

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
 DEPARTMENT OF STATE
 WASHINGTON, D. C. 20505

Office of the Director
 INTERNATIONAL POSTAL ADDRESS
 POST OFFICE BOX 30261
 NAIROBI KENYA

APR 4 1989

Mr. James Khachina
 Executive Director
 Christian Health Association of Kenya
 P. O. Box 30690
 Nairobi, Kenya

Subject: Grant No. AID-615-0232-G-00-9037

Dear Mr. Khachina:

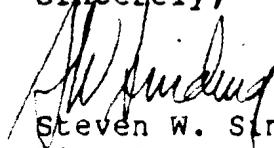
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and the Federal Grant and Cooperative Agreement Act of 1977, the Agency for International Development (hereinafter referred to as "AID" or "Grantor") hereby grants to the Christian Health Association of Kenya (hereinafter referred to as "CHAK" or "Grantee") the sum of \$1,782,206 to fund the initial three years of a proposed seven year project for a Community Based Health Care and Community Based Distribution of Contraceptives program as described in Attachment 1 of this Grant, entitled "Schedule" and Attachment 2 entitled "Program Description."

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning with the effective date and ending on the estimated completion date of March 31, 1992.

This Grant is made to CHAK on condition that the funds will be administered in accordance with the terms and conditions as set forth in this Cover Letter, Attachment 1 entitled "Schedule", Attachment 2 entitled "Program Description", and Attachment 3 entitled "Standard Provisions", which together constitute the complete Grant document and have been agreed to by your organization.

Please sign the original and four (4) copies of this letter to acknowledge your receipt of this Grant, and return the original and three (3) copies to the Project Development Office, USAID/Kenya, P. O. Box 30261, Union Towers, Nairobi, Kenya.

Sincerely,

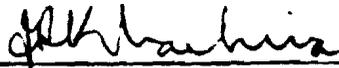

Steven W. Sinding
Director
Grant Officer

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

ACKNOWLEDGED:

CHRISTIAN HEALTH ASSOCIATION OF KENYA

BY: 

TYPED NAME: MR. JAMES B. KHACHINA

TITLE: EXECUTIVE DIRECTOR

DATE: 10TH APRIL 1989

CHAK
Grant No.: AID-615-0232-
G-00-9037
Dated: April 4 , 1989

Attachment 1

SCHEDULE

A. PURPOSE OF GRANT

The purpose of this Grant is to fund the initial three years of a proposed seven year project for a Community Based Health Care and Community Based Distribution of Contraceptives program, as more fully described in Attachment 2 to this Grant entitled "Program Description".

B. PERIOD OF GRANT

1. The effective date of this Grant is the date of the Cover Letter and the estimated completion date is March 31, 1992.

C. AMOUNT OF GRANT AND PAYMENT

1. AID hereby commits the amount of \$1,782,206 for purposes of this Grant.

2. Payment shall be made to the Grantee in accordance with procedures set forth in the (Optional) Standard Provision No 1 of this Grant, entitled "Payment-Periodic Advance" as shown in Attachment 3.

D. GRANT BUDGET

The Budget for this Grant is set forth in Annex 1 to this attachment. The Grantee may not exceed the grand total of the total estimated amount (see Annex 1) or the committed amount (see Part C above), whichever is less. Except as specified in the Standard Provision of this Grant entitled "Revision of Grant Budget", as shown in Attachment 3, the Grantee may, without prior written approval of AID, adjust line item amounts within the grand total by up to 15 percent as may be necessary for the attainment of program objectives.

2. Notwithstanding the effective date of this Grant, and subject to the Standard Provision entitled "Allowable Costs", costs incurred on or after March 15, 1989 shall be eligible for reimbursement hereunder. Such costs are included in the Grant Budget shown in Annex 1.

E. OVERHEAD RATE

A provisional overhead rate of 18.6 percent is applicable to this Grant. The Grantee shall be reimbursed for direct costs incurred as a result of activities carried out in accordance with the Program Description. Provisional payments for indirect cost will be made at the rate of 18.6 percent of all direct costs until such time as it is appropriate to amend the rate.

