KENYA AID

PROJECT DESIGN DOCUMENT 2010-2015

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Kenya Aid

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1. Introduction

Kenya Aid is an Australian not for profit organisation which through funding and operational support provides essential health services to rural communities in Western Kenya. Our focus is on preventative health measures, maternal and child health, primary health care and health education.

Kenya Aid works in partnership with a local non-government organisation, MURUDEF. This partnership ensures that there is a local and culturally sensitive framework around all the projects that we run. Kenya Aid also works closely with the Kenyan Ministry of Health with the aim to providing services that are responsive to the needs of local and central government. Kenya Aid fully recognises that a close working partnership with the Kenyan Ministry of Health is essential in creating sustainable change and advocating on behalf of the community is a crosscutting theme through all of our programs.

It is important to recognise that prior to Kenya Aid's presence in Western Province there was no existing health care facilities or services for the population in Shikunga village. This presents a number of unique challenges for Kenya Aid to identify and overcome. These include a lack of existing health knowledge in the communities, a degree of distrust of western medicine and reliance on traditional approaches and poor health infrastructure. It is also important to note the remoteness of the region in which Kenya Aid is working in, which creates additional challenges in access and service delivery.

The comparative advantages of Kenya Aid's service delivery strategy for the Shikunga region include:

- A close relationship between the Kenya Aid Board and its partner organisation MURUDEF; a well-established and highly successful locally based NGO owned and operated by domestic staff;
- Relevant expertise of the Kenya Aid Board, which includes 3 medical doctors with significant experience in delivering health care services in Kenya and Africa more generally; and
- Kenya Aids minimal administrative cost policy which ensures that any costs not directly related to purchasing labour or capital goods for the Shikunga community hospital are to the greatest extent absorbed by board members.

Some of the goals Kenya Aid was able to achieve during its last project design time frame 2007-2009 include;

- Construction and opening of the Shikunga Hospital;
- Immunisation program

- Creation and scaling up of HIV testing and prevention of mother to child transmission (PMTCT) of HIV program; and
- Sanitary Health and Reproductive Education (SHARE) program

2. Background and Needs Analysis

Through its indigenous partners, Kenya Aid hopes to be able to deliver health care services in a sustainable manner that is both in accordance with the priorities of the Government of Kenya and meets the health care requirements of the people. For this to occur it is important that the organisation have a firm understanding of the health care situation in Kenya and of the existing Kenyan health care system.

Located in East Africa, Kenya is a low income, developing country with a population of 32 million[1]. 50% of Kenya's population are under 15 years of age, and 75-80% live in rural areas[1] To address these issues the Kenyan Ministry of Health (MoH) implemented the Kenya Health Policy framework (KHPF) in 1994, setting policy agenda to the year 2010[2]. To operationalise the KHPF Paper, the National Health Sector Strategic Plan (NHSSP) was created to assist in decentralising health care delivery. Following this, the NHSSP II (2005-2010) was developed to address poverty reduction and reinvigorate the KHPF[3]. The latest health sector policy is Kenya Vision 2030 which focuses on sustained economic growth, equitable social development and an accountable, democratic political system[4].

Over the last 2 decades, Kenya has seen a plateau or decline in many key health and development indicators. Health in Kenya is characterised by a large burden of communicable disease which results in significant economic and social burden[5]. 75% of deaths in children under 5 are attributable to HIV/AIDS, diarrhoeal disease, pneumonia and malaria[6]. Available data shows the incidence of infectious disease is increasing, Tuberculosis has tripled since 1990 from 112 cases per 100,000 population to 353 in 2007, life expectancy has declined from 59 years in 1990 to 54 in 2007 and under 5 mortality has risen each year from 1990 to 2007[7]. Malaria is the leading cause of morbidity and mortality accounting for 30% of outpatient visits[8]. These indicators suggest that over the last decade Kenya has suffered considerable declines in the health of its population.

Indicator	Kenya
Population (mil) (2006)	36.5
Pop. growth rate %	1.5
Life expectancy (2002)	45.2
Under 5 mortality rate per 1,000 (2004/05)	114
Maternal mortality rate (2004/05)	414
Poverty rate (d/d) % (2005/06)	46.6
GNP per capita $ (2006)	680
Overseas dev. assistance % GNP	3.2
Pop with HIV % (2007)	7.8
Health expenditure % of GDP (2001/02)	5.1
Physician/100,000 pop. (2003)	14

Figure 1. Key socio-development and health indicators for Kenya. Source Wamai 2009[3].

Kenya adopted the MDG's in 2000 as part of the Millennium declaration and since then the Kenyan government has mainstreamed them into the country's development framework requiring all ministries to have MDG units[1]. Stumbling blocks to the achievement of the MDG's include poor economic growth, debt burden and decreasing overseas development assistance (ODA) [1]. From the data that is available, Kenya's progress could best be described as mixed. In order to have a chance of achieving the MDG's by 2015 increasing attention to child health, including communicable disease and education, is key as almost half of the population is under 15 years of age[9].

