

Vutakaka Women and Children's Health Clinic

A Grant Proposal

Submitted by:

East African Center

for the Empowerment of Women and Children



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I. Executive Summary

Problem

At the East African Center for the Empowerment of Women and Children (EAC), a grassroots NGO working primarily in Kenya's Coast Province, we have seen too many people die from AIDS, malaria, diarrhea, childbirth and many other preventable and treatable ailments over the past four years. While women are at the center of family life, as caretakers for their husbands, children and extended family members, they often have limited or no access to proper healthcare, including maternal and reproductive services. Additionally, women in Kenya are infected with and affected by HIV/AIDS in higher numbers than men. Despite years of educational awareness programs and the availability of condoms, male behavior continues to put women at greater risk. An alarming 17 percent of women in the Coast Province of Kenya are now living with HIV/AIDS. Although the Kenyan government has a network of AIDS counseling and testing centers, they are severely underutilized primarily due to the social stigma associated with HIV/AIDS. People often choose death over being socially ostracized. Our Vutakaka Women and Children's Health Clinic will address the medical and emotional needs of women and their children, and work to improve their lives economically, socially and physically.

Project Summary

In this upcoming year, we plan to build an innovative health clinic that will provide:

- Reproductive and maternal health services
- Prevention of mother-to-child transmission of HIV
- Family planning
- Nutritional support and education
- Routine healthcare to children

Our approach to the clinic is innovative and holistic, integrating support for those living with HIV/AIDS into a primary care model. By doing so, community members will not be able to identify the reasons that an individual may choose to seek medical care. We believe that women will be much more likely to access treatment in a setting that is not solely for the provision of HIV/AIDS care and treatment.

The Vutakaka Women and Children's Health Clinic will employ two full-time registered nurses, one part-time medical doctor and EAC trained community health workers to provide HIV/AIDS services, maternal and child health services, family planning, a health education and resource library, nutritional support and access to telemedicine. We are working closely with the Kenyan Ministry of Health, the George Washington University School of Public Health and the University of Washington School of Social Work to develop the most effective health care delivery model. Our goal is to identify a more effective approach to HIV/AIDS prevention than current programs, one that is capable of being replicated throughout sub-Saharan Africa.

Funding Requirements

We are seeking a total of \$190,000 for the first year of this project, and an estimated \$60,000 for ongoing annual expenses. Our first year costs include building construction, solar power, medical equipment and supplies, furnishings, computers with internet access and staff salaries. To accomplish these goals, we are asking the____ Foundation for _____.

Organizational expertise

The EAC has an established four-year track record in Kenya's Coast Province. Recognized for our multi-faceted community empowerment center in the rural village of Takaungu, we currently serve four communities in the surrounding area, with a total population of 10,000. The center currently consists of a primary school, a sewing program and a farmer's field school. We believe that the EAC is very well situated to make this health clinic a success. We have a history of very effective, highly participatory, well-regarded work, and this project has received full community support.

II. Statement of Need

Insert narrative/story from Takaungu: _____

Women often have unequal or limited access to health services in developing countries, and Kenya is no exception. As women are most often the sole caretakers in a household, a decline in a woman's health often leads to a decline in the standard of living for the entire household.¹ Access to health services is therefore essential for improving socioeconomic development.

In the Kilifi District of Kenya's Coast Province the most relevant essential health services for women are maternal and reproductive health services, family planning, nutritional support and the provision of health-related education and empowerment opportunities. Due to this region's high HIV infection-rate, services targeting women living with HIV/AIDS play a vital role, such as preventing mother to child transmission (PMCT) and malnutrition. Our Vutakaka Women and Children's Health Clinic will make these services affordable, available and accessible to the residents of Vuma, Takaungu, Kanyambuni and Kayanda villages (hence the name Vutakaka), where they are currently unavailable. For access to any of these services, residents must travel a difficult hour-and-a-half to the nearest district hospital, costing an overwhelming and prohibitive average day's wages.