F. REPORTING AND EVALUATION

1. Technical Reporting

(a) Program Performance Reports:

In accordance with the Program Description set forth as Attachment 2 of this Grant, the Grantee shall prepare and submit implementation plans, semi-annual program progress reports and a final report which presents the following information.

(1) Within sixty days of the date of signature of the Grant Agreement, CHAK will submit to AID a detailed implementation plan for the first year's activities identifying major outputs, steps necessary to achieve those outputs, and a plan for procurement and use of technical assistance, training, and commodities. At the time of the Annual Project Review and prior to commencement of activities in years 2 and 3, CHAK will submit to AID an implementation plan and estimated budget for activities to be financed in that project year.

(2) On a semi-annual basis, a report will be submitted on project progress and on problems encountered to date in achievement of Grant objectives. The semi-annual report will include a general assessment of progress and problems to date; a brief status report on each of the subprojects and the indicators of outputs achieved to date; and a brief summary of actions planned for the next period. These reports will contain both quantitative and qualitative information to the extent possible. The first such report will cover the period ending September 30, 1989. Each such report is due 60 days following the end of the reporting period and will be submitted in 3 copies.

(3) A final report is required which will include a comprehensive review and discussion of project activities and achievements. This report will be due no later than the estimated expiration date of the Grant.

2. Financial Reporting

Within 30 days following the end of each month, a Grant financial report is required. The first such report will be

due no later than June 30, 1989. This report will include the following:

- (a) Standard Form 1034 (Public Vouchers for Purchase and Services other than Personnel). Original, plus two copies are required; and
- (b) A consolidated report of Grant expenditures which shows by budget line item:
 - (1) amount budgeted per the financial plan,
 - (2) amount expended for the monthly period under consideration,
 - (3) total cumulative amount expended, and
 - (4) remaining balance per line item.

The Grantee agrees to consult with AID's Office of Controller (CONT) concerning further details for submitting all financial reports and estimates.

3. Estimates of Advance Requirements

As soon as possible for the first quarter, and 30 days in advance of the beginning of each succeeding quarter, the Grantee will submit to AID its estimate of advance requirements for the quarter broken down on a monthly basis. Advances will be provided in accordance with standard AID procedures for advance payments.

4. Evaluation

An evaluation of the entire project will be conducted in the 10th or 11th quarter of the project as described in the Program Description, Attachment 2, to the Grant.

G. IMPLEMENTATION

This Grant is made to CHAK on condition that funds will be administered in accordance with the terms and conditions as set forth in the following Attachment 2 which contains the Program Description and Attachment 3, Standard Provisions. It is expected that CHAK will exert its best efforts to adhere to the plan for project implementation described in Attachment 2 and will advise AID promptly of significant delays, if any are experienced.

H. TITLE OF PROPERTY

Title of property acquired hereunder shall be in accordance with Standard Provision No. 18 of this Grant entitled "Title to and Use of Property (Grantee Title)" as shown in Attachment 3.

I. SPECIAL PROVISIONS - GENERAL

1. AID Mandatory and Optional Standard Provisions, set forth in Attachment 3, apply to this Agreement.

2. The Optional Standard Provision entitled "Local Cost Financing with U.S. Dollars" is applicable to this Grant. Local cost financing is authorized for expenditures up to the maximum amount of the funds provided under the Grant during the period of the Grant without prior Grant Officer approval.

3. The Grantee is solely responsible for ensuring that each employee is legally employed and granted all benefits (including salary, leave and termination) in accordance with applicable laws of the Government of Kenya.

