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| C:\Users\hp\Downloads\photo.jpg  **IMPACT HEALTHCARE**  *Healthy Lives for All*  P.O. Box 3503 – 20100, Nakuru (Kenya)  Phone: +254721573966 / +254720479817  Email: impacthealthcarecbo@gmail.com  Website: www.impacthealthcarefbo.org |  |

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**SECTION 1: ORGANISATION DETAILS**

Name of Organisation: IMPACT HEALTHCARE COMMUNITY BASED ORGANIZATION

Type of Organisation (Tick as appropriate): Community-Based Organisation

Contact details of the organisation

|  |  |  |
| --- | --- | --- |
| 1 | Full name | IMPACT HEALTHCARE COMMUNITY BASED ORGANIZATION |
| 2 | Acronym | IMPHECO |
| 3 | Postal address | P.O. BOX 3503-20100, NAKURU |
| 4 | Telephone Number | +254721573966 / +254720479817 |
| 5 | E-mail Address | impacthealthcarecbo@gmail.com |
| 6 | Name of key contact person | Peter moturi |
| 7 | Position of key contact person | Director |
| 8 | Telephone number and email address of the key contact person | +254751107678  Petermoturi12@gmail.com |
| 9 | Organization registration number | REV/NKUN/DSS/CBO/0023 |
| 10 | Year of registration | 2015 |
| 11 | Physical location of head office | Mawanga, Nakuru County |
| 12 | Physical location of branch offices (If any)  Office 1  Physical location of branch offices (if any)  Office 2 | Town:  Building:  Street:  Nearest landmark:  Town:  Building:  Street:  Nearest Landmark/street: |
| 13 | Proposed county of implementation | Nakuru |
| 14 | List all targeted sub counties | 1. Bahati (Nakuru North) Sub County 2. Subukia Sub County 3. Rongai Sub county |

If you have more than two offices, please attach a separate list.

SECTION 2: **APPLICATION**

This section should be a maximum of three pages

**1. Background (1/4 page)**

**a. Background of the organisation**.

Impact Healthcare is a Community Based Organization which was founded in February 2014 and is registered under the ministry of labour, social security and services, and Kenya Medical Practitioners and Dentists Board (**KMPDB**). The core bussiness is to alleviate suffering and promote human dignity through provision of access to comprehensive quality and reliable healthcare services to the vulnerable and marginalized groups in the society. The main area of focus is preventive health through provision of community outreach services and also provision of comprehensive primary health care in an established clinics which also provides Maternal and Child Health (MCH), immunization, Maternity, TB diagnosis and treatment, HIV testing and counseling and provision of HAART services.

**b. Local presence of the organisation in the proposed county of implementation.**

Impact healthcare’s main office is located in Mawanga (Nakuru north subcounty) and offers its health services to the people of Bahati (Nakuru north subcounty), Subukia and Rongai Sub Counties.

**c. Experience implementing health related projects.**

Ever since its establishment, Impact healthcare in collaboration with the subcounty MOH, has been offering primary healthcare services mentioned above. The organization’s operations/services are reported to the MOH subcounty offices on a monthly basis. IMPACT HEALTHCARE is headed by medical staff who having served for years in a TB and Leprosy programs are known to have acquired good knowledge and experience on running health projects.

**2. Problem statement (1/4 page)**

1. **What is the target population**?

Population coverage of Rongai subcounty is **172438**, where as the Nakuru North and Subukia sub counties has a population of **195847** and **128258** respectively.