Global foreign aid budgets currently total close to \$58 billion annually. Approximately 3 percent of this, about \$1.75 billion, is spent on maternal and child health combined, representing an estimated \$6 billion shortfall.² Developing countries maternal and infant mortality rates reflect the substantial gap in funding. In Kenya, women die giving birth a little over 65 times more than women in the United States and Kenyan infants are a little over eleven times more likely to die than infants in the U.S. The maternal mortality rate is 590 per 100,000 women, and the infant mortality rate is 78 per 1,000 children, giving Kenya a ranking of 154 out of 177 countries.³ Compared to the United States' maternal

¹ World Health Organization Online, "World Health Organization Fact Sheet #250," 2004, www.who.int/mediacentre/factsheets/fs250/en.

² Costello, Anthony and David Osrin "The Case for a New Global Fund for Maternal, Neonatal and Child Survival," *The Lancet* 366, no.9485 (August 13, 2005): 603-605.

³ United Nations Development Program Online, "United Nations Development Fund 2003: Human

mortality rate of 9 per 100,000 and an infant mortality rate of 7 per 1,000⁴, the immediate need and potential for improvement is overwhelmingly clear.

Provision of delivery care in Kenya is also insufficient. In the Coast Province 76 percent of infants are delivered without assistance from a doctor, nurse or midwife.⁵ Good pre-natal and antenatal care is crucial to the survival and health of infants and mothers. Unfortunately in Kilifi District, the local hospital is only able to handle 17 percent of births, and the maternal mortality rate of mothers delivering in the hospital is, distressingly, just as high as those giving birth outside the hospital. Further, maternal care becomes even more crucial in the context of HIV/AIDS. Kenya is experiencing a devastating HIV/AIDS epidemic, with higher HIV/AIDS rates than 23 other sub-Saharan African countries. In this grave situation, maternal care that includes the prevention of mother-to-child transmission becomes essential. In the event that a mother is HIV positive, PMCT services can drastically reduce the chances of transmitting the virus to her newborn child. Mothers infected a majority of the half-million children who died from AIDS in 1999 during pregnancy, delivery or breastfeeding. In the absence of preventive interventions, an estimated 25 to 45 percent of HIV-infected untreated mothers pass the virus to their infants.⁶ Providing proper PMCT cuts rates of maternal transmission of HIV by almost 50 percent.⁷

Reproductive health and family planning services are also lacking in Kenya. Seventy-three percent of Kenyan women reported not wanting any more children or preferring to wait to have more. Yet 76 percent of Coast Province women are not using any form of

Development Indicators, Kenya,”
www.undp.org/hdr2003/indicator/indic_48_1_1.html.

⁴ U.S. Census Bureau Online, “State Rankings – Statistical Abstract of the United States,” 2001,
www.census.gov/statab/ranks/rank17.html.

⁵ Central Bureau of Statistics Ministry of Planning & National Development Online, “Kenya Demographic and Health Survey 2003,” December 2003,
www.aed.org/ghnnpubs/publications/3-hiv-aidsnutrition-eng.pdf.

⁶ Ellen G. Piwoz, et. al., “Issues, Risks, and Challenges of Early Breastfeeding Cessation to Reduce Postnatal Transmission of HIV in Africa,” Academy for Educational Development, August 2000,
www.aed.org/ghnnpubs/publications/4issuesriskschallengesbreastfeedingcessation.pdf.

⁷ *The Lancet* 354, (1999): 795-802.

contraception.⁸ The mere 18 percent that are using effective and established forms of contraception demonstrates a severe lack of access and prohibitive costs.

Proper nutritional support is fundamental to good health for pregnant and/or breastfeeding mothers as well as for women living with HIV/AIDS. An HIV-infected woman's nutritional status prior to and during pregnancy influences her own health and survival, not to mention the health and survival of her newborn children. Malnutrition during pregnancy results in low fetal stores of nutrients, which impairs immune function and fetal growth and may make the young infant more vulnerable to HIV.⁹

Providing nutritional support to mothers and women living with HIV will be accompanied by nutrition education, allowing women greater control over their own health as well and that of their families. Several studies have shown that in people living with HIV/AIDS, micronutrient deficiencies accelerate disease progression and mortality. Educational classes related to preventing these deficiencies, and identifying the best food sources and techniques for cooking such foods gives a woman greater control over the progression of illness and improved independence in caring for her family's needs. It is a woman's nutrition and health status that largely determine whether her children will escape HIV infection, grow well and reach appropriate developmental milestones.

