



..... 2016 TEAM AGAPE NLM

PROJECT PROPOSAL FOR HEALTHCARE ACCESS

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TEAM AGAPE - NEW LIFE MISSION



Team Agape - New Life Mission



New Life Mission (NLM) was founded in Nairobi in 1978 by a team of Swedish missionaries who witnessed a crisis of need among the youth and young mothers of Kenya. Originally working in the Kenyan prison system, the team was challenged with finding a way to rehabilitate and support women while serving a sentence and after their discharge. Various vocational training programs were created to support and empower healthy, educated families. A home for the children of imprisoned women was started to educate and care for the next generation.

An oasis in the midst of a vibrant, chaotic, and needy community, New Life Mission is 20km from the heart of Nairobi. The Mission has grown to two centers, various rehabilitation programs, multiple group homes for children, and dozens of social programs that continue to shape and transform Kenyan communities. The services provided are vast, but the main focus is to support the development of children through health and education.

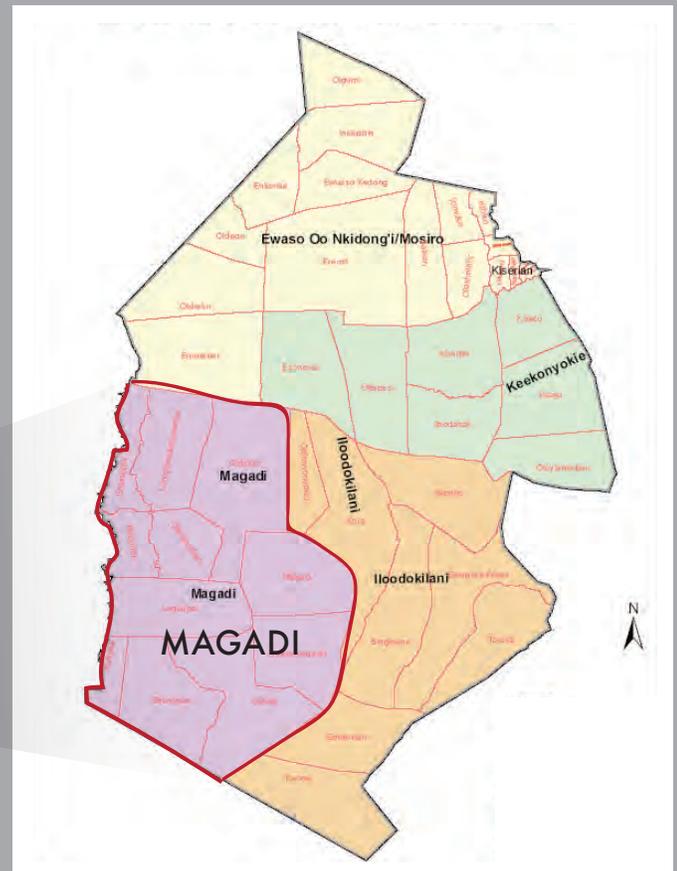
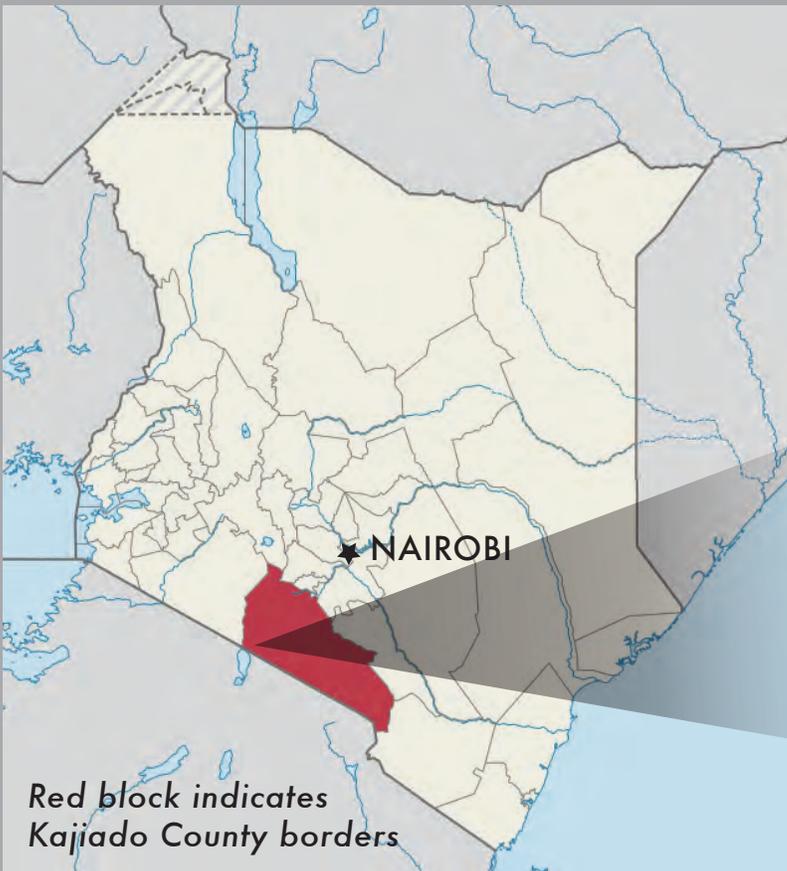
Just four hours southwest in the heartland of tribal Kenya is a region called Mashuru, where New Life Missions' ministries focus on supporting Masai communities. A home for young orphaned boys and rescued girls provides opportunities to gain technical skills and education that would otherwise be unattainable.