Target population of the project is the unreached groups in Bahati (Nakuru north subcounty), Subukia and Rongai Sub Counties which includes people from various organized groups (youth groups, women groups, the disabled, matatu associations, boda boda associations, orphan groups, traditional dancers, the nyumba kumi initiatives, church associations, chemists/pharmacies, company clinics, institutional/school clinics and imaging clinics and informal sector (unregistered herbal clinics and witchdoctors). The organized groups targeted are; youth groups, women groups, the disabled, matatu associations, boda boda associations, orphan groups, traditional dancers etc.

b. **What gaps/problem do you seek to address?**

TB is a chronic disease and will rarely trigger seeking care especially to the young people working in various sector of the economy. Finding them early is key to early diagnosis and treatment with favourable outcomes. Access to diagnosis will require reaching them in places they are easily found. Involving community own persons will help in reaching them and creating awareness on TB. Community own persons will be involved in screening and referring those presumed to have TB for diagnosis.

It has been noted that a high percentage of people with TB symptoms in Nakuru county did not seek care either because of their relactance to travel to the nearby health facilities due lack of money for transport or alleged lack of time due to their busy schedules.

1. **What is the magnitude of the problem?**

TB burden is heavy among the poor and vulnerable, aggravating social inequalities in Nakuru county. With the current statistics, about 40% of the TB cases remain undetected and untreated meaning that more needs to be done to find these missing cases. Impact healthcare will employ the use of GeneXpert as a first test towards TB diagnosis, using cough of any duration as a key screening question and expanding the screening questionnaire to include additional questions like shortness of breath, chest pain among others.

1. **Proposed intervention (1/2 page)**

**a. Brief description of the proposed intervention**

Mapping of the targeted groups will be conducted to establish their membership and leadership structures. The leaders of these groups will be identified and sensitized on TB. The groups will select TB champions who will be trained on TB screening, sample collection, referral and followup on patients on TB treatment. A network of sputum sample transportation will be established and a feedback mechanism developed to ensure adequate linkage to existing genexpert sites. Those having TB will be enrolled on treatment in the nearest health facility. Those on treatment will form groups to ensure adherence and discuss challenges they face during treatment. A mobile treatment unit will also be established through the Subcounty TB coordinator to ensure easy access to treatment especially those already in the workplace.

**b. Describe what is new/ different/ innovative/unique in the approach or the idea in the following areas:**

• **Identification and screening of the target populations**

Engaging the organized groups in finding people with TB within their own organizational structures. Identifying TB champions, training them to provide sensitization and collecting samples for presumed people with TB.

**• Referral of people with TB symptoms from the communities for diagnosis in the health facilities**

The TB champions will screen group members for TB, collect samples from people with presumptive TB, transport sputum sample to Genexpert sites through sputum transport network that will be established. Infection Prevention mechanism will be upheld to minimize infection during transportation of samples. A project staff will ensure the samples are processed and results relayed back to the patients. Where applicable, the patient will be referred for Genexpert in the nearest health facility.

**• Strengthening social accountability and linkages between communities and health facilities**

The groups will be mapped and assigned nearest health facilities (public or private) where they would likely seek care. The HCWs from these facilities will be involved in treatment of TB patients once diagnosed. Those screened will be provided with cards/badges that will identify them with the TB activities to motivate them as well as to be source of information to other members of the groups. Stickers with TB messages will be developed and provided to members who owns public service vehicles and motorcycles. This will form ACSM activities. This will also encourage others to avail themselves for TB screening. Socio media platforms (Whatsup groups) will be used to pass important information on TB including scheduled screening days.

**• Ensuring correct documentation and prompt notification of people diagnosed with TB.**

A screening tool will be developed in duplicate and TB champions will be trained on the use. A simple register will be used to list people with presumptive TB which will be analysed monthly and reporting done. Forms will be designed to ensure the samples are well labeled for easy identification after tests are done. Referral of patients will be done through nearest Tb treatment sites that link to the group. SMS messages will be used to communicate between the groups and health facilities. Contribution of the initiative will be reported on monthly basis to the SCTLC who will provide support supervision to the project.

**4. Justification (1/8 page)**

**a. Why is the selected target population a priority?**

The target population is in low socio economic status, hustlers and have poor health seeking behaviours due to their economic activities. They access services in unregistered pharmacies/clinics due to cost, belong to religious sects and some still believe on traditional medicines as the best remedy for treating coughs.