Kenya has recently implemented a new development strategy covering 2008 to 2030, *Kenya Vision 2030*, which builds upon the *Economic Recovery Strategy for Wealth and Employment Creation* which saw GDP growth from 0.6% in 2003 to 6.1% in 2006[4].

Kenya Vision 2030 has two approaches, firstly decentralization of resources and management of health centres to the community and district medical officers and secondly shifting emphasis from curative to preventative care[4].

Kenya Aid has designed its programs to address the specific health issues that face rural communities in Kenya. This includes non-existent health infrastructure, lack of basic health knowledge, high levels of communicable disease and extreme poverty. This document seeks to build on the work that was achieved from Kenya Aids last project design document 2007-2009. During this time frame Kenya Aid was able to accomplish much of what was set out in this document and is now looking to build on this success into the future.

3. Demographic Profile of Target Population

Ikolomani division is one of 7 administrative divisions in Kakamega district in Kenya's Western province. Its population in 2001 was 92,104 with a population density of 142.9 people per square kilometre[10]. There are 14 health facilities within the division which are limited in regards to the services offered with only one providing HIV testing and only three offering services for the PMTCT both of which are offered at the Shikunga hospital[11].

Ikolomani division is a remote and rural region of Kenya. It is characterised by high levels of communicable disease, minimal access to health care and high levels of poverty[10]. The main source of income in the division is agriculture, with a high level of subsistence farming.

This project will be implemented across Ikolomani division. It will target all community members with focus on those most vulnerable and susceptible to disease such as children, women and HIV patients.

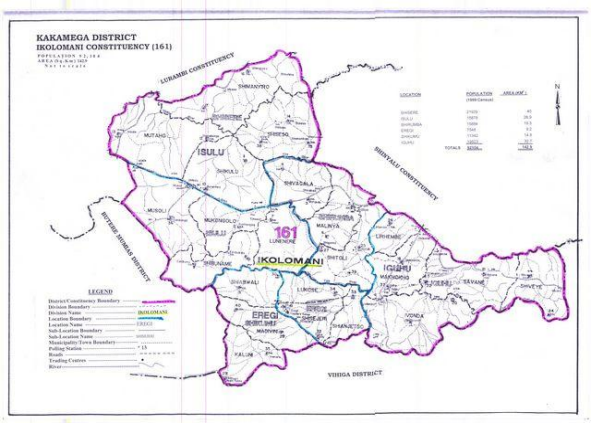


Figure 2. Ikolomani Division, Kakamega District. (Sourced from http://www.marsgroupkenya.org/constituencies/?constID=50&task=about&page=3)

4. Log Framework

4.1 Program Goal

The goal of this program is to improve the quality and access to health care in Ikolomani division, Kakamega district, Western Province, Kenya.

4.2 Purpose of the Project

The purpose of the project is to increase the number of patients seen across the board through all programs supported by Kenya Aid by 15 0%, increase the number of health programs available by 50% and increase the proportion of people seeking medical attention when ill by 25% over the next 5 years.

4.3 Project Objectives

4.3.1 Objective 1

To increase the number of people accessing Kenya Aid supported health services in Shikunga Village, Kenya, so that there is a 150% increase in people attending outpatient services and a 200% in the number of inpatient services over the next 5 years.

4.3.2 Objective 2

To improve the health knowledge and education in the Village of Shikunga, Kenya by a 2 fold increase in the attendance of community outreach education sessions over the next 5 years.

4.3.3 Objective 3
To highlight the importance of women's and children's health through the creation of specific programs that address their health needs and increasing the number of women accessing antenatal care and delivering their children at a Kenya Aid supported health facility by 3 fold over the next 5 years.

4.3.4 Objective 4
To reduce the high levels of preventable communicable disease through increasing vaccination rates 4 fold, increase insecticide treated net (ITN) distribution by 2 fold and creating disease specific programs to address malaria and HIV/AIDS over the next 5 years.

5. Literature Review

The goal of this program is to reduce the burden of disease in Ikolomani division, Western Province, Kenya. This high level of disease burden is due to many factors including limited access to health care, lack of health knowledge and education in the target population, a poor focus on the most vulnerable members of the community - namely women and children - and also the presence of high levels of communicable disease. Strategies designed to address any of the above factors will have positive outcomes on reducing disease burden. A thread common to each of the strategies identified above is that they are all dependant on the accessibility of health services, an issue which will be addressed in this document.

5.1 Increased access to health services

Kenya Aid has funded the construction of a rural hospital in the village of Shikunga in Ikolomani division, Western Kenya. This is the only non-government facility in the Western Province of Kenya and was our first step in increasing access to health care for rural communities.

5.1.1 Reducing or abolishing user fees for health services
In remote and rural areas any cost associated with accessing health care can act as a barrier[12]. In Western Kenya households often have small and irregular incomes resulting from small scale sale of agricultural goods[13], resulting in difficulties in paying for health related costs as they arise.
A study in 2005 by James et al also highlights the burden that costs associated with health care can place on communities in 20 African countries including Kenya. The study found that the elimination of user fees could prevent approximately 233 000 deaths in children under 5 annually.

