay a "token" salary to the CHW for his/her hours of hard work in the community. The CHW uses these medical stores to treat simple problems and refers more difficult or serious ones to a local health facility. These medicines are purchased with local funds.

Family Planning supplies and contraceptives are separately provided by Government of Kenya health facilities.

E. Contact Community Health Workers (CCHW's) - Community Health Workers are experienced CHW's who have proven to be reliable and have supervisory qualities. These CCHW's visit less experienced CHW's (about 1 visit per week) to help less capable CHW's with problems and with data collection and reports. Experience using CCHW's has shown a marked increase in the timeliness and completeness of CHW reporting to CCSMKE.

New CCHW's are trained for 5 days at St. Andrew's in a semi-annual CCHW course run by the CCSMKE's resident Nurse Educator, the Coordinator, government and other NGO consultants.

The CCHW's are trained in how to be supportive to other CHW's, how to reinforce CHW training, and how to help with reporting and data collection.

CCHW's are paid from CCSMKE funds on the basis of the number of CHW's (averaging 6-10) which they support. In 1986, CCHW's received 20 KShs. per month for each CHW assigned to them by CCSMKE.

CCHW's are also encouraged to help form VHC's in new areas near them, and in certain areas act as secretaries of their parish VHCs.

F. Supervisors - In 1981, field visits determined that some CHW's were forgetting what they learned in training or were becoming careless. It became clear that some sort of formal supervisory follow-up was needed to reinforce CHW training to keep performance standards high, and to encourage CHW's in what is often a discouraging task.

During the period 1983 to 1987, the John Hopkins University/CORAT Family Planning project provided for the employment of 3 Nurse supervisors. Only one was however employed although many were interviewed but found unsuitable. CCSMKE has employed another Nurse as Supervisor In Charge and has promoted 2 other CCHW's to full-time supervisor posts. (Tenwek Hospital has had good success promoting non-nurse hospital attendants to be CHW supervisors).

Supervisors travel (by motorbike in populous areas and by 4WD vehicle in semi-arid, less populous areas) to visit CHW's and VHC's in their local areas. Supervisors attend VHC meetings as well as make home visits with CHW's in order to observe their work. In populous areas, a Supervisor is expected to hold 1 or 2 small group meetings with 5-6 neighbouring CHW's each day for 16 work days a month while in less populous areas supervisors meet individually with an average of 2 CHW's per day. Individual supervisory attention is far more costly, and operations research demonstrated that there was no significant difference in CHW performance as a result of individual supervision compared to group supervision. However, in Mbeere and Thanaka areas where health needs are greatest, the distances between CHW's necessitate individual supervision.

G. Logistics - CCSMKE currently employs a Logistics Officer who arranges the supply and resupply of first-aid medicines and family planning contraceptives to CHW's and the mobile clinic. This officer is not paid from funds in this proposal.

The supply task is large and ongoing because 162 CHW's need 4 different Family Planning methods and 5 different First-Aid medicines. The Mobile Clinic uses 20 different drugs and other materials are also needed for courses and other events.

The Logistics Officer receives requests for resupply from supervisors, packages the supplies and then arranges delivery usually through the Supervisor, other CCHWs, other CCSMKE staff, or CHW's themselves pick-up.

H. Mobile Clinics - Since 1980, CCSMKE has operated Mobile Clinics taking immunizations, ante-natal care, under 5 years examinations, and curative treatment for the sick to remote villages (over 20 km. from a health facility). In 1987, the CCSMKE mobile clinic operated at 12 locations in the remote areas of Kirinyaga and Embu. The clinic is staffed by two Nurses, an Attendant, and a Driver. Additional government health workers and vaccines are picked up from Ministry of Health facilities and accompany the team to the remote areas to help the staff.

In calendar 1986, the mobile clinic made 142 visits to 12 locations where they had 8,083 patients (an average of 75 per clinic). Of these 8,083 patients 5,413 (67% were under 5 years old, 505 (6%) were ante-natal examinations, and 2,165 (22%) were sick adults. As these figures show, the mobile clinics focus principally on under 5 years children in remote areas and are, therefore, a big factor in better health for these children.