**b. Why is this intervention appropriate to address the identified gaps related to finding missing people with TB?**

The project will ensure full participation of the community where the involved persons/mobilizers are locals who are well known in the area of operation. They will be furnished with necessary IEC materials to enable them educate the community hence rid the community of supertious traditional beliefs hence reduce delays in seeking treatment.

**c. Why is the intervention important for the proposed area?**

It has been noted with concern that a high percentage of people with TB symptoms in Nakuru county did not seek care either because of their relactance to travel to the nearby health facilities due lack of money for transport or alleged lack of time due to their busy schedules. The intervention will act as local bridge between them and the health facilities. The coughers will not have to visit the health facilities for diagnosis but instead they will be asked to produce sputum specimen which will be transported for sputum microscopy and Genexpert in the nearby TBMU’s.

**5. Objectives of the intervention (list specific objectives that you will be working towards which must be in line with the overall objectives of KIC-TB) (1/8 page)**

* To increase access to TB diagnosis and accordingly increase notification of all forms of TB from 664 to 1328 in the selected sub counties by the end of the project.
* To enhance community involvement in TB diagnosis, prevention and care

**6. Implementation strategy: How will the proposed intervention(s) be implemented? (1/2 page)**

**a. How will the target population be reached?**

(i) Extensive community involvement to ensure detection of all cases and investigation of contacts:

The action intends to promote an extensive community involvement, engaging community health professionals, mobilizers and leaders, to enhance the detection of missing cases and the investigation of smear-positive PTB contacts.

* Health workers at community level: Health workers serving in local chemists/pharmacies, local clinics, institution and company clinics will be trained on TB screening and safe sputum collection. They will be expected to screen presumptive cases visiting their stations and safely transport the collected sputum specimen to the nearest TBMUs for Genexpert and sputum microscopy. The positive results will be relayed back to the health workers to ease follow-up.
* TB agents (Members from the identified organized groups i.e. youth groups, women groups, the disabled, matatu associations, boda boda associations, orphans/street children and traditional dancers ), the nyumba kumi initiatives and church associations will be involved in information disemination where they will be expected to use all means including distribution of flyers and performing road shows in order to gather people who will be health educated on TB and where presumptive cases will give their specimen for diagnosis. They are also expected to follow-up patients on treatment and investigating contacts of smear-positive cases. The TB agents will be selected among community members and attached to nearby health facilities. They will be capacity built on TB screening, infection prevention and control. They will also do door to door screening where possible. Specimens collected at community level and during these door-to-door visits will be delivered to the TBMUs using mugs with screw-type corks and specially designed transport boxes.

(ii) Outreach activities and mobile microscopy to increase access to service in remote areas and congregate settings

* One of main challenges of TB control in the rural areas of Nakuru county is the limited availability and related access to services. The proposed outreaches with help seal the gap. The outreaches will help create TB awareness in the village level while at the same time creates linkage of the missed TB cases to diagnosis and treatment.

b. **Which stakeholders will be involved and how?**

* The Sub County TB cordinators
* Community leaders
* The sub county administrators
* Nakuru county social development office

c. **List key activities to be carried out to achieve the objectives**

* TB screening and diagnosis
* IEC material distribution
* Training
* Outreaches
* Contact tracing
* Defaulter tracing

7. **Expected outputs from the proposed interventions (1/8 page)**

a. Number of people with TB signs and symptoms who were referred to health facilities

Impact healthcare through this project will strive to have 6000 presumptive cases referred for diagnosis.

1. Number of people diagnosed with TB and enrolled on treatment.

Impact healthcare through the KIC-TB targets to diagnose and enroll 1328 TB cases on treatment by the end of the project.

8. **Budget estimate in the following broad categories (1/8 page)**

a. Direct activity cost.

**13,219,600**

b. Programme administration cost.

**1,980,000**

c. Monitoring and evaluation cost.