5.1.2 Providing outreach health care
As 80% of the Kenyan population live in rural areas[15] and the cost of transportation is often prohibitively expensive, home based care is an attractive alternative to facility based care in remote places. 30% of women in Kenya's western province take at least 1 hour to reach a health facility[13].

Home based care has been shown to be cost effective and to improve outcomes in a variety of patient populations including HIV/AIDS[16], maternal mortality and in reducing neonatal deaths[17, 18].

5.1.3 Improving health care infrastructure

Rural communities in Western Kenya have very poor health care infrastructure. Improving health infrastructure in developing countries was identified as a priority during the WHO Jakarta Conference[19]. One of the main contributors to mortality is the inability to refer and transport patients that require a higher level of care. The importance of timely referral has repeatedly been shown to reduce mortality and is a cornerstone of the Integrated Management of Childhood Illness (IMCI)[20] which has been a widely accepted model of care throughout the developing world.

Transport with an ambulance is the most common way to move patients that have been referred to other facilities. Currently there is no ambulance in the Kakamega South Sub-district in which Ikolomani district resides. This serves as a large obstacle to patient care and demonstrates the lack of current health infrastructure.

5.1.5 Improving working relationship with Kenya Ministry of Health

Kenya Aid fully recognises the limitations it has in service delivery and in its ability to affect health infrastructure in Kenya, this is largely the role of local and national government. Advocacy by NGO's has served as a major influence to government policy and health strategies over the last 20 years[21] and can result in improved outcomes for rural communities.

5.2 Improved health knowledge and education

5.2.1 Community based education programs

Education is the key to lasting behavior change. Providing community based, relevant health education has been shown to be effective in reducing disease prevalence such as malaria[22] and HIV[23]. Health care messages are even more important in remote regions of western Kenya such as Shikunga village due to their isolation and limited previous exposure to even the most basic public health principles and practices.

5.2.2 School based health education

Health education has been proven to have positive impacts on health outcomes. School based education programs are one of the most effective and timely ways to deliver these health messages[24, 25].

5.3 Focus on women's and children's health

5.3.1 Women's and children's health programs

Women and children are particularly vulnerable to disease in developing countries and therefore shoulder much of the burden of disease[26]. Because of this an approach that encourages women's and children's attendance to health services and focuses on their specific health needs will improve health outcomes.

Additionally, integrated interventions that address women and children's health in a

continuity of care model have been shown to be most effective improving health outcomes[27].

5.3.2 Women's community health groups

Women play a vital role in health promotion in developing countries and should receive more recognition from policy makers and institutions[28]. In the communities of Ikolomani district there are few avenues for women to raise health concerns and limited support available in the antenatal period and for new mothers.

5.4 Reducing high levels of preventable communicable disease

5.4.1 Improved delivery of primary health care services

The World Health Organisations world health report 2007, stated that the delivery of primary health care is an essential prerequisite for health[29]. As is the case in Kenya as a whole, Ikolomani district in western province has very low levels of primary health care service provision and this contributes to a high level of disease burden[30].

Key to ensuring the sustainable delivery of primary health care is reliable staffing for medical facilities.

Creating disease specific health programs will help to combat some of the largest causes of mortality in Ikolomani district such as HIV and malaria[30].

5.4.2 Emphasis on preventative health care

Preventative approaches to health care have obvious advantages when combined with adequate curative services, and their importance in primary health care has been recognised since the Alma Ata declaration[31]. Preventative programs providing vaccinations, mosquito nets, health screening, antenatal care and education are low cost and effective in preventing disease[32, 33].

5.4.3 Improved health promotion

Community mobilisation and use of community health workers in health promotion have been shown to be successful and cost effective in reducing mortality of children and mothers[34]. In rural areas where the population is spread over large distances, the use of community health workers to identify sick patients and deliver health messages is crucial in reducing burden of disease.

6. Plan of Action

6.1 Program Theory and Logic

Table 1

	Project Description	Performance Indicators	Means of Verification	Assumptions
Goal	The goal of this program is to improve the quality and access to health care in Ikolomani division, Kakamega district, Western Province, Kenya.	-Number of patients accessing health services - Number of health programs available - Higher proportion of population seeking medical attention when ill	-Audit of health records to determine service delivery - Number of health programs created - Survey of patients attending hospital	-Accuracy of health records - A greater range of health programs will improve health overall
Purpose	The purpose of the project is to increase the number of patients seen across the board through all programs supported by Kenya Aid by 150%, increase the number of health programs available by 50% and increase the proportion of people seeking medical attention when ill by 25% over the next 5 years.	-Comparison of baseline data from hospital records. -Comparison of baseline community survey of patient attendance to hospital when ill to community survey at project completion - Comparison of baseline number of health programs available to number available at project completion	- Hospital records -Baseline community survey's assessing patient behavior when sick -Endline community survey assessing patient behavior when sick -Audit of Kenya Aid's programs at baseline and at project completion	-Data from hospital is accurate -Community participation -Support from staff in health facility -Increasing the number of available health programs will result in healthier population
Objectives-1	To increase the number of people accessing Kenya Aid supported health services in Shikunga Village, Kenya, so that there is a 150% increase in people attending outpatient services and a 200% increase in the number of inpatients over the next 5 years.	-Compare number of people accessing outpatient services at baseline and at end of project -Compare number of inpatients at the hospital at baseline and at project completion	-Hospital records of outpatient numbers - Hospital records of inpatient numbers	-Accuracy of hospital records - Increased number of patients seen will result in improved health outcomes
Objectives 2	To improve the health knowledge and education in the Village of Shikunga, Kenya by a 2 fold increase in the attendance of community outreach education sessions over the next 5 years.	-Compare number of people attending community health education sessions at baseline and at project completion	-Records of attendance of community health sessions	-Education provided is culturally sensitive and appropriate -Increased health knowledge will affect behaviour change -Accuracy of records

