

Village Hopecore International
Public Health Program
School-based Mobile Health Clinic

Project Proposal

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Executive Summary

Village Hopecore International is an NGO dedicated to eradicating poverty in Chogoria, Kenya through provision of small loans to facilitate development and health promotion through disease prevention activities. We are requesting \$24,000 to implement Mobile Clinics at primary and secondary schools. The proposed activities include free health service provision, health education and patient advocacy & follow-up for vulnerable or at-risk children. We will work with 24 schools throughout the year, reaching a total of 12,000 children and their families. The cost for each child in the year long program is \$2: for \$2 a child will receive six health education presentations, access to free health services, and continuous care for health issues the child has throughout the year.

I. INTRODUCTION

A. Introduction to Village Hopecore International

Village Hopecore International (VHI) is a poverty reduction organization founded in 2000 focused on three core initiatives: 1. Provision of small loans to facilitate microenterprise development; 2. Health promotion through disease prevention activities; 3. Education on business and health to support the previous two initiatives. VHI understands that disease and poverty are intersecting epidemics: poverty leads to disease and disease leads to poverty. We cannot effectively eradicate poverty without improving the health of children and the community.

B. Introduction to Public Health Program

VHI offers microloans to groups of 12 individuals who have completed a business education training and developed strategic business plans. These members of VHI then attend a malaria prevention training, receive long-lasting insecticide treated mosquito nets, and are visited by the Community Health Nurse at their home. At the Home Health Visits the Community Health Nurse conducts a health questionnaire and behavior change counseling about hygiene and sanitation, malaria, HIV testing, chronic disease prevention and treatment, nutrition family planning, and maternal and child health. At home visits, the health team provides malaria tests, HIV tests, pregnancy tests, anemia tests, blood pressure checks, blood glucose checks, oral rehydration therapy and ear/eyes/nose/throat exams as needed by the client.

In the last 6 months we have expanded the Public Health Program to include outreach events and health education at schools to provide our services to the community outside of VHI loan groups. Our community outreach activities have been highly successful and the demand for services is greater than our current resources. We believe that a school-based Mobile Clinic for children will dramatically improve the health and well-being of the children of Chogoria, as well as the community.

C. Problem Statement

Chogoria is a rural, farming community with high rates of poverty and disease, with limited access to health resources. Children are extremely vulnerable in this situation as parents may not have the means to provide nutritious meals, pay for clinic visits, access immunizations, prevent accidents or recognize potentially serious childhood illnesses. Childhood is a critical time for physical, mental and emotional development and serious health problems during this time can adversely affect an individual for the rest of their life. Children suffering from malnutrition, infectious diseases, violence, injuries, and chronic diseases (HIV, asthma, etc.) are more likely to have challenges learning in school and less likely to succeed. Recognizing and treating these health issues as soon as possible will allow them to recover and increase their capacity to learn and gain a meaningful education. Preventing and treating disease in childhood is essential for the development of individuals, communities and the nation.

II. PROJECT DESCRIPTION

A. Overview

The goal of the project is to improve the health of children by preventing disease and detecting and treating health problems early. The school-based Mobile Clinic will provide preventative and curative health services for the most common childhood illnesses, health education, and patient advocacy and follow-up. The project will be managed by the Public Health Program Coordinator and implemented by the Community Health Nurse and five Community Health Workers. The Mobile Clinic will visit different schools three days per week, 12 schools per month, and will visit each school every two months, for a total of 24 partner schools. We predict to serve 200 children at each school through education and health services, reaching a total of 48,000 children during the year.

B. Project Components & Activities. The Public Health Program proposes to implement a school-based Mobile Health Clinic to provide health services, health education, and patient advocacy for children.

- 1. Establishing relationships with schools.** VHI has already received permission from the District School Board to provide health education in the schools. We will send letters to the headmasters of primary and secondary schools outlining the activities and services of

the Mobile Clinic and ask them to participate. Additionally, the Program Coordinator will contact headmasters directly to request participation. We do not expect any difficulties in identifying partner schools, as many are requesting our services.