**4,800,000**

SECTION 3: **DECLARATION**

I confirm that the information provided in this assessment form is a true reflection of the operations and technical capacity of my organisation.

I understand that this is a competitive process.

Name: **Paul Chepkwony**

Signature……..

Date: ……28/2/2019

Stamp ………



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KICK-TB BUDGET 2019

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Year 1** |  | **Year 2** | **Total budget Year 1  and Year 2** |
|  |  |  |  |  |  |  |  |  |  |
| **1** | **Mapping of the targeted groups ( 3 sub county, 5 (socio services, impact, sctlc, chief, driver) pax, 5 days)** | | | | |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | Lunch allowance | person | KES 1,000.00 | 5 | 15 | KES 75,000.00 |  |  |  |
|  | Fuel for vehicle (hired) | per km | KES 20.00 | 70 | 15 | KES 21,000.00 |  |  |  |
|  | airtime | Lump sum | KES 1,000.00 | 1 | 1 | KES 1,000.00 |  |  |  |
|  |  |  |  |  |  | **KES 97,000.00** |  | **KES -** | **KES 97,000.00** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **2** | **Sensitization of group leaders (10 groups, 3 pax, 3 subcounties)** | | |  |  |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **days** | **Total** |  |  |  |
|  | conference package | person | KES 1,500.00 | 30 | 1 | KES 45,000.00 |  |  |  |
|  | Transport refund | person | KES 200.00 | 30 | 1 | KES 6,000.00 |  |  |  |
|  | Fuel | per km | KES 20.00 | 30 | 1 | KES 600.00 |  |  |  |
|  | airtime | lump sum | KES 1,000.00 | 1 | 1 | KES 1,000.00 |  |  |  |
|  |  |  |  |  | per meeting | KES 52,600.00 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | cost for 3 meetings | **KES 157,800.00** |  | **KES -** | **KES 157,800.00** |
|  |  |  |  |  |  |  |  |  |  |
| **3** | **Training of TB champions on screening, sample collection, referral (10 groups, 3 pax, 3 days** | | | | |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **day** | **Total** |  |  |  |
|  | conference package | person | KES 1,500.00 | 30 | 3 | KES 135,000.00 |  |  |  |
|  | Fuel | per km | KES 20.00 | 30 | 3 | KES 1,800.00 |  |  |  |
|  | transport refund | per person | KES 200.00 | 30 | 3 | KES 18,000.00 |  |  |  |
|  | airtime | lump sum | KES 1,000.00 | 1 | 1 | KES 1,000.00 |  |  |  |
|  |  |  |  |  | per meeting (subcounty) | **KES 155,800.00** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | cost for 3 meetings | **KES 467,400.00** |  | **KES 467,400.00** | **KES 934,800.00** |
|  |  |  |  |  |  |  |  |  |  |
| **4** | **Support quartely group meetings (enable screening and referral of samples) 10 groups, 3 subcounty, 75 pax, 4 meeting per year)** | | | | |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | Lunck for participants | person | KES 500.00 | 75 | 10 | KES 375,000.00 |  |  |  |
|  | transport refund | per person | KES 200.00 | 75 | 10 | KES 150,000.00 |  |  |  |
|  | Fuel | per km | KES 20.00 | 30 | 10 | KES 6,000.00 |  |  |  |
|  | airtime | lump sum | KES 200.00 | 1 | 10 | KES 2,000.00 |  |  |  |
|  |  |  |  |  | per meeting (sub county) | KES 533,000.00 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | cost for 3 sub county | **KES 1,599,000.00** |  | **KES 1,599,000.00** | **KES 3,198,000.00** |
|  |  |  |  |  |  |  |  |  |  |
| **5** | **Screening and referral of samples for genexpert to a central point in the sub county (3 champion, sample collection 2 per wk, 10 groups, 3 subcounties)** | | | | |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | Lunch for champions | person | KES 500.00 | 30 | 48 | KES 720,000.00 |  |  |  |