Under this plan, CCSMKE proposes to expand its Mobile Clinic to 4 more remote areas to bring sorely needed monthly health care to children who otherwise probably will not get a full course of immunization or regular examination including weight and height recording.

Additional funds are needed for transport and equipment to extend the clinic's coverage throughout the project period. Medical supplies will be purchased with non-USAID funds.

I. Accounting - Since 1981, CCSMKE has employed an Accounts Clerk who has handled USAID accounting procedures with the previous project through CORAF and John Hopkins University.

Carr Stanyer & Sims have served as auditors for CCSMKE since 1980.

Because of large amount of accounting work in CCSMKE, a Cashier/Bookkeeper was hired as part of the JHU project in order to relieve the Accounts Clerk of these duties to give him more time for more important duties with this and other projects.

J. COMPUTERS - This proposal includes administrative strengthening through the purchase of computers, printers, and software and training of key personnel.

K. ACCOUNTING - Since its inception, CCSMKE has made good use of consultants for management consulting, proposals writing, and studies. This plan proposes that CCSMKE continue to use outside consultants for consulting on management and technical affairs and for evaluation surveys. Consultants will also provide part-time help in training CHW's and staff.

6. EVALUATION AND MONITORING

6.1 Cost effectiveness. The heart of the evaluation and monitoring methodology is a running management cost-effectiveness study, updated annually and reviewed semi-annually. The cost-effectiveness study is an allocation of costs into each of the following areas:

- Household visits: Most project results are achieved through these visits. Cost per visit is assessed.
- Immunization: The cost per immunization is determined.
- CHWs: Overall cost per CHW is sought.
- Family Planning: The cost per user-year, and approximate cost per couple-year protection is determined for each project.

Carrying out ongoing cost-effectiveness studies provides ample motivation for the projects to focus on assuring sufficiently accurate service data and adequate design and analysis of surveys. Service data will, as a natural part of a focus on cost-effectiveness, be regularly reviewed.

It is planned to make every effort, consistent with the community-based approach to minimize the amount of service data required from the CHWs; sufficient to keep them focused on the activities that are important, yet not so much that they will not understand or keep good records nor be so much that data and records get in the way of producing results.

6.2 Service Data. Monthly CHW reports are collected and aggregated for the programme. Six monthly reports are summarized and sent to CORAT AFRICA for aggregation with other sub-projects. Six monthly reports detail statistics for the period in the areas of:

1. New VHCs and attrition,
2. New CHWs and attrition,
3. New refresher training,
4. Immunization doses given,
5. Children weighed,
6. New family planning acceptors and ongoing usage, and
7. ORT Training.

Other operational news is shared as well as future plans for the following period.

6.3 Surveys - In 1980, a general community health baseline survey was carried out by the Department of Community Health University of Nairobi for the Diocese of Mt. Kenya /East. However, this survey was never analyzed. In 1983, with the start-up of the JHU/CORAT Family Planning project, another baseline was carried out focussing on family planning indicators. Some other indicators on children's health status (immunizations) and on CHW work were measured. A follow-up survey was carried out by CORAT and analyzed by JHU. That JHU report clearly indicated that Mt. Kenya East was having a significant positive impact on the health of the community.

Therefore, an additional baseline to measure the same CS/FP indicators as measured in the other sub-projects will be carried out. However, due to the short project period, a follow-up project impact study will not be carried out. Impact may not be measureable. Project impact has already generally been demonstrated by the JHU studies. If project period is extended, a survey may be done.

## 7. FINANCE

7.1 Budget. The total project budget is \$404,874. This proposal requests U.S.A.I.D. grant the Diocese of Mt. Kenya East \$212,122 (32%). The Diocese expects to raise \$192,752 in local support through labour, in kind, and financial support. This sum does not mention substantial diocesan overheads for buildings, etc., that are contributed. (Appendix B details the budget.)

7.2 Vehicles. Vehicles form a substantial part of this budget. They are, however, necessary to provide transport to the remote areas targeted. Public transport is inadequate or non-existent in these areas.