J. SPECIAL PROVISION - SUBSEQUENT DISBURSEMENT

The Grantee is responsible for assuring that financial management and reporting regarding Grant funds are thoroughly audited as part of its regular annual audit. The scope of CHAK's annual audited financial statements will be expanded to include (a) confirmation of overhead rates and required adjustments, if any, (b) a determination and valuation of in-kind contribution expenditures, and (c) a determination regarding the accuracy and validity of CHAK's annually prepared cash flow statements. The audit report will be submitted to AID in the normal course of the annual update of CHAK's registration with AID and will be reviewed by the Controller's Office as part of the Annual Project Review. Except as AID may otherwise agree in writing, no funds shall be disbursed to the Grantee after September 30, 1990 unless documentation is provided to AID, in form and substance satisfactory to AID, establishing that (a) Grantee's overhead rates are confirmed (b) Grantee's contribution to the project (including in-kind contribution) conforms to the Grant budget (c) Grantee's annual cash flow statements are valid and accurate and (d) Grantee's financial condition is satisfactory for the purpose of Grantee's completion of all project Grant requirements.

K. AUTHORIZED SOURCE AND ORIGIN FOR GOODS AND SERVICES

Goods and services financed by AID under this Grant shall have their source and origin in countries contained in AID Geographic Code 935 in accordance with the order of preference rules specified in the Standard Provision of this Grant entitled, "Eligibility Rules for Goods and Services." (See Annex 2 to this Attachment for details on countries covered in AID Geographic Codes).

CHAK Grant
 Grant No.: AID-615-0232-
 G-00-9037
 Dated: April 4, 1989

ANNEX 1
to ATTACHMENT 1

Estimated Grant Budget
 (U.S.\$)

<u>Cost Element</u>	<u>A.I.D.</u>	<u>CHAK</u>	<u>TOTAL</u>
<u>Direct Costs</u>			
Salaries & Allowances	512,812		
Vehicles & Motor Cycles	242,233		
Training	294,848		
Office Expenses	106,530		
Income Generating Expenses	91,351		
Sub Total	<u>1,247,774</u>		
Overhead (18.6%)	232,086		
Sub Total	<u>1,479,860</u>		
<u>Other Costs</u>			
Travel & Per Diem	157,249		
Evaluation & Consultancy	60,230		
Sub Total	<u>217,479</u>		
Total Costs Direct & Other	<u>1,697,339</u>		
Contingencies (5%) Total Costs	84,867		
Grand Total	<u>1,782,206</u>		1,782,206
<u>CHAK Contribution*</u>			
<u>Pre-Project Activities</u>			
Central Office		14,595	
Area Level		25,946	
<u>During Project</u>			
Area Level		536,589	
Community Level		510,432	
Grand Total Estimated		<u>1,087,562</u>	1,087,562
CHAK Contribution			
Grand Total Estimated			2,869,768
Project Amount			

1 US Dollar = 18.5 Kenya Shillings

* CHAK contributions include a portion of salaries and allowances, vehicles, office expenses, health facilities, limited equipment and supplies, and voluntary work from community health workers.

CHAK Grant

Grant No: AID-615-0232-G-

Dated: April 4, 1989 ⁰⁰⁻⁹⁰³⁷

ANNEX 2
to ATTACHMENT 1

RELEVANT A.I.D. GEOGRAPHIC CODES

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The eligible source/origins of A.I.D.-financed procurement are shown in the A.I.D.-financed Export Opportunities circulars and Procurement Information Bulletins by a three digit A.I.D. Geographic Code Number. Following are summaries of the most frequently used codes with listings of the countries included in each (see A.I.D. Regulation 1, Section 201.11 for further details).

Suppliers should retain a copy of this Small Business Memo for future references. This Small Business Memo supersedes SBM 86-3.