Objectives 3	To highlight the importance of women's and children's health through the creation of specific programs that address their health needs and increasing the number of women accessing antenatal care and delivering their children at a Kenya Aid supported health facility by 3 fold over the next 5 years.	-Compare number of health programs designed for women and children at baseline and at project completion -Compare number of women accessing antenatal care at baseline and at project completion -Compare number of deliveries at the Shikunga hospital at baseline and at project completion	-Audit of Kenya Aid's programs designed for women's and children's health at baseline and at project completion -Hospital records of antenatal attendance -Hospital records of number of deliveries	-Accuracy of hospital records -Women accessing antenatal care will be able to access referral centres if problems are found - Increased number of women and children specific programs will result in improved health outcomes
Objectives 4	To reduce the high levels of mortality in Shikunga through access to primary health care with focus on preventable, communicable disease. Increasing vaccination rates 4 fold and creating disease specific programs to address malaria and HIV/AIDS over the next 5 years.	-Compare number of children vaccinated at baseline and at project completion -Creation of disease specific programs to address malaria and HIV/AID	-Hospital vaccination records --Audit of Kenya Aid's programs at baseline and at project completion	- Creation of specific malaria and HIV/AIDS programs will result in improved health outcomes -Accuracy of vaccination data
Outputs 1	**Increase the number of people accessing Kenya Aid supported health services** <u>1.1 Community Awareness</u> Increase community awareness of the Shikunga hospital through flyer distribution and public announcements	-Number of flyers distributed -Number of public announcements	-Advertising flyers -Transcripts of public announcements	-Awareness of health facility will lead to usage -People will trust new health facility
	<u>1.2 Reduction of user fees</u> Over the next 5 years user fees will have been reduced by at least 25%	-Compare user fees per visit per patient at baseline and at project completion	-Hospital financial records -Hospital patient records	-Alternative means of funds can be sourced -Able to convince local health services to abandon charging fees to patients -Willingness of local health facilities to disclose financial information
	<u>1.3 Outreach health care</u> Creation of outreach health care program to allow remote or immobile patients to access health care	-Creation of outreach health care program	-Audit of Kenya Aid's programs at baseline and at project completion	- Sick and remote patients will be able to be reliably identified -Mobile outreach service will be

				effective -Finding funds for additional health staff
	1.4 Improving health care infrastructure and referral systems A strengthened referral system between Shikunga hospital and secondary/tertiary hospitals over the next 5 years	-Number of referral s made from the Shikunga hospital	-Audit of hospital records to identify the number of referrals made and transported to referral centers	-Referral centres will have capacity to care for additional patient load -Financial resources to pay for transportation -Appropriate medical records are kept by local health facilities -Patients will be willing to be moved to a facility further from their family
	1.5 Working with Kenyan Ministry of Health Foster close working relationship with district ministry of health	-Biannual reports of activities to district minister of health -Yearly meeting with district minister of health	-Copies of correspondence with ministry of health -Minutes from meetings	-Scheduling will allow meeting to occur
Outputs 2	**Improve community health knowledge and education** 2.1 Community and school based education seminars Perform community education session at local schools quarterly over the next 5 years	-Number and frequency of health talks at local schools	-Review hospital records of school health education talks	-Schools will be happy to allow education sessions -Staff will be happy to travel and talk at schools -Children will be receptive to health messages
	2.2 Increased number of people attending community education seminars A 2 fold increase in the attendance of community outreach education sessions over the next 5 years	-Number of people attending community health education sessions	-Review of hospital attendance records from community education talks	-People have time/transport to attend seminars -Appropriate material used in seminars for audience -Increased health knowledge will affect behaviour change
Outputs 3	**Highlight the importance of women's and children's health** 3.1 Women's and children's health programs Creation of specific women's and children health programs in a continuity of care model	-Creation of specific women's and children's health programs	-Audit of Kenya Aid's programs at baseline and at project completion	-Programs specific for women's and children's health will have improved health outcomes -Funds can be raised to run additional programs