7.3 Cost Effectiveness. In the final year the project plans to reach an EOPS target population of 135,850 people living in the households served by CHWs at a cost of \$1.11 per person per year.

DIOCESE OF MT. KENYA EAST CCBC PROPOSAL  
 OUTPUTS AND DATA

COMPUTER FICOMPUTER FIMKEDATA  
 REVISED: 01-Dec-87  
 MACROS IN V100.

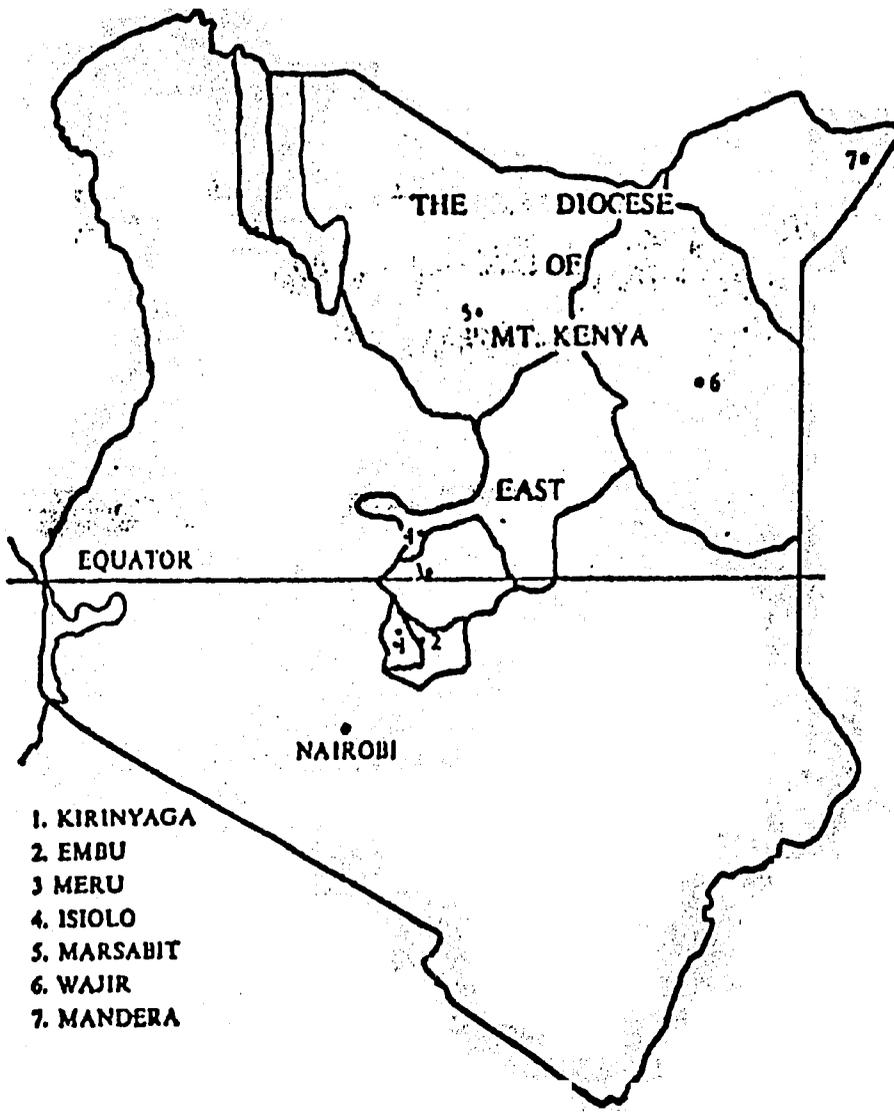
AREA AND POPULATION BY DISTRICT

TOTAL DIOCESE

PROJECT AREAS

	1987			1987		
	PROJECTED POPULATION	LAND AREA	POP. DENSITY	PROJECTED POPULATION	LAND AREA	POP. DENSITY
SOKE DISTRICT	401,174	1,407	285.13	401,174	1,407	285.13
KIRINYAGA	378,519	2,871	131.84	378,519	2,871	131.84
EMBU	1,167,999	9,582	121.90	1,167,999	9,582	121.90
MERU	62,066	25,621	2.42	62,066	25,621	2.42
ISIIOLO	149,595	76,858	1.95	149,595	76,858	1.95
MAKSABIT	134,170	57,340	2.34	-	-	-
MANDERA	212,465	25,922	8.20	-	-	-
HAJIR						
DIOCESE OF MT. KENYA EAST TOTAL	2,505,986	199,301	12.55	2,159,353	116,339	18.56
DIOCESE OF MT. KENYA EAST AS % OF TOTAL NATION	11.4%	34.3%		9.8%	20.0%	
KENYAN NATIONAL TOTALS	22,030,233	582,646	37.81	22,030,233	582,646	37.81

**DISTRICTS IN THE DIOCESE OF MT. KENYA EAST**



- 1. KIRINYAGA
- 2. EMBU
- 3. MERU
- 4. ISIOLO
- 5. MARSABIT
- 6. WAJIR
- 7. MANDERA

CHRISTIAN COMMUNITY SERVICES OF MT. KENYA EAST/CCRAAT CCFHC PROJECT  
PROJECTED THREE YEAR OUTPUTS

OUTPUT	FEB. '87 JAN. '88	FEB. '88 JAN. '87	FEB. '89 JAN. '90	3 YEAR TOTALS
STARTING NUMBER OF SUPERVISORS/ECNS	2	3	3	
NEW SUPERVISORS/ECNS HIRED	1	0	0	1