Our Community Center is currently addressing educational, social and economic needs in the Kilifi District, and we now seek to expand our impact in the community by providing women's health care services through our new Vutakaka Women and Children's Health Clinic addressing:

Immediate needs of Kenyan women and children:

- Maternal and reproductive health services
- HIV/AIDS care and treatment
- Nutritional support

⁸ "Kenya Demographic and Health Survey 2003."

⁹ Ellen G. Piwoz and Elizabeth A. Preble, "HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in sub-Saharan Africa," Academy for Educational Development, November 2000, www.aed.org/ghnpubs/publications/3-hiv-aids-nutrition-eng.pdf.

The Vutakaka Women and Children's Health Clinic aims to:

- Decrease maternal, infant and child mortality
- Decrease mother-to-child transmission of HIV
- Decrease number of HIV/AIDS orphans
- Improve health and nutritional status of women and children
- Increase community knowledge of HIV/AIDS, health and nutrition

Achieving these objectives will not only prolong women's lives, but will also improve their quality of life. In so doing, the EAC will keep families healthy, reduce the number of HIV/AIDS orphans and improve the overall standard of living for the entire community.

III. Project Description

a. Goals, Methods and Objectives

The Vutakaka health clinic will offer maternal and child healthcare services, focusing particularly on the provision of reproductive health services for women, prevention of mother to child transmission of HIV/AIDS, family planning, nutritional support and education, and routine healthcare to children. Essential services such as these are lacking in our targeted community. We have developed an innovative and holistic approach to address these specific needs. The following project description presents a detailed framework of the goals, objectives and methods that will be implemented throughout the lifecycle of this project.

Goal: Improve maternal and reproductive health	
Objectives: <ol style="list-style-type: none"> Provide pre-natal and antenatal checkups. Diagnose and treat routine reproductive tract infections. Prescribe and distribute birth control. Health education classes on reproductive and sexual health and family planning. 	Methods: <ol style="list-style-type: none"> A doctor will provide check-ups one day a week for four hours a day for up to 12 women. Diagnose and treat infections such as yeast infections and bacterial vaginosis. An RN will prescribe and distribute: condoms, Depo-Provera and oral contraceptives. An RN will conduct weekly health education classes.
Goal: Lower vertical transmission rate of HIV/AIDS	
Objectives: <ol style="list-style-type: none"> Provide pregnant women with treatment to prevent mother to child transmission (PCMT). Increase knowledge of PMCT methods. 	Methods: <ol style="list-style-type: none"> Distribute nevirapine to pregnant women and nursing mothers diagnosed with HIV/AIDS. Educate women on current breastfeeding techniques that lower the transmission rates of HIV to infants.
Goal: Improve health status of women living with HIV/AIDS	
Objectives: <ol style="list-style-type: none"> Provide treatment for infectious diseases. Offer nutritional supplements (vitamins) and food. 	Methods: <ol style="list-style-type: none"> Provide TB, pneumonia and malaria treatments. Leverage surpluses from Farmers Field School for food distribution, and purchase nutritional supplements and vitamins.

Goal: Improve nutritional status of women and children	
Objectives: a. Provide nutritional information. b. Provide instruction on identifying best food sources and ideal preparation techniques. c. Food supplement distribution.	Methods: a. Provide individual counseling and produce and distribute educational pamphlets. b. Conduct cooking classes one day per week. c. Distribute food for up to 40 women and children per week.
Goal: Improve health status of infants and children	
Objectives: a. Monitor child development. b. Treat diarrhea. c. Diagnose and treat malaria and other infections.	Methods: a. Provide regular check-ups and growth monitoring. b. Treat diarrhea with oral re-hydration solutions and antibiotics. c. Provide anti-malarial drugs and antibiotics.
Goal: Increase individual awareness of HIV/AIDS status	
Objective: a. Provide access to regional Voluntary Counseling and Testing (VCT) facility.	Method: a. Provide transportation for up to twelve people, one day per week to the VCT center.
Goal: Increase knowledge and awareness of health and nutrition	
Objectives: a. Offer educational nutrition classes. b. Implement outreach programs on health and nutrition.	Methods: a. Conduct education and nutrition training classes for neighboring community leaders. b. Community health workers will facilitate outreach programs.