	3.2 Women's community health groups Creation of women's community health groups to raise and discuss women's health issues	-Creation of women's community health groups	-Audit of Kenya Aid's programs at baseline and at project completion	-Avenues for women's health issues to be raised will improve overall health outcomes -Funds can be raised to run additional programs
Outputs 4	**Reduce the high levels of preventable communicable disease** 4.1 Improved delivery of primary health care services Sustainable delivery of primary health care through retaining staff for a minimum of 12months, creating and sustaining laboratory services and a reliable supply of medication	-Length of staff employment	-Hospital administration records of beginning of staff employment to end of contract	-Funds available to increase staff wages - Staff happy to live and work in rural community
	4.2 Disease specific programs Creation of disease specific health programs eg malaria and HIV	-Creation of disease specific health programs	-Audit of Kenya Aid's programs at baseline and at project completion	-Disease specific programs will improve health outcomes -Funds can be raised to run additional programs
	4.3 Emphasis on preventative care Scaling up of vaccination 4 fold and ITN delivery 2 fold	-Number of mosquito nets distributed -Number of vaccinations provided	-Hospital register of number of mosquito nets distributed -Hospital register of number of vaccinations provided	-Accuracy of hospital records -People using nets in correct manner -Parents willing to vaccinate their children
	4.4 Improved health promotion Community health workers identifying sick people and delivering health messages	-Number of trained community health care workers	-Audit of records at baseline and project completion to determine number of community health workers	- Sick and remote patients will be able to be reliably identified -Mobile outreach service will be effective -Finding funds for additional health staff
	Project Description	**Inputs**	**Means of Verification**	**Assumptions**

Activities 1	**1.1 Community awareness** 1.1.1Distribute 500 flyers promoting the hospitals opening 1.1.2 Public announcements of hospital services	1.1.1 Stationary, photocopier, funds, project officer 1.1.2 Loudspeaker, vehicle, project officer	1.1.1 Copies of flyers distributed 1.1.2 n/a	-Awareness messages will result in greater attendance to hospital -Literate population
	1.2 Reduction of user fees 1.2.1 Create small scale agriculture project to raise alternative revenue to subsidise patient costs	1.2.1Project officer, land, seeds, community volunteer to look after land and sell produce	1.2.1 Amount of money raised from selling produce at market	-People will attend hospital if user charges are removed -Hospital administration willing to reduce or abolish fees -Volunteer participation
	1.3 Outreach Health care 1.3.1 Organise 5 community health workers to identify people requiring health services in Ikolomani division 1.3.2 Develop and distribute 100 posters alerting public of home care services 1.3.3 Provide funding for 1 outreach nurse	1.3.1 Project manager, project officer, willing community members, funds, 1.3.2 Stationary, photocopier, funds, project officer 1.3.3 Funding, nursing staff	1.3.1 Register of community workers, report of number of homes visited etc 1.3.2 Copies of posters distributed 1.3.3 Contractual agreements with nursing staff	-Community members willing to identify and report people requiring care -Community members willing to let CHW into their homes -Availability of funds -Posters will not be removed -Nursing staff willing to work in remote area
	1.4 Improving health care infrastructure and referral systems 1.4.1 Purchase an ambulance to transport critically unwell patients to referral centers 1.4.2 Audit local health facilities to identify number of referral made to higher level facilities in the previous calendar year and repeat annually 1.4.3 Develop referral guidelines outlining the referral process and for what clinical scenarios patients should be referred	1,4,1 Funding for vehicle 1.4.2 Project officer, stationary 1.4.3 Project officer, medical staff, stationary, photocopier	1.4.1 Receipt from purchase from van 1.4.2 Report from audit of hospital 1.4.3 Copy of referral guidelines	-Guidelines will be adhered to -Funds available for ambulance -Referral facilities will be able to accept additional patients
	1.5 Working with Kenyan Ministry of Health 1.5.1 Hold annual meeting of Kenya Aid board members with district minister of health 1.5.2 Quarterly correspondence with district ministry of health	1.5.1 Staff, stationary 1.5.2 Stationary	1.5.1 Copy of minutes from meeting 1.5.2 Copy of quarterly correspondence	-Ministry of health has time to hold meeting -Ministry of health is in the position to support Kenya Aid programs
Activities 2	**2.1 Community and school based education seminars** 2.1.1 Run second monthly talks by hospital staff at schools in the local area 2.1.2 Community seminars to be	2.1.1 Hospital staff, material for talks, transport 2.1.2 Hospital staff, material for talks, transport, chairs	2.1.1 Attendance numbers at talks, records of number of schools visited 2.1.2 Records of	-Health messages in talks will translate into behaviour change -Schools will be happy