LESS: SUPERVISORS/ECNS TERMINATED	0	0	0	0
TOTAL SUPERVISORS/ECNS END OF PERIOD	3	3	3	
# OF CHWS PER SUPERVISOR (END OF YEAR)	54	61	70	
STARTING CONTACT CHWS	7	5	15	
NEW CONTACT CHWS	0	10	5	15
LESS: TERMINATED CCHWS	(2)	0	0	(2)
TOTAL CCHWS AT END OF PERIOD	5	15	20	
# OF CHWS PER CCHW (END OF YEAR)	32	12	10	
STARTING NUMBER OF VILLAGE HEALTH COMMITTEES	240	255	257	
NEW VILLAGE HEALTH COMMITTEES	43	30	20	93
LESS: COMMITTEES BECOMING INACTIVE	(28)	(28)	(28)	(84)
TOTAL VILLAGE HEALTH COMMITTEES AT END OF PERIOD	255	257	249	
STARTING NUMBER OF ACTIVE COMMUNITY HEALTH WORKER	150	162	182	
NEW CHWS BEGINNING TRAINING	29	40	50	119
NEW CHWS FINISHING TRAINING	29	40	50	119
LESS: CHWS BECOMING INACTIVE (10%)	(17)	(20)	(23)	(60)
TOTAL CHWS AT END OF PERIOD	162	182	209	
CHWS RETAINED	78	162	182	422
% OF TOTAL STARTING CHWS RETAINED	52%	100%	100%	
AVERAGE HOME VISITS PER CHW YEAR	240	240	240	
TOTAL CHW HOME VISITS IN PERIOD	33,989	36,520	40,970	111,479
AVERAGE PERSONS IN GROUP TEACHINGS				
TOTAL SUPERVISOR/CHW GROUP VISITS IN PERIOD				
ESTIMATED NUMBER OF PEOPLE IN GROUPS	8,500	9,000	9,000	26,500
% OF CHW VISITS RESULTING IN ORT TRAINING	20%	20%	20%	
% OF GROUP TEACHINGS ON ORT	20%	20%	20%	
TOTAL PEOPLE TRAINED IN ORT DURING PERIOD	8,498	9,104	9,994	27,596
CHWS DISTRIBUTING FP	60%	60%	60%	
AVERAGE FP USERS PER CHW	20	20	20	
TOTAL YEAR END FP USERS	1,944	2,184	2,508	
ARM CIRCUMFERENCE READINGS PER TARGET HOUSEHOLD P	2	2	2	
TOTAL ARM CIRCUMFERENCE READINGS BY CHWS	32,400	36,400	41,800	110,600