- Code 000 UNITED STATES. The states of the United States, The District of Columbia and areas of U.S. associated sovereignty, including the trust territories.
- Code 899 FREE WORLD* Any area or country in the FREE WORLD*, excluding the participating country itself.
- Code 935 SPECIAL FREE WORLD Any area or country in the FREE WORLD* including the participating country itself.
- Code 941 SELECTED FREE WORLD Any independent country in the FREE WORLD* except the cooperating country itself and the following:

Europe		Other	
Anzorra	Luxembourg	Angola	Mozambique
Austria	Malta	Australia	New Zealand
Belgium	Monaco	Bahrain	Qatar
Denmark	Netherlands	Canada	Saudi Arabia
Finland	Norway	Cyprus	Singapore
France	Portugal	Gabon	South Africa
Germany, Federal	San Marino	Greece	United Arab Emirates
Republic of	Spain	Hong Kong	Iraq
(including West Berlin)	Sweden	Japan	Kuwait
Italy	United Kingdom		
Iceland	Yugoslavia		
Liechtenstein			

* FREE WORLD excludes the following areas or countries: Afghanistan, Albania, Bulgaria, Cambodia, Cuba, Czechoslovakia, German Democratic Republic, Hungary, Iran, Laos, Libya, Mongolia, North Korea, People's Democratic Republic of Yemen (South Yemen), People's Republic of China, Poland, Romania, Syria, Union of Soviet Socialist Republic (USSR), and Vietnam.

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Attachment 2

PROGRAM DESCRIPTION

The program description includes an overview, background on the organization and its activities, a description of the program, a discussion of implementation activities, and a description of funding arrangements. Additional information can be found in the CHAK proposal "Community Based Health Care and Community Based Distribution of Contraceptives Programme," dated December 1988 on file in the Population and Health Office of USAID Kenya. This proposal is incorporated by reference as a part of this Grant.

OVERVIEW:

The purpose of this Grant is to assist the Christian Health Association of Kenya (CHAK) establish a Community Based Health Care/Community Based Distribution of Contraceptives Implementation Unit (CBHC/CBD) at the CHAK national office that will build upon the experience of eight existing CBHC/CBD programs of CHAK units to initiate CBHC/CBD activities in 20 additional CHAK units over a three year period.

The CBHC/CBD approach is expected to achieve greater preventive health and family planning impact at a lower cost than existing clinical based health and family planning systems by:

1. Providing CBD services within the context of a wider CBHC program, and not as a single activity that ignores other community development priorities.
2. Increasing accessibility of primary health care and family planning services to under served populations in areas that are difficult to reach through existing clinic systems.
3. Providing better coverage to the target population by making available sufficient supplies of contraceptives in the community.
4. Encouraging greater community involvement and participation in the delivery of family planning and primary health care services.
5. Ensuring proper training, re-training and follow-up of all community health workers, project staff of CHAK Units, and Area Health Committees.

The specific project objectives are:

- 1) To establish CBHC/CBD programs in 20 new sites over three years and to strengthen CBD activities in one site.

0 Existing site - Bibirioni

- o 20 new sites to be selected from:

Kima Hospital, Kakamega District
Kendu Adventist Hospital, South Nyanza District
Kijabe Hospital, Kiambu District
Plateau Hospital, Uashin Gishu and Reformed Church E.A
Units
Friends Lugulu Hospital, Bungoma District
Evangelical Lutheran Church Units, Kisii & Kisumu
Districts
CPK Maseno Hospital, Kisumu District
Kapsowar Hospital, Elgeyo Marakwet District
Kaloleni Hospital, Kilifi District
Mwihila Hospital, Kakamega District
CPK Diocese of Machakos, Machakos and Kitui
Districts
Mukaa Dispensary, Machakos District
Kipsokrok Dispensary, Bungoma District
CPK Diocese of Mt. Kenya Central, Muranga District
Kipsigon Dispensary, Bungoma District
Tei Wa Yese Dispensary, Kitui District
Kikuyu Hospital, Kiambu District with Olooseos Health
Center, Kajiado District
CPK Diocese of Nairobi (including Kajiado District)
Lakeside Baptist Health Service, Rusinga Island, South
Nyanza.
Tumutumumu Hospital, Nyeri District
CPK Diocese of Maseno North, Kakamega District
Seventh day Adventist, Rural Health Services (various
districts).