	held at the hospital or in the community held at least 5 times weekly		number of seminars held, attendance numbers at talks	to allow hospital staff to talk to students -People form community will attend seminars
	2.2 Increased number of people attending community education seminars 2.2.1 Provide lunches at community seminars 2.2.2 Run community health seminars to be held in surrounding villages as well as Shikunga	2.2.1 Staff, food, cooking facilities, funding 2.2.2 Staff, transport, chairs	2.2.1 Receipts for food purchased for use at seminars 2.2.2 Register of places where community health education sessions are held	-People will attend seminars and listen to health messages if food is provided -People from other communities would be willing to attend talks -Health messages in talks will translate into behaviour change
Activities 3	**3.1 Women's and children's health programs** 3.1.1 Develop specific programs aimed at addressing women's health issues. In particular reproductive health such as antenatal care, menstrual hygiene (SHARE) and obstetric care 3.1.2 Develop specific programs aimed at addressing children's health issues. In particular preventable disease such as malaria, vaccination and improving access to primary care by providing free medical care to all children under 5 who have been born at the Shikunga hospital	3.1.1 Program co-ordinator, funding, appropriately qualified staff, laboratory services (blood grouping, HIV testing etc), sterile equipment for childbirth, fabric, medications, sewing machine 3.1.2 Program co-ordinator, staff, reliable supply of vaccinations, reliable supply of medications, funding,	3.1.1 Patients records of number women attending antenatal classes, number of deliveries at the hospital, number of fabric pads sewn 3.1.2 Hospital records of number of cases of malaria treated, number of vaccinations provided, percentage of patients under 5 years of age	-Programs specific to women's or children's health will result in improved outcomes for these groups -Sustainable funding able to be found -Sustainable supply of medication and vaccinations can be sourced -Communities receptive to the idea of antenatal care, vaccination, obstetric care -Reliable source of funding
	3.2 Women's community health groups 3.2.1 Create Safe Mother's Group composed of mothers that have delivered at the Shikunga hospital. To deliver positive health messages and function as a forum for women's issues to be raised. Group to meet weekly. 3.2.2 Provide lunch at the meetings to encourage participation and ensure nutrition to new mothers	3.2.1 Group co-ordinator, chairs, program co-ordinator 3.2.2 Staff, food, cooking facilities, funding	3.2.1 Records of attendance of group 3.2.2 Receipts for food purchased for use at seminars	-Women able to find time to attend meetings

Activities 4	**4.1 Improved delivery of primary health care services** 4.1.1 Prevent high turnover of hospital staff by ensuring wages are similar to that in government institutions 4.1.2 Create laboratory service at the hospital 4.1.3 Ensure a reliable supply of essential medication to the hospital	4.1.1 Funding, contractual agreements with staff 4.1.2 Laboratory equipment, funding for laboratory technician, electricity 4.1.3 Funding for medication, transport, reliable medication supplier	4.1.1 Hospital contracts with staff 4.1.2 Hospital records of number of laboratory tests performed, contract with laboratory technician 4.1.3 Receipts of medications bought	-Retaining staff for longer periods will result in improved service delivery and patient satisfaction -Reliable electricity supply -Reliable source of funding -People will seek medical attention when sick
	4.2 Disease specific programs 4.2.1 Create specific program to address malaria. Consisting of education, distribution of mosquito nets, prompt diagnosis and treatment and IPT 4.2.2 Create specific program to address HIV/AID. Consisting of HIV testing, HIV support groups, PMTCT and ARV program,	4.2.1 Funding, staff, program co-ordinator, educational material, ITNs, anti-malarial medication, laboratory equipment to perform thick and thin films 4.2.2 funding, staff, HIV tests, HIV co-ordinator, ARV medication, place to dispense ARVs,	4.2.1 Number of malaria education seminars held, number of ITNs distributed, number of cases of malarial treated, number of pregnant women receiving IPT 4.2.2 Number of HOV tests performed, record of attendance of HIV support group, number of women receiving PMTCT treatment and register of number of patients accessing ARV program	-Programs specific to diseases will have a positive health outcome -Reliable source of funding -People willing and able to take medication correctly and reliably -People willing to get tested for HIV -People will use nets correctly -People will seek medical attention when sick -Reliable source of ARVs
	4.3 Emphasis on preventative care 4.3.1 Distribute ITN free to children under 5 and pregnant women. At the hospital and during community seminars 4.3.2 Provide vaccinations free to children at the hospital and fortnightly hold outreach vaccination camps in surrounding villages	4.3.1 Reliable supplier of ITN, funds, storage area for nets, staff 4.3.2 staff, transport, refrigerator, cool box, funds, government store of vaccinations, program co-ordinator	4.3.1 Number of ITN distributed 4,3,2 Number of vaccines provided	-ITNs will be used correctly -Families willing to have their children vaccinated - Reliable source of funding -Reliable electricity source
	4.4 Improved health promotion 4.4.1 Train 10 community health workers in identifying sick patients, delivering health messages and preventative health	4.4.1 Program co-ordinator, funds, educational material, government supplied teaching staff,	4.4.1 Record of community health workers trained	- Community health workers will be able to attend training seminars -Community members will accept

	care	transport		health workers into their home -Trainees will feel comfortable after training to provide health messages and advice on preventative health care -Availability of funds

7. Monitoring and Evaluation Framework

The OECD (2002:21-27) defines monitoring and evaluation (M&E) as follows[35]:
Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.
Evaluation is the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision making process of both recipients and donors.