In 2008, New Life Mission's director toured the U.S. in search of partnerships to support development projects in multiple areas including hygiene, health, education, and child rights advocacy. In response, a team of eight teachers and students from Sumner, WA travelled the following summer to Kenya. Upon return, the team started a 501c3 nonprofit dedicated to advocating and supporting the mission's work. Their chosen name, Team Agape - New Life Mission, references love in action.

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PROPOSED SERVICE AREA



PROJECT CONTEXT

New Life Mission (NLM) has carried out extensive development through a human rights approach in Kajiado County for over 30 years. During this time, NLM has consistently observed a critical shortage in health-care access throughout the county with the largest gap in services affecting rural, underserved communities.

Discussions with key informants in structured interviews and review of literature and data from the Kajiado County Integrated Development Plan reveal that a lack of access to basic healthcare services for poor, vulnerable, and underserved communities is an

increasingly urgent problem throughout Kajiado County. Underlying causes include lack of awareness and education on health issues, few and scattered health care facilities, inaccessible hospital centers, insufficient personnel in existing facilities, and a persistent lack of medications and other resources.

High levels of poverty introduce the acute issue of healthcare affordability, which is further compounded by cultural beliefs that impede positive health outcomes. Traditional practices that influence high morbidity and mortality rates permeate the region.

14.3 KM

Average distance to a healthcare facility without transport



1:24,000

Ratio of physicians to patients in Kajiado County

Too few providers a day's walk away

According to the 2013-2017 Kajiado County Integrated Development Plan, the physician/patient population ratio is 1:24,000 compared to the WHO recommended ratio of 1:600. The average distance to a health care facility is 14.3 km, with only 9.9% of the population within a distance of less than a kilometer. The proportion of children under one year who are fully immunized in the county stands at 70.7% according to hospital reports – far below the government's Fully Immunized Child Target of 90%. Many other health indicators remain sub-par. These statistics are for Kajiado County as a whole, of which the Magadi region is the most desolate and impoverished.¹

The Magadi region in Kajiado West, the primary project site, occupies a 2,640 square kilometers (1,019 square miles) and has a population of 25,500 mostly of Maasai heritage. Only one public health facility exists in the Magadi town center, and four single-nurse dispensaries are spread throughout the sub-county. Most residents in this region have to travel to Kajiado Town for higher-level care, which is 57 km away from the main road and border of Magadi. Forty-five percent of the population lives below the poverty line, and the average length of formal education is a mere 3.5 years. The neonatal and maternal mortality rates, clear indicators of community health, are some of the highest in Kenya at 37 neonatal deaths per 1,000 live births, and 500 maternal deaths per 100,000 live births.



Photo: Typical Boma village in Magadi comprised of a community of Maasai families.

STRATEGIC INTERVENTION

Efforts to address health related problems in Kajiado West have been made by several organizations. However, the region does not have the population size to merit sustained funding from organizations aiming for high beneficiary numbers. With a resulting decline of NGO presence expected to begin in 2016, NLM is committed to upholding access to quality, basic healthcare as a fundamental human right for the people of Magadi.