2. To develop the capability of the CHAK units in the 20 new sites to initiate community activities resulting in formation of Area Health Committees, to establish supervisory systems to recruit and train community health workers, to establish a distribution network for family planning commodities and supplies.

3. To train in CBHC/CBD techniques approximately 1200 newly recruited community health workers in rural areas served by 20 selected CHAK units.

4. To establish with each participating unit realistic target for new and continuing family planning acceptors and selected preventive health indicators during the first year of the project for each unit.

5. To develop a data collection system of family planning and health service statistics for each participating CHAK unit through a simple Health Information System.

6. To address the issue of long-term sustainability through the development and testing of alternative revenue generating strategies, including consideration of various cost-sharing measures.

BACKGROUND:

Kenya's estimated population of 22.5 million is growing at an estimated rate of 4.0 percent per year, representing a doubling time of less than 18 years and an average completed family size of eight children. This growth rate has produced one of the highest child-to-adult dependency ratios in the world and threatens the fragile capacity of Kenya's existing economic and social systems.

The Government of Kenya (GOK) has taken major steps in recent years to reduce the country's population growth rate. In particular, it has emphasized the importance of promoting the use of all safe and proven modern methods of family planning. The 1984 Kenya Contraceptive Prevalence Survey (KCPS) showed that 32% of Kenyan women who are married and fecund do not want more children in the future, up from 17% in 1977.

Limited access to quality family planning services for a majority of Kenya's rural population is a major constraint to increasing contraceptive prevalence rates. The 1984-88 Ministry of Health Development Plan shows that only 30% of the population live within easy reach (2 kilometers) of a health facility. Half of the existing facilities are inadequately staffed and equipped, while less than 50% offer family planning services. Inadequate services coupled with poor supervision and follow-up have contributed to a drop-out rate of around 46% for clinic based programs.

The National Council for Population and Development (NCPD) and the Ministry of Health (MOH) have developed a plan for a national program for the community based distribution of contraceptives (CBD) in Kenya to expand and extend family planning services beyond limited clinical facilities. This effort is being coordinated by NCPD with technical guidance and logistical support being provided by MOH.

Some CHAK members (Chogoria, Tenwek, CPK Mt. Kenya East, Maseno South, Maseno West and others) have been at the forefront in developing pilot CBHC/CBD programs since the early 1980s. By 1985, the success of these pilot projects demonstrated that: 1) demand for family planning information and supplies did exist among the rural population; 2) family planning services could be provided successfully by members of local communities; and 3) the CBD approach for service delivery provided within the context of community based health care, achieved better results at a lower cost than either clinic based family planning or out-reach services.

CHAK is a national, non-profit association of private, church related health facilities and their parent church bodies. The church related health facilities provide approximately a third of the health services in Kenya, with the highest proportion of these being in rural areas. Since the early 1980's, certain

CHAK Units have been carefully introducing CBHC/CBD activities into their communities resulting in increased demand for preventive and promotive health and family planning services. Consequently, CHAK continues to play a leadership role in creating a demand for family planning services (including voluntary surgical contraception) among its constituents. CHAK is responsible for the operation of the following static units: Hospitals 17, Health Centers 32, and Dispensaries and clinics 190.

Many staff of CHAK units have had exposure to CBHC/CBD programs through CHAK's involvement in the MOH's Integrated Rural Health Services/Family Planning Project, part B (1983-86), the Association for Voluntary Surgical Contraception (AVSC) project, the Family Planning Private Sector (FPPS) Project and the CBHC/CBD projects of 8 CHAK members. A conference of CHAK Member Units Medical and Development Coordinators in June 1988 resulted in widespread requests for CHAK's National office to assist other CHAK members develop CBHC/CBD programs.

THE PROJECT

The CHAK project will increase accessibility and coverage of community based health and family planning services by instituting and strengthening CBHC/CBD projects in 21 rural sites in 14 Districts. In the first year of the project a careful review will be done of the eight CHAK Member Units with established CBHC/CBD programs to develop criteria for the selection of the 20 new project sites. It is anticipated six sites will be selected for year one, seven for year two, and seven for year three.