Delivering on each of these requirements must also be balanced with the human resource constraints faced by Kenya Aid and the volunteer nature of its Australia-based staff. As such, the M&E Framework of Kenya Aid is designed to ensure that the organization remains outcome-focused with appropriate feedback mechanisms whilst not placing excessive reporting burdens on either the hospital staff in Kenya or the program staff based in Australia. This has resulted in an M&E Strategy which capitalizes on the ordinary on-goings of the organization as well as the introduction of some additional and more formal feedback mechanisms.

The Monitoring and Evaluation Framework for Kenya Aid is based on 4 key actions, each of which varies in its degree of formality. Each of these actions are linked to the list of activities generated in the LogFrame. This approach is summarized in Table 2.

Firstly, is the Annual M&E Mission to be carried out by a number of members from the Kenya Aid Board to Shikunga. This mission will provide the basis for a number of important annual assessment and feedback sessions. This will include meetings with Kenyan Ministry of Health (MOH) officials, local government officers, representatives from the medical supplies provider based in Kakamega, hospital staff, as well as board members from MURUDEF. Each of these meetings will provide the opportunity for Kenya Aid partners to disclose any issues that have arisen as a result of our operations over the preceding year or

any issues which they perceive may arise in the upcoming period. The members of the Kenya Aid team that are present on the M&E trip will be responsible for the recording of these conversations and in consultation with the other Kenya Aid Board members be responsible for compiling a list of activities to address each of the concerns raised during the consultations. If appropriate, the annual M&E mission will also provide the Kenya Aid board with the opportunity to assess the capabilities of the hospital staff and to provide them with some informal training and information sessions.

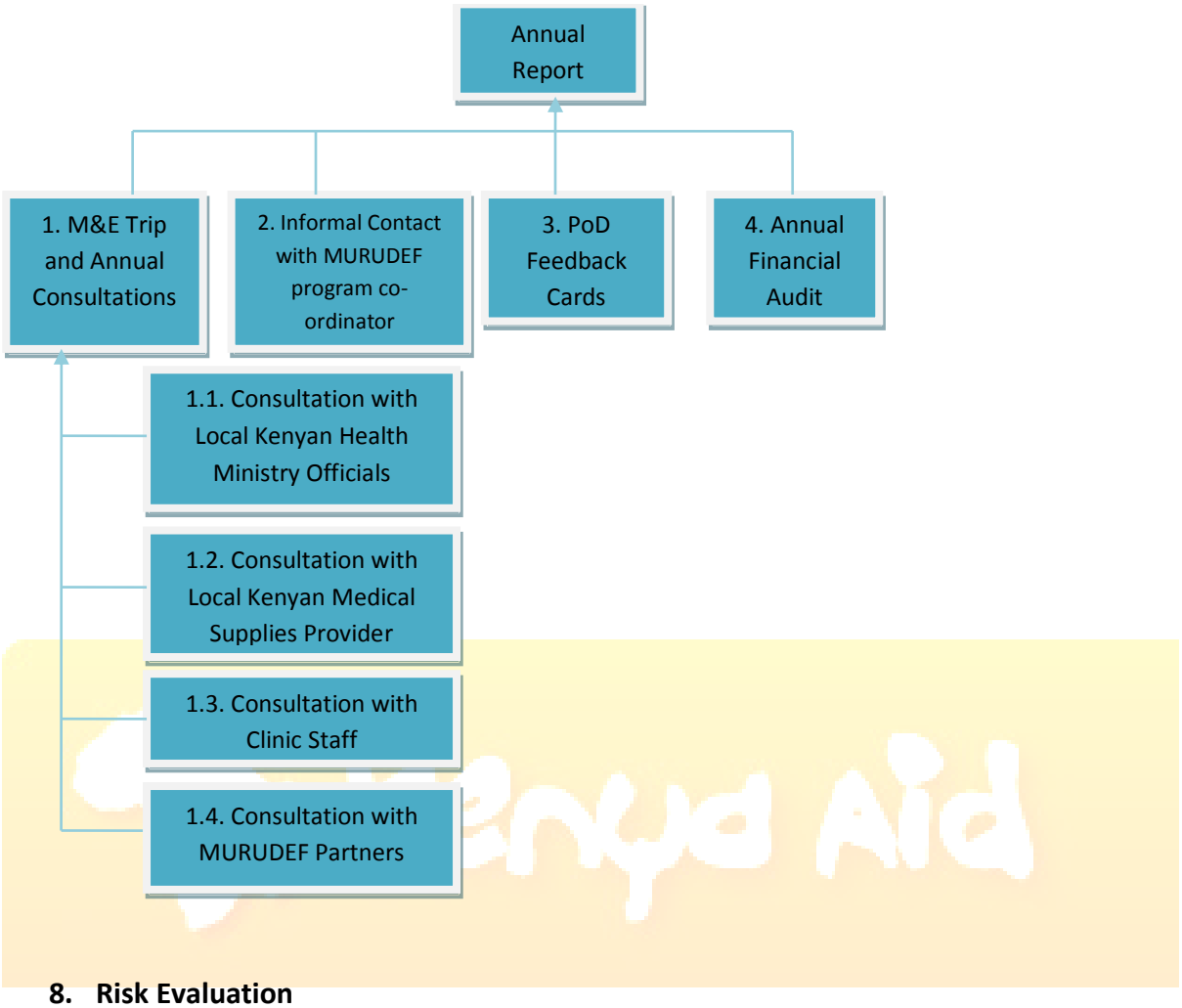
Secondly, is the on-going informal contact with the MURUDEF program co-ordinator as per the *Memorandum of Understanding which was signed in 2006 (Appendix 1)*. This more frequent (generally weekly) contact with the MURUDEF representative will provide the basis for reporting on the performance of hospital staff, number of patients treated and other relevant numbers, as well as any minor capital or inventory upgrades which the hospital facility may need in the coming weeks to months. As part of this correspondence the MURUDEF program co-ordinator will send summarised monthly reports outlining detailed information of the hospital activity during the previous month and a detailed financial summary.