CHRISTIAN COMMUNITY SERVICES OF MT. KENYA EAST/CORAT CCFHC PROJECT  
 PROJECTED THREE YEAR OUTPUTS

OUTPUT	FEB. '87 JAN. '88	FEB. '88 JAN. '89	FEB. '89 JAN. '90	3 YEAR TOTALS
MOBILE CLINICS PER MONTH	0	4	4	
TOTAL MOBILE CLINICS	0	48	48	96
CHILDREN ATTENDING PER CLINIC	0	150	120	
TOTAL CHILDREN ATTENDING	0	7,200	5,760	12,960
IMMUNIZATION DOSES PER CHILD SEEN	0.00	2.00	1.50	
TOTAL CHILDREN'S IMMUNIZATION DOSES	0	14,400	8,640	23,040
CHILDREN WEIGHED PER CLINIC	0%	100%	100%	
TOTAL CHILDREN WEIGHED AT CLINICS	0	7,200	5,760	12,960
ANTENATAL MOTHERS PER CLINIC	0	20	25	
TOTAL ANTENATAL MOTHERS SEEN	0	960	1,200	2,160
IMMUNIZATIONS PER ANTENATAL MOTHER SEEN	0%	30%	30%	
TOTAL IMMUNIZATIONS FOR ANTENATAL MOTHERS	0	288	360	648
TOTAL IMMUNIZATION DOSES	0	14,688	9,000	23,688

CHRISTIAN COMMUNITY SERVICES OF  
MT. KENYA EAST  
CORAT SUPPLEMENTAL PROPOSAL TO USAID

COMPUTER FILE: MKERBDGT  
REVISED: 11-Dec-87  
MACROS IN V100.

ESTIMATED EXCHANGE RATE:

16.50 KSH. = \$1 US

BUDGET ITEM	TOTAL	FE. '88	FE. '89	TOTAL
	ESTIMATED 1987	JA. '89	MR. '90	3 YEAR TOTALS
	(US\$)	(US\$)	(US\$)	(US\$)
<b>1. TECHNICAL ASSISTANCE</b>				
COORDINATOR	\$1,091	\$1,200	\$1,320	\$3,611
DEPUTY COORDINATOR	\$0	\$6,424	\$7,067	\$13,491
SUPERVISOR 1	\$2,048	\$2,570	\$2,823	\$7,441
CONTACT CHWS	\$897	\$3,273	\$4,364	\$8,533
CASHIER/BOOKKEEPER	\$2,655	\$3,667	\$4,033	\$10,355
DATA CLERK	\$0	\$2,333	\$2,567	\$4,900
DRIVER	\$0	\$1,345	\$1,467	\$2,812
WATCHMAN/CASUAL LABOR	\$0	\$933	\$1,029	\$1,962
CONSULTANTS	\$1,833	\$727	\$909	\$1,770
<b>TOTAL TECH. ASSISTANCE</b>	<b>\$6,824</b>	<b>\$22,473</b>	<b>\$25,578</b>	<b>\$54,875</b>
<b>2. TRAINING</b>				
STAFF TRAINING	\$0	\$2,364	\$667	\$3,030
CCHW TRAINING	\$0	\$279	\$158	\$436
CCHW RE-TRAINING	\$0	\$182	\$242	\$424
CHW RETRAINING	\$0	\$3,721	\$4,933	\$8,655
TRAINING MATERIALS	\$0	\$582	\$788	\$1,370
<b>TOTAL TRAINING</b>	<b>\$0</b>	<b>\$7,127</b>	<b>\$6,788</b>	<b>\$13,915</b>
<b>3. COMMODITIES</b>				
2 VEHICLES (FOREIGN EXCHANGE-FX)	\$11,273	\$17,576	\$0	\$28,848
2 MOTORBIKES	\$0	\$3,636	\$0	\$3,636
CHW KITS (NON-DRUG ITEMS)	\$0	\$4,000	\$2,909	\$6,909
COMPUTER, PRINTER, SOFTWARE (FX)	\$0	\$6,667	\$515	\$7,182
BICYCLES	\$0	\$5,309	\$6,364	\$11,673
OFFICE EQUIPMENT	\$739	\$1,236	\$0	\$1,976
<b>TOTAL COMMODITIES</b>	<b>\$12,012</b>	<b>\$38,424</b>	<b>\$9,788</b>	<b>\$60,224</b>
<b>4. OTHER EXPENSES</b>				
VEHICLE RUNNING COSTS (15,000 KM. @\$.25 X 2 VEH.)	\$1,515	\$8,500	\$9,348	\$19,364
MOTORBIKE OP COSTS (10,000 KM. @\$.125)	\$389	\$1,417	\$1,558	\$3,363
CLINIC VEH. COSTS (10000 KM. @\$.375/KM.)	\$0	\$4,250	\$4,675	\$8,925
TRAVEL	\$485	\$3,321	\$3,636	\$7,442
OFFICE EXPENSE	\$2,218	\$2,339	\$2,545	\$7,103
WORKSHOPS	\$0	\$606	\$448	\$1,055
AUDIT	\$909	\$1,697	\$1,818	\$4,424
FACILITY EXPENSE	\$0	\$2,424	\$2,582	\$5,006
<b>TOTAL OTHER EXPENSES</b>	<b>\$5,515</b>	<b>\$24,555</b>	<b>\$26,612</b>	<b>\$56,682</b>
<b>5. INTERNAL EVALUATION</b>	<b>\$0</b>	<b>\$1,121</b>	<b>\$812</b>	<b>\$1,933</b>
<b>SUB-PROJECT SUB-TOTAL</b>	<b>\$24,352</b>	<b>\$93,700</b>	<b>\$69,578</b>	<b>\$187,630</b>
CONTINGENCY/INFLATION (15%)		\$14,055	\$10,437	\$24,492
<b>MT. KENYA EAST GRAND TOTAL</b>	<b>\$24,352</b>	<b>\$107,755</b>	<b>\$80,015</b>	<b>\$212,122</b>