In Magadi, the primary barrier to health is access. An established health network exists, though limited to a single, dilapidated paved road bisecting the region. This project seeks to bridge the large gap between rural communities and existing facilities through a mobile health clinic set aboard a 4WD jeep. Government-provided medical practitioners will carry out basic primary healthcare and education in the communities, and transportation to higher-level care when necessary. The jeep will be stocked with adequate medications and basic medical supplies to facilitate end-to-end service provision. Moving strategically from village to village on a pre-planned weekly schedule, the clinic will position at key points within targeted communities. Services will be provided in collaboration with the County Government, Ministry of Health, local community leaders, and community health mobilizers supported by AMREF Health Africa.

Prior to implementing the mobile health project in Magadi, New Life Mission will pilot a similar project in their existing mission site of Mashuru in the summer of 2016. Field research data from the Mashuru project will be compiled along with baseline survey findings in Magadi to create an informed strategic intervention for the Magadi project. Though their populations are similar demographics, each region has unique cultural and environmental challenges. Compiling data from the existing Mashuru project and the Magadi baseline survey will set the project up for success.

The Magadi mobile health project will support the existing local community health workers who are trained and equipped to treat routine health needs, to mobilize the community for weekly clinic visits, and to identify and communicate emergency cases. The project will also capitalize on NLMs existing partnerships for health education and intervention in schools, expanding and empowering the capacity of beneficiaries.

PROJECT BENEFICIARIES

The project targets children, youth, women, and families from poor, vulnerable, and underserved communities in Magadi.

PROJECT GOAL

Promote community health and access to quality primary healthcare through a comprehensive mobile health program in Magadi.

PROJECT DURATION

5,000 USD for the initial pilot project in Mashuru and the Magadi baseline survey to be conducted AUG 2016 - JUN 2017. Magadi start up funding of 30,000 USD will cover the purchase of the vehicle, initial supplies, and provider stipends for six months of healthcare services JUL 2017 - JAN 2018.



GOALS

Strategic Objectives

- ▶ Conduct baseline survey to identify at risk communities; apply lessons learned from NLM mobile health clinic pilot program in Mashuru
- ▶ Reduce excessive distances covered in seeking health services and medical attention by providing 'door step' services
- ▶ Empower youth and families with adolescent reproductive health and life skills in order to make informed choices

ACTIVITIES

The following activities will be conducted under each of the strategic objectives:

Conduct baseline survey to identify at risk communities; apply lessons learned from NLM mobile health clinic pilot program in Mashuru

- ▶ Purchase a motorcycle for transportation and data collection in target communities throughout Magadi
- ▶ Purchase medical supplies for the Mashuru pilot program facilitated by NLM with supportive funding from US-based donors
- ▶ Compile field research data from Mashuru pilot mobile health project and Magadi baseline survey to refine implementation plans for 2017 Magadi project launch

Reduce distances covered in seeking health services and medical attention by providing 'door step' services:

- ▶ Purchase a durable, 4WD vehicle for the mobile clinic
- ▶ Equip the mobile clinic and community health workers with baseline medical supplies
- ▶ Recruit a licensed, government-provided nurse and driver
- ▶ Facilitate community health campaigns such as immunization, de-worming, and family planning on an as-needed basis
- ▶ Facilitate in-depth training with existing AMREF community health workers and establish a reliable communication network
- ▶ Facilitate monthly meetings for each community project committee

Empower youth with adolescent reproductive health and life skills in order to make informed choices:

- ▶ Build and strengthen school health clubs that will create avenues for awareness among youth in the community
- ▶ Train youth on personal hygiene, reproductive health, and menstruation management for girls
- ▶ Train adolescents on sexuality and life skills

“ We have many diseases in this area –problems of water, malaria, and eye infections are very bad here. We are ready and willing to work on solving these problems. Help us to work together for the health of our community. ”

Jeremiah
Chief Community Health Representative
AMREF Magadi



Project Stakeholders

- ▶ County Government of Kajiado: NLM will partner with the Magadi Hospital and clinic dispensaries to support the delivery of services to the underserved community. They will also support community members by expanding current knowledge on healthy practices and lifestyle.
- ▶ Schools: The project will capitalize on existing partnerships with 10 schools to integrate a health component and ensure sustainability.
- ▶ Community mobilizers: The project will work with a community project committee and community health workers to support and monitor progress.

Monitoring & Evaluation

A baseline survey will be carried out before initiation of the project, particularly in newly identified schools. This will be critical to refine indicators and interventions. The process will be guided by a set of collection tools for both qualitative and quantitative data to form a foundation for project evaluation.

The project will be monitored on a monthly and as-needed basis in order to detect any deviations, with corrections implemented immediately. Additionally, the project team will conduct monthly project review meetings with input from the local stakeholders. Formal bi-annual reviews and progress reports submitted to donors will inform and direct the project on a long-term basis.