It is estimated that by the end of the first three years of the project there will be:

- (1) Institutionalization of a CBHC/CBD Unit at the CHAK National Office with properly trained project staff.
 - (2) Assessment, analysis and follow-up of strengths, weaknesses, replicability and major needs of eight existing CBHC/CBD programs.
 - (3) Initiation of CBHC/CBD activities in 20 new program areas, through establishment and training of up to four Area Health Committees per program and recruitment and training of institutional support staff. (4 AHC per program x 20 programs = 80 AHC).
 - (4) Identification, recruitment, training and supervision of up to 15 Community Health Workers in up to four Areas per program. (15 CHW x 4 AHC per program x 20 programs = 1200).
 - (5) Significantly greater community involvement and participation in delivery of primary health care and family planning services that will be sustained through the development and testing of revenue generating strategies or cost-sharing measures.
- 12

- (6) Improved availability and use of contraceptive supplies in the populations of the 20 new program areas.
- (7) Improved levels of knowledge and utilization of family planning services and primary health care interventions.
- (8) An increase in the average contraceptive prevalence rate, immunization coverage and ORT usage in the areas covered by the CBHC/CBD programs.
- (9) A data collection system for CBHC/CBD service statistics from the 21 program areas that will be the basis for an on-going monitoring and evaluation system.

The method of achieving these outcomes involves training approximately 60 Area Health Committees and 1300 Community Health Workers in 21 selected rural areas in Kenya. The CHW will be trained in preventive and promotive health care (oral rehydration therapy, immunizations for mothers and children 0-11 months, malaria prophylaxis, nutrition education, breastfeeding, and selected others) and in the promotion of family planning and the home based distribution of contraceptives.

The CHW will also be responsible for distributing contraceptives. These commodities (condoms, foaming tablets and pills) will be obtained from CHAK and distributed through the CHAK network at the local level. In addition, the CHW will be responsible for client counselling and follow-up activities.

Family planning information and education will be provided to all clients served and shall be the responsibility of all CHWs, Facilitators, and Institutional Supervisors. These activities will include: home visits, group talks, public meetings, and individual counselling.

Clients who require health family planning services which are not available through the CBHC/CBD program will be referred to the local CHAK Unit or to a designated MOH facility. The CHAK Unit hospital, clinic or dispensary will have been staffed and equipped to provide family planning services. The Institutional Supervisor will work closely with CHAK National Office and the MOH to ensure that each CHAK facility is competently staffed and adequately supplied with contraceptives and necessary equipment.

Provisions will also be made in this project for technical assistance to CHAK in the development, testing, implementation and evaluation of long-term sustainability/income generating activities. Planning for the development of income-generating activities will begin in the first year for the six initial project areas, and, subject to NCPD's and USAID's approval of these plans, work will be initiated in Year II. Plans for the Year II seven project areas will be developed in Year II and initiated in Year III. Plans for the initiation of

income-generating activities for Phase II of the project will be made in Year III and will include plans for the Year III seven project areas.

IMPLEMENTATION

The activities of the project will be conducted over the initial period of three years:

YEAR ONE: During the first year the project will:

- o Establish the CBHC/CBD unit at the CHAK National Office, including the recruitment of a Senior Financial Administrator.
- o Review existing programs in eight CHAK units.
- o Identify six CHAK units for introduction of CBHC/CBD programs, including availability to back-up and referral services.
- o Motivational training of institutional staff, Community and Church Leaders in six units.
- o Identification, training of up to four Area Health Committees in each of six project areas.
- o Identification, recruitment and training of six Project Area Facilitators and six Institutional Supervisors.
- o Identification and recruitment of up to 15 Community Health Workers in each Area Health Committee locality.
- o Initial three-week training of CHW by CBHC/CBD unit, Area Facilitators and Institutional Supervisors.
- o Development of community action plans through a community diagnosis for six project areas.
- o Plan Year II work objectives for CBHC/CBD work in six project areas, including targets for family planning, immunization, ORT usage.
- o Establish CBHC/CBC Discussion Forum of well established and new programs.
- o Develop initial plan for local income - generating activities, including consideration of cost-sharing measures, with community and staff in six new project areas.