CHRISTIAN COMMUNITY SERVICES OF  
 MT. KENYA EAST  
 CORAT SUPPLEMENTAL PROPOSAL TO USAID

COMPUTER FILE: MKERDGT  
 REVISED: 11-Dec-87  
 MACROS IN V100.

ESTIMATED EXCHANGE RATE:

16.50 KSH. = \$1 US

BUDGET ITEM	TOTAL	FE. '88	FE. '89	TOTAL
	ESTIMATED 1987	JA. '89	MR. '90	3 YEAR TOTALS
	(US\$)	(US\$)	(US\$)	(US\$)
LOCAL AND OTHER CONTRIBUTIONS				
1. TECHNICAL ASSISTANCE				
DIRECTOR (PARTIAL)	\$2,424	\$2,667	\$2,933	\$8,024
FINANCE OFFICER (PARTIAL)	\$1,370	\$1,515	\$1,661	\$4,545
MOBILE CLINIC STAFF (NURSES, DRIVER)	\$0	\$4,436	\$4,873	\$9,309
CHW COMMUNITY SUPPORT (60% @500 KSH/MO)	\$35,345	\$39,709	\$45,600	\$120,653
CHW COMMUNITY SUPPORT (40% @200 KSH/MO)	\$9,430	\$10,594	\$12,158	\$32,182
1. TECHNICAL ASSISTANCE TOTAL	\$48,570	\$58,921	\$67,224	\$174,715
2. TRAINING				
CHW TRAINING LODGING & BOARD (60 DAYS @5	\$8,000	\$0	\$0	\$8,000
4. OTHER EXPENSES				
COMMUNITY FACILITIES RENT	\$3,030	\$3,333	\$3,673	\$10,036
TOTAL LOCAL AND OTHER CONTRIBUTION	\$59,600	\$62,255	\$70,897	\$192,752
LOCAL AND OTHER AS PERCENT OF GRAND TOTAL	71.0%	36.6%	47.0%	47.6%
GRAND TOTAL USAID AND LO	\$83,952	\$170,010	\$150,912	\$404,874
SUB-PROJECT TARGET POPULATION SERVED			135,850	135,850
FINAL YEAR COST PER PERSON SERVED			\$1.11	
3 YEAR COST PER PERSON SERVED				\$2.98