|  | Transport refund | per person | KES 200.00 | 30 | 48 | KES 288,000.00 |  |  |  |
|  | Hire motocyle for sample transportation to xpert site | per week | KES 1,500.00 | 1 | 48 | KES 72,000.00 |  |  |  |
|  |  |  |  |  | per sub county | **KES 1,008,000.00** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | cost for 3 sub county | **KES 3,024,000.00** |  | **KES 3,024,000.00** | **KES 6,048,000.00** |
|  |  |  |  |  |  |  |  |  |  |
| **6** | **Procurement of Infection prevention material and IEC material** | | |  |  |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | Cool box | per piece | KES 2,500.00 | 30 | 2 | KES 150,000.00 |  |  |  |
|  | T-shirts with TB messages for champion | per person | KES 500.00 | 30 | 3 | KES 45,000.00 |  |  |  |
|  | Badges/stickers | piece | KES 100.00 | 6600 | 3 | KES 1,980,000.00 |  |  |  |
|  | reflector jackets with TB messages | piece | KES 200.00 | 1015 | 3 | KES 609,000.00 |  |  |  |
|  |  |  |  |  |  | **KES 2,784,000.00** |  | **KES -** | **KES 2,784,000.00** |
|  |  |  |  |  |  |  |  |  |  |
| **7** | **Data collection, supervision and mentorship** | |  |  |  |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | M&E officer | salary per month | KES 35,000.00 | 1 | 12 | KES 420,000.00 |  |  |  |
|  | TA visits | lunch | KES 1,000.00 | 1 | 144 | KES 144,000.00 |  |  |  |
|  |  |  |  |  |  | **KES 564,000.00** |  | **KES 564,000.00** | **KES 1,128,000.00** |
|  |  |  |  |  |  |  |  |  |  |
| **8** | **Monthly meetings with TB champions** | |  |  |  |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | conference package | per person | KES 1,500.00 | 90 | 12 | KES 1,620,000.00 |  |  |  |
|  | Tranport refund | lunch | KES 200.00 | 90 | 12 | KES 216,000.00 |  |  |  |
|  |  |  |  |  |  | **KES 1,836,000.00** |  | **KES 1,836,000.00** | **KES 3,672,000.00** |
|  |  |  |  |  |  |  |  |  |  |
| **9** | **Project support** |  |  |  |  |  |  |  |  |
|  | **a) Office running cost** |  |  |  |  |  |  |  |  |
|  | **Item description** | **Unit** | **Unit cost** | **Qty** | **freq** | **Total** |  |  |  |
|  | Rental of premises (50% of 40,000/month) | per month | KES 20,000.00 | 1 | 12 | KES 240,000.00 |  |  |  |
|  | Communication (50% of 3000/mo) | per month | KES 1,500.00 | 1 | 12 | KES 18,000.00 |  |  |  |
|  | Fuel (10% pf 60,000/mon) | per month | KES 6,000.00 | 1 | 12 | KES 72,000.00 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **b) Human resource** |  |  |  |  |  |  |  |  |
|  | Program officer (50% of 40000) | per month | KES 20,000.00 | 1 | 12 | KES 240,000.00 |  |  |  |
|  | Accountant | per month | KES 35,000.00 | 1 | 12 | KES 420,000.00 |  |  |  |
|  |  |  |  |  |  | **KES 990,000.00** |  | **KES 990,000.00** | **KES 1,980,000.00** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **KES 11,519,200.00** |  | **KES 8,480,400.00** | **KES 19,999,600.00** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Total Budget Year 1 and Year 2** |  |  | **KES 19,999,600.00**  **($200,000)** | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Direct activity cost** |  |  | **66%** | **KES 13,219,600.00** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Monitoring and Evaluation** |  |  | **24%** | **KES 4,800,000.00** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **project administration** |  |  | **10%** | **KES 1,980,000.00** |