YEAR TWO: During the second year the project will:

- o Identify seven CHAK units for introduction of CBHC/CBD programs including availability of back-up and referral services.

- o Motivational training of institutional staff, Community and Church Leaders in seven units.
- o Identification and recruitment of up to four Area Health Committees in each of seven project areas.
- o Identification, recruitment and training of seven Project Area Facilitators and seven Institutional Supervisors.
- o Identification and recruitment of up to 15 Community Health Workers in each Area Health Committee locality.
- o Initial three-week training of Community Health Workers by CBHC/CBD unit, Area Facilitators and Institutional Supervisors.
- o Development of community action plans through a community diagnosis for seven project areas.
- o Plan detailed work objectives for CBHC/CBD work in seven new areas, including targets for remaining part of Year II and for Year III.
- o Continue the work of the CBHC/CBD Discussion Forum, conduct a dissemination seminar, plan detailed objectives for CBD strengthening activities in all existing programs.
- o Plan and conduct a two week second phase of basic training for CHWs of six areas developed in Year I.
- o Plan and conduct in service training at six newly established programs for AHC, CHW and Institution Staff.
- o CBHC/CBD Unit Staff conduct monthly visits to seven new Project Areas and a minimum of five visits a year to the six Project Areas established in Year I.
- o CHAK Program Staff and external consultant conduct a mid-period Assessment and hold a review seminar to assess achievements and plan activities/targets for Year III.
- o Based on NCPD and USAID approval, initiate income-generating activities, or cost-sharing measures, in six areas newly developed in Year I. Plan with community and staff of seven new areas introduced in Year II for the initiation of income-generating activities in Year III.

YEAR THREE: During the third year the project will:

- o Identify final seven CHAK units for introduction of CBHC/CBD programs including availability of back-up and referral services.
- o Motivational training of institution staff, Community and Church Leaders in seven new project areas.

- o Identification and training of up to four Area Health Committees in each of the seven new project areas.
- o Identification, recruitment and training of seven Project Area Facilitators and seven Institutional Supervisors.
- o Identification and recruitment of up to 15 Community Health Workers in each Area Health Committee locality.
- o Initial three-week training of Community Health Workers by CBHC/CBD Unit, Area Facilitators and Institutional Supervisors in final seven new areas.
- o Development of community action plans through a community diagnosis for seven project areas.
- o Plan detailed work objectives for CBHC/CBD work in seven new areas, including targets, for remaining part of third project year and for fourth year.
- o Continue the work of the CBHC/CBD Discussion Forum for all established programs and newly developing programs. Conduct a dissemination seminar and develop problem-solving activities by reporting on progress/solutions from previous meetings. Plan detailed objectives for strengthening activities, especially CBD.
- o Plan and conduct second phase of basic training for CHW's of seven areas developed in the second project year. Second phase lasts two weeks and is conducted by Facilitators, Institutional Supervisor, staff of existing CBHC/CBD programs and CHAK Program Staff.
- o Plan and conduct a series of two day in-service trainings at all established programs for Area Health Committees, Community Health Workers and Institution Staff.
- o CHAK Programs staff conduct monthly visits to seven new Project Areas for support, supervision, coordination and on-site problem solving. A minimum of five visits per year will be made to the 14 established areas from years one and two. Conduct supportive supervision of records, in consultation with Records Officer, and give feedback on local achievements.
- o Initiate income-generating activities, or cost-sharing measures, in seven areas developed in year II and plan for the initiation of income-generating activities in the final seven areas.
- o Plan and conduct Project Review Seminar for Staff, Community Representatives, NCPD, and USAID. Arrange and conduct an evaluation of the first phase (Years I-III) of project.