b. Timeline

Activity	Start	Duration	Month											
	Month	Month(s)	1	2	3	4	5	6	7	8	9	10	11	12
Hire RN	1	1	●	●										
Construction: 1. Break Ground	2	2		●	●									
2. Build Clinic	2	4		●	●	●	●							
Hire 2nd RN, MD and Support Staff	4	1			●	●								
Open Clinic	6	--						●	●	●	●	●	●	●
Begin Cooking and Nutrition Classes	6	--						●	●	●	●	●	●	●

c. Replicability

The innovative approach we are proposing will integrate improving community health and support for those living with HIV/AIDS into a primary care model. Due to the social stigma associated with HIV/AIDS, people will often avoid seeking care at HIV/AIDS-

specific facilities. Our approach will prevent other community members from identifying the reasons that an individual may seek medical care. Our approach is a novel one in Kenya, and we are working to develop the most effective health care delivery model. It is our goal to implement an approach that will be more effective in HIV/AIDS care and prevention than currently available, and one capable of replication throughout sub-Saharan Africa.

d. Staffing and Administration

- Suzanne Jeneby, founder of the EAC, will serve as the Vutakaka Women and Children's Health Clinic Executive Director.
- A Development Director will oversee all fundraising activities, managing awarded grants and seeking new sources of funding as needed.
- A Clinic Director and Assistant Clinic Director will hire clinic staff, manage daily operations and coordinate general project implementation.
- One physician and two registered nurses will provide the bulk of medical treatment.
- Ten community health workers, trained by the EAC, will support the physician and nurses' work.
- A secretary/bookkeeper, webmaster/IT specialist, watchman, cook and cleaner will be responsible for day-to-day clinic operations.

e. Collaboration

We currently receive funding from individual and corporate donations, revenue from our women's sewing program, school fees and grants from the Rotary Club and Jaycees. We continue to cultivate the EAC's ongoing collaborative efforts with local and international non-governmental organizations, universities and health research institutions. In the past we have worked closely with the University of Washington Student Practicum program, the School of International Training's study abroad program and Bridges to Understanding, a Seattle based non-profit organization connecting Kenyan youth with their counterparts in the United States using digital storytelling as a medium. Through our Vutakaka Community Center farm program, which will integrally support the health clinic's nutritional component, the EAC farmer's field school has partnered with the UN Food and Agriculture Organization (FAO) and actively collaborates with the Kenyan Ministry of Agriculture. Recognized as a counterpart organization, the EAC has also hosted several Peace Corps volunteers to work in the Vutakaka Community Center in health education, literacy and farming.

In addition to this grant the EAC is pursuing collaborative relationships with local, US and Dutch organizations. Locally, we will continue to work closely with the 20-member community based Vutakaka Self-Help Organization as well as individuals from the Kenyan Ministry of Health and the Kilifi District branch of the Kenya Medical Research Institute. Within the US we are collaborating with the George Washington University School of Public Health and the University of Washington School of Social Work to develop the most effective health care delivery model. In Holland, the EAC's European branch is currently developing doctor and teacher exchange programs to further broaden and deepen collaborative efforts to enhance our health clinic as well as the existing community center programs.

f. Evaluation

Our organizational staff will keep detailed patient records, monitoring the health status and progress of our patients, using periodic evaluations to modify our services as necessary.

We will track the following indicators:

- Number of women and children that access clinic services
- How often specific services are provided (such as pre-natal care, PMCT, opportunistic infection treatment, etc.)
- Amount and frequency of nutritional supplement distribution
- Patient health status and progress

g. Sustainability

The sustainability of the Vutakaka Women and Children's Health Clinic will rely largely on continued support from individuals, corporate sponsors and donor organizations to cover ongoing program costs. A portion of daily operational costs will be recovered through patient fees, based on a sliding scale, for medications and nutritional supplements. The Farmers Field School will provide a portion of the food required for the food distribution program and cooking classes.

We are approaching the International Foundation and the Global Fund for Women to cover capital equipment purchases, as well as the Public Welfare Foundation, Inc., the Compton

Foundation, Inc. and the John D. and Catherine T. MacArthur Foundation for construction and general operating expenses of the clinic.