- 2. Health Services.** The Mobile Clinic will provide weight and growth monitoring, malaria tests, typhoid tests, anemia screening, HIV tests (with parental consent for young children), ear/eyes/nose/throat checks and basic examinations. The Mobile Clinic will also provide malaria treatment, de-worming medications, vitamins, antibiotics, typhoid treatment and wound care/first aid. We also expect to provide many referrals to dispensaries, clinics and hospitals.

- a. Teacher Referral Option.** Teachers will be invited to refer any child to us that they think is having health issues. For example, if a teacher notices a child to be lacking energy, unenthusiastic, not interested in playing or lessons, they can refer the child to the Mobile Clinic for a check-up and tests. We expect teachers to find the Mobile Clinic Teacher Referral Option helpful and that it will relieve some of their burdens or concerns.

- b. Patient Advocacy & Follow-Up.** Any children identified with a medical condition requiring treatment, additional testing or counseling will be followed up with by the Nurse or Community Health Workers. Children who need to be seen at a hospital and do not have a competent or confident caretaker to go with them will be accompanied to a medical facility by a Nurse or CHW. All children will receive patient advocacy and follow-up until their health issue is resolved. The needs of each child will differ, depending on their circumstances, but we expect to support some children with transport to clinics, hospital registration fees, and enrollment in health insurance programs. The strength of this program is in the commitment to ensuring children receive continuous, quality treatment and care.

- 3. Health Education.** Each school will select which health issues are relevant to their students for health presentations. We will suggest nutrition, hygiene, malaria prevention, and HIV prevention. We have prepared presentations and activities on malaria, nutrition and HIV and will continue to develop engaging, interactive, and educational activities on whichever health topics are requested using information from the World Health

Organization. Health presentations will be led by the Program Coordinator and supported by Community Health Workers.

III.PROJECT MANAGEMENT

Organisational Structure

Staff who are indicated as part time also have responsibilities in the organization outside of the Public Health Program, i.e., they split their time between public health and microenterprise activities.

Public Health Program Coordinator- Responsible for overall coordination of Mobile Clinic scheduling, communication and partnership with schools, health education curriculum, Community Health Worker training, follow-up procedures, monitoring and evaluation.

Community Health Nurse- Responsible for providing health services and individual health counseling at all Mobile Clinics. Ensures that medical supplies are organized and stocked. Keeps records of health services provided. Maintains positive relationships with clients and provides follow-up and patient advocacy as needed.

Lab Technician- Attends all Mobile Clinic events to analyze tests that require microscope viewing, including malaria and typhoid.

Community Health Workers- Complete a one week preventative health training provided by Program Coordinator and Community Health Nurse. Attend all Mobile Clinic events to help with health education, patient intake and record keeping. CHWs will also provide patient advocacy and follow-up to vulnerable cases while being supported by the Community Health Nurse.

Driver and Guide- Drives vehicle to events and meetings in the community. Has a great knowledge of the area, is well connected to many community leaders in schools and knows where many people live.

Finance Manager (part time)- Receives and distributes funds. Keeps records and budgets for all activities. Responsible for ensuring staff are paid.

Budget

1. Organizational/Administrative Costs

Total = \$3,000

Administrative/Accounting Costs \$250/month x 12 months = \$3,000

2. Mobile Clinic

Total= \$16,000

Program Coordinator Salary \$250/month x 12 months = \$3,000

Driver & Guide \$250/month x 12 months= \$3,000

Lab Technician \$100/month x 12 months = \$1,200

Vehicle:

Vehicle Fuel \$300/month x 12 months = \$3,600

Vehicle Repairs \$300/month x 12 months = \$3,600

One time start-up costs:

Tents \$125 x 3 = \$375

Tables \$45 x 4 = \$180

Banners = \$50

Portable Screen = \$150

Follow-Up & Patient Advocacy:

Transport= \$200

Clinic Registration Fees= \$200

Emergency Treatment= \$250

Health Insurance= \$250

3. Medical Supplies

Total= \$5,000

Capillary Tube Centrifuge= \$300

Infant Scale = \$50

Blood pressure machine = \$50

Malaria tests = \$700

Malaria treatment = \$1,500

Typhoid Tests = \$500

Typhoid Treatment = \$500

De-worming treatment = \$600

Iron supplements = \$200

Vitamin A = \$200

Antibiotics= \$200

Laboratory Supplies = \$200

TOTAL= \$24,000