- o Develop project proposal for the second phase (Years IV-VII) of the project.

The CBHC/CBD Unit of CHAK will monitor the activities of the 21 CBHC/CBD sites throughout the initial three years of the project. The Development Coordinator of CHAK will receive and analyze information from both the CBHC/CBD Unit and the 21 project units. This will include information from Area Health Committees, Project Area Facilitators, Institutional Supervisors and Community Health Workers. Relevant technical information will be summarized in semi-annual progress reports to NCPD and USAID. CHAK personnel will visit the CBHC/CBD project sites on a regular basis.

The Development Coordinator and CHAK Executive Director will provide the principal liaison between FPAK and USAID/Kenya's Office of Population and Health and the NCPD's CBD Division. At the national level, CHAK's Executive Director and Development Coordinator will have the responsibility for the overall management of the CBHC/CBD project through the supervision of the work of the Project Director. The Development Coordinator will be the CHAK liaison with other agencies involved with CBHC/CBD activities and with USAID and the NCPD on all matters concerning monitoring and evaluation. The CBHC/CBD Unit will be responsible for the day-to-day administration, coordination and management of the project. The Institutional Supervisors will be responsible for management of the project at the area level. Routine supervision will be the joint responsibility of the CBHC/CBD Unit, the Institutional Supervisors and the Project Area Facilitators. Supervision will be undertaken primarily through site visits by the supervisory staff. A Senior Financial Administrator will be hired as part of the staff for CHAK.

The approximately 1300 voluntary Community Health Workers will be responsible for recruiting clients of preventive health care and family planning services and will supply them with information, education and contraceptives. The CHW will be recruited by the Area Health Committee in each locality and will provide the necessary counselling and follow-up services, make home visits promoting preventive health and family planning in their areas of operation and submit monthly reports to the Project Area Facilitators.

EVALUATION INDICATORS

An evaluation conducted during the 10th or 11th quarter of the project will examine the following indicators to assist in the planning for the continuation and expansion of the project:

- o number of trained project personnel (Institutional Supervisors, Project Area Facilitators and Community Health Workers);
- o number of active CHW, disaggregated by gender;

- o number of new acceptors by method through the CBD component of project;
- o number of referrals to the clinic;
- o number of continuing users by method;
- o number of contraceptives distributed by method;
- o number of Area Health Committees;
- o number of children fully immunized;
- o number of ante-natal immunizations;
- o number of ante-natal visits;
- o number of new latrines, rubbish pits, dishracks, safe-guarded water source;
- o indicators for income generating activities, or cost-sharing measures, will be included in the evaluation plan once the proposed areas of emphasis have been identified.

The evaluation is expected to concentrate on the following:

- o the process of establishing Area Health Committees;
- o the process of recruiting CHW;
- o the training of trainers, Project Area Facilitators, and CHWs;
- o the supervisory structure including aspects of project management that affect service delivery at the community level;
- o all aspects of service delivery including:
 - o Clinical back up systems;
 - o CBD delivery of services;
 - o Client satisfaction;
 - o Community participation;
- o appropriateness and adequacy of the design and implementation of the project's management information system for health/family planning service statistics;
- o effectiveness and efficiency of the system to provide timely information to management for decision making;
- o utilization of CBHC/CBD Unit staff and field staff in each program area;
- o financial management at all levels; and

- o degree of involvement of CHAK Executive Committee, the Core Group and the CBHC/CBD Unit in the field level CBHC/CBD programs.

FUNDING:

CHAK will provide the Kenya shilling equivalent, in cash or in kind, of approximately \$1,087,562 for the provision of CHAK headquarters, area and community level contributions which include a portion of salaries and allowances, vehicles, office expenses, health facilities, limited equipment and supplies, and voluntary work from community health workers. Together these contributions represent significantly more than the 25 percent required contribution.

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