IV. Budget

East African Center

Project: Vutakaka Women's and Children's Health Center

	Total Project Costs	Amount requested
Personnel Expenses		
<u>Salaries (annual expense)</u>		
Organization Staff	14,400	
Clinic Staff	44,000	
Support Staff	3,600	
Subtotal Personnel Expenses	62,000	
Non-Personnel Expenses		
<u>Program Costs (annual expense)</u>		
Medications, Family Planning, Nutritional Supplements	19,200	
Office Supplies	2,400	
Utilities (water, gas, telephone, waste disposal)	5,600	
Solar power maintenance	600	
Satellite Internet Service Provider annual service contract	3,600	
Subtotal Non-Personnel Expenses	31,400	
Capital Expenses		
<u>Equipment (one time expense)</u>		
Medical, Office, Security	16,400	
Clinic furnishings (tables, chairs, desks, cabinets, kitchen, fans, etc.)	10,000	
Total Equipment	26,400	
<u>Vehicle (emergency and other transport)</u>		
Toyota Van (one time purchase)	15,000	
Gasoline, Insurance, Maintenance	6,000	
Total Vehicle	21,000	
<u>Construction (one time expense)</u>	49,750	
Less Individual Donor Support	-7,000	
Total Construction	42,750	
<u>Land Purchase</u>	4,500	
Subtotal Capital Expenses	94,650	
Total Project Costs	188,050	
Expected Clinic Income (annual)	4,160	

V. Organizational Expertise

The EAC is a non-profit organization dedicated to assisting communities in order to achieve empowerment through adult and child education, health services, and education and poverty eradication. We currently operate a community empowerment center in Takaungu, Kenya. We plan to expand into other communities, extending our empowerment model and cultivating possibilities for women and children throughout East Africa.

Contact

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History

- 2001 EAC is founded by a group of dedicated volunteers who were working on behalf of orphans in Nairobi, Kenya.
- 2002 The EAC becomes an official U.S. non-profit organization and is chosen as a National Priority Program of the United States Junior Chamber of Commerce. The EAC begins a participatory rural appraisal in Takaungu, Kenya and begins planning for a community empowerment center. The EAC builds the first library in Takaungu and the first permanent classroom of the Vuma Primary School.
- 2003 The EAC becomes an official Kenyan NGO, and opens the Vutakaka Community Resource Center in Takaungu, Kenya. The Vutakaka Self-Help group is formed, comprised of 40 local residents to oversee the operations of the Vutakaka Center. The Vutakaka Sewing Club begins teaching skills and generating income for participants.
- 2004 The Vutakaka Center hires six local staff members and opens a preschool, public health library, health education classes, after school tutoring, adult literacy and math classes, and the United Nation's sponsored Farmer's Field School.

2005 The EAC expands its board of directors, hires a paid full-time center director, hires an Executive Director, and begins planning for major expansion. Plans are drawn up for a new health care clinic, new sewing program facilities, and a new primary and secondary school.

Resources

Number of paid staff: 9
Number of volunteers: 20-30
Number of board members: 9

Board meetings: Once per month
Total Annual Budget: Approximately US\$65,000

VI. Conclusion

The overriding purpose of our organization is to empower women and children, and the community center's natural evolution includes establishing a health clinic focusing specifically on the needs of mothers and their children. We emphasize the social development of women and children because they are not only the most disenfranchised, but also the most likely generators of long-term change. HIV/AIDS has had a devastating effect on communities in Kenya, leaving an overwhelming number of children without one or both of their parents. The number of orphans is alarming and rapidly growing. We strongly believe that by specifically targeting mothers and providing them with essential healthcare services we will enable them to not merely survive, but live longer and healthier lives while continuing to care for and raise their children.

Basic healthcare services are lacking in Kenya's Coast Province, and our primary strategy for improving basic health is to offer essential reproductive services and care related to HIV/AIDS to women and routine healthcare to children. In doing so, our clinic will advance the lives of women and children, ultimately raising the living standard for the entire community. We believe we can begin to eradicate poverty by changing the health status of communities throughout the world one woman, one child, one family at a time.