The introduction of Point of Delivery (PoD) patient feedback cards at the clinic will also act as a key mechanism for the Monitoring and Evaluation strategy. These cards are given to patients before receiving treatment at the hospital and require the patient to provide information on basic demographic and epidemiological data. It is Kenya Aid's aim to have these feedback cards be completed by at least 10 patients per month. Over time these reports will enable the hospital to better respond to the needs of the community through more accurate inventory supplying as well as staffing levels.

This reporting mechanism has been designed to be both simplistic (quick and easy to fill in) as well as culturally appropriate – with cards being translated into Kiswahili. This will help ensure that this reporting mechanism does not provide an excessive time or emotional burden on either the hospital staff or the patient. Although Kenya Aid notes that all care must still be taken in maintaining flexibility to individual circumstances and their desire to give out personnel information. In practice, this will be left to the discretion of the locally employed hospital staff that have a greater degree of knowledge of cultural norms and acceptable conduct.

The principal method of delivering formal feedback of each of these activities throughout the year will be the preparation and dissemination of the *Kenya Aid Annual Report*. As per the organizations constitution (attached in Appendix 2), this report will comprise a financial breakdown of *all* of the organizations financial activities as well as a summary of the findings of the annual audit statement to be prepared by the accountant.

Table 2: Summary of Kenya Aid Monitoring and Evaluation



8. Risk Evaluation

Kenya Aid's risk evaluation framework is consistent with the strategies outlined in AusAIDs AusGuide Risk Management Guidelines[36]. Kenya Aid defines risk as the chance of things happening that could have an impact on Kenya Aid, on the outcomes it achieves, or on the objectives of the various functions it undertakes. Risk arises out of uncertainty. When deciding on a course of action to deal with the risks facing the organisation, Kenya Aid considers that there are two elements of risk to be considered.
They are:

- the likelihood of something desirable or undesirable happening and,
- the likely consequences if any one or all of the things that could happen do eventuate.

Risks can arise from both internal and external sources. They could include:

- adverse change in economic factors such as exchange rates;
- incorrect assumptions regarding activity logic or sustainability considerations;
- client dissatisfaction or unfavorable publicity;
- a threat to physical safety or breach of security;
- mismanagement;

- failure of equipment;
- a breach of legal or contractual responsibility; and
- fraud and deficiencies in financial controls and reporting.

These risks vary in their probability and their impact and those which Kenya Aid has greatest exposure to are listed in Table 3 below. Each Risk is listed in terms of its likelihood and the danger is poses to the ability of Kenya Aid to deliver on each of its objectives. Each risk has also been accompanied with the Risk Management Strategy that has been identified in order to neutralize or minimize the threat posed by each eventuality.

Table 3: Risk Assessment Matrix for Kenya Aid 2007-2009

	Assumption/Risk	Risk Level	Impact	Project Actions
1	High turnover of hospital staff	Low	High	-Increase salary to at least match that in government facilities -Provide staff housing
2	Unreliable power supply	Medium	Medium	Purchase generator
3	Overextending MURUDEF management capabilities – compromise quality of projects	Low	Medium	-Utilize a risk management process to prioritize current and future projects. - Additional training for MURUDEF co-ordinator
4	Lack of medical knowledge of local community	Low	Low	-Incorporate community education into projects -Hold community health education seminars
5	Lack of knowledge and contact with on the ground operations	Low	High	-Integrate programs with MURUDEF -Receive regular reports on the operations of the clinic -Collect baseline data on local health conditions
6	Security risk of existing clinic	Low	High	-Provide night time security guard on hospital premises
7	Ensuring an impartial an objective M&E team	Medium	Medium	-Meetings with MOH officials that have registered and reviewed hospital practices - Field trips by Kenya Aid clinic staff to other health centers operating within western province

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Appendix

Appendix 1.
MOU

Appendix 2.
Kenya Aid Constitution