PHASE 1: AUG 2016 - JUN 2017

5,000 USD dispersed to Team Agape - New Life Mission

Purchase motorcycle to conduct baseline survey and establish community network in Magadi

Carry out baseline survey to identify at-risk communities

Purchase initial medical supplies to be used for the Mashuru and Magadi mobile health clinics

PHASE 2: JUL 2017 - JAN 2018

30,000 USD dispersed to New Life Mission; procure 4WD vehicle and remaining medical supplies

Health club launch in target schools; community health representative recruitment/training

Vaccination and immunization campaign #1

Health club training on hygiene, reproductive health, and menstruation management

Six-month progress report and assessment

PHASE 3: (Pending funding) FEB - JUL 2018

Vaccination and immunization campaign #2

Continuation of weekly/monthly services

Annual report and 2018-2019 funding proposal submitted



Photo: Inside one of four small health facilities in Magadi.



Photo: A Team Agape NLM representative gathers with a Maasai family around the village leader, who suffers from head trauma. Lack of resources and difficult transportation are the main barriers to seeking appropriate treatment.

PROJECT BUDGET

The following preliminary budget is subject to refinement after the mobile health clinic pilot project in Mashuru commences in August 2016. The figures represented in this table are estimates, and a final budget will be submitted prior to fund allocation in July 2017.

2016-2017

PHASE 1 (Total \$5,000): Conduct baseline survey/Support Mashuru pilot project

ITEM	COST	QTY	DESCRIPTION	USAGE NOTES
Motorbike	\$1,500	01	Off-road; two wheel	Data collection; rural access
Baseline Survey	\$1,000	01	Target: Magadi Region	Focus: ID at-risk villages
Med Supplies	\$2,500	TBD	Medication/instruments	For Magadi/Mashuru projects

2017-2018

PHASE 2/3 (Total \$30,000): Start-up costs for Magadi project

ITEM	COST	QTY	DESCRIPTION	USAGE NOTES
4WD Jeep	\$18,000	01	Off-road vehicle	Access/treatment in Magadi
Med Supplies	\$1,500	TBD	Medication/instruments	For Magadi project
Admin Costs	\$1,500	NA	NLM project oversight	5% of total 2017-2018 budget

2017-2018

PHASE 2/3: 6-month maintenance costs

ITEM	COST	QTY	DESCRIPTION	USAGE NOTES
Staff Stipend	\$3,000	01	Driver/Nurse	Subject to change
Med Supplies	\$3,000	TBD	Medication/supply refill	Treatment of target illnesses
Vehicle Stipend	\$3,000	TBD	Fuel/maintenance	Daily driving over rough terrain

PROJECT IMPLEMENTERS



ANDREW MUNGAI

DIRECTOR, NEW LIFE MISSION

Andrew is the primary source of direction and implementation guidance for the mobile health clinic project. As the director, he is the main contact for communication with Team Agape NLM leadership and donor agencies.

ROBERT GATIMU MUGO

MONITORING & EVALUATION SUPERVISOR

As the supervisor providing direct oversight for this project, Robert is responsible for the procurement of materials, training of employees and community stakeholders, and the implementation of the project plan. He will conduct project assessments and collect/report quantifiable information to Team Agape NLM.



KELLY FITZPATRICK

DIRECTOR, TEAM AGAPE NEW LIFE MISSION

As the acting director based in the United States, Kelly is the primary liaison to donor agencies in Washington State. With visits to New Life Mission on an annual basis, Kelly conducts needs assessments for new projects and monitors sustainability of existing operations.

JAMIE & SARAH ROLFING

TEAM AGAPE NLM PROJECT SUPPORT & SUSTAINABILITY

As medical and nursing students, Jamie and Sarah Rolfing have specific interests in supporting health related initiatives and community development through NLM. This project is the beginning of a longitudinal study in healthcare access in rural Kenya, and periodic research visits will support the project's sustainability.



PHOTO CREDIT

All photos in this proposal were collected by Jamie and Sarah Rolwing during an on-site visit to Magadi in April 2016.

SOURCE INFORMATION

Kenya, Republic of Kenya, County Government of Kajiado. (2013). *County Integrated Development Plan 2013-2017*. Nairobi.

African Medical and Research Foundation (AMREF). (2013). *The 'Boma' Health Delivery Model*. Nairobi.

CONTACT INFORMATION

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