

Community Medicare Africa
(CMA)
Project Proposal for Funding 2007

Submitted by:
Community Medicare Africa
CMA

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Introduction

As Africa tries to fight AIDS, the single most serious obstacle is a desperate shortage of health workers and health resources. Yet at the same time, doctors, nurses and pharmacists in English-speaking African countries are emigrating in droves to Britain, the United States, Canada and Australia. In Ghana and Zimbabwe, three-quarters of all doctors emigrate within a few years of completing medical school. Randall Tobias, President Bush's global AIDS coordinator, said in a recent speech that there were more Ethiopian-trained doctors practicing in Chicago than in Ethiopia. That is a reality faced in our continent. Our continent still faces serious shortage of basic facilities like clean water, education and power. Unless someone bridges the gap between the needs and the people our continent is likely to be faced with more problems other than solutions.

The situation in Kenya

The latest core health indicators from the WHO sources '*World Health Statistics 2006*' and '*The World Health Report 2006 edition*' are as shown below:

| Indicator |
|--|
| Life expectancy at birth (years) males (?) |
| Life expectancy at birth (years) females (?) |
| Healthy life expectancy (HALE) at birth (years) males (?) |
| Healthy life expectancy (HALE) at birth (years) females (?) |
| Probability of dying (per 1 000 population) between 15 and 60 years (adult mortality rate) males (?) |
| Probability of dying (per 1 000 population) between 15 and 60 years (adult mortality rate) females (?) |
| Probability of dying (per 1 000 population) under five years of age (under-5 mortality rate) males (?) |
| Probability of dying (per 1 000 population) under five years of age (under-5 mortality rate) females (?) |
| Total expenditure on health as percentage of gross domestic product (?) |
| Per capita total expenditure on health at international dollar rate (?) |
| Population (in thousands) total (?) |
| Per capita GDP in international dollars (?) |

The indicators actually mean that there is urgent need to provide proper and affordable health facilities in our country. All these can only be achieved if the community is empowered with knowledge on how they can access the health needs. Possibly getting **resources** towards this end is inevitable.

Many areas in Kenya need such interventional measures, but as it is well known, along journey begins with the 1st step. Machakos is one known area where CMA has successfully engaged in its activities in the past. Intention is to begin from such an area then expand the activities to other regions of the country followed by the rest of Africa.

There have been many outbreaks of communicable diseases in the country which to say the least have received minimal attention. I have in mind the latest outbreaks of ***Rift Valley Fever, poliomyelitis, meningococcus and leptospirosis***. If a suitable group were to provide an important link between the people and health care provider, such and eventual catastrophic results of the outbreaks may be eliminated. CMA could just be the possible link.

Statement of the problem

There is major need to provide adequate education, health and food for the marginalized societies in Africa. An important link is a prerequisite for such a noble objective to be achieved. CMA provides such a link and we are sure with Gods help the noble ideas shall come to fruition. God has given us this burden to reach out to such people **Matt 25:34-46** The master will say, we clothed him when he was naked, not only visited but treated him when sick and visited him when in prison, just because we did all this to the least of his brethren. What a noble task! Not out of compulsion, force, enticement or persuasion but purely out of love and sacrifice.

Significance of the project

It is hoped that the information and experience gathered during the preliminary settings in Machakos shall be used in setting up other active centres in Kenya and then the rest of Africa.

About CMA

A nonprofit organization created to discover, develop and deliver medical care, education and donations through effective public-private and corporate partnerships.

Our vision is a world in which affordable drugs will help eliminate the devastating effects of common diseases such as malaria, HIV and tuberculosis plus the aforementioned outbreaks and help protect the billions of people, especially children and pregnant women, at risk of these terrible diseases. Education through direct involvement in setting up schools and or mentorship programs shall also be deemed necessary. Provision of food especially to the needy and handicapped wherever possible is what we are looking forward to.

Objectives

1. Delivery of medical services to the communities in Africa especially the marginalized.

2. Mobilize medical practitioners (Medical Doctors, Pharmacists, Dentists and Nurses) to provide these services.
3. Work with our partners in the United States of America in Provision of good health care facilities and other services like clean water, toilet facilities.
4. Strengthen Medical Practitioners in following of our Christian Faith knowing Jesus is the way, the life and the truth, alpha and omega.
5. Dissemination of proper education to the youth of Africa emphasis being on how to lead proper life as a Christian.
6. Set up Christian based centres of proper medical guidance, treatment and facility distribution throughout African continent.

Achievements

1. We have organized a community outreach educational exposé programme for the people of Machakos
2. We have organized three medical camps at Machakos
3. In collaboration with our partners we have had a missionary outreach programme.
4. We have set precedence amongst interested medical students to follow suite.
5. Medical professionals are willing to participate in such noble programs.
6. We have established an on going mentorship programme.

The future

The future is in the hands of all the stakeholders.

We envision establishment of

1. Education financial aid program to cater for the needy students
2. Health facilities for the poor and the disabled
3. children's home or orphanage for the orphaned victims that have no alternative domestic environment
4. Spread to other marginalized areas of the country and then the rest of Africa.

BUDGET

Budget Justification

CMA OFFICE

Starting December 2006, the founding CMA members, were “scattered” throughout the country for their internship programme having completed their respective courses in Medical School. The internship programme will be followed by posting by the Ministry of Health to yet different parts of this country.

As earlier mentioned, we have a CMA student chapter comprising of students currently in Medical school.

Due to these and also the purposed plans for expansion in the future, we find it necessary to have a central office from where CMA activities will be coordinated from.

The intent is to open this office in Nairobi, a location yet to be determined. A secretary or executive assistant will work full time under the supervision and direction of the CMA executive council to run the office. His or Her roles will involve communication and coordination.

To be adequately functional, the office will require furniture, a computer preferably with Internet connection. Other costs will be a monthly salary to the secretary, rent and such utilities as electricity and water.

The proposed budget is outlined below.

| | |
|------------------|----------------------|
| RENT _____ | Kshs 35,000 @month |
| SALARY _____ | Kshs 16,000@month |
| COMPUTER _____ | Kshs. 60,000 desktop |
| FURNITURE _____ | Kshs. 60,000 |
| STATIONERY _____ | Kshs. 100,000 |
| Communication | Kshs. 10,000@month |
| Transport | Kshs. 10,000@month |
| Office cleaning | Kshs. 8,000@month |
| Miscl | Kshs. 100,000 |

CMA MENTORSHIP PROGRAMME

The mentorship programme was launched in September 2006. Members were attached to children already adopted by the Adopt a Ministry partners. Among the roles of the mentors will be to mentor the children socially, academically, spiritually, basically be a big brother/sister to the child.

Members had a chance of meeting their children and are currently in constant communication. To sustain this programme, we will need to fund this relationship and ensure it continues. We hope to have a central fund from which members can get help to assist a child when necessary. We also purpose to be seeing the children on regular basis once in a while and spending time with them as a group.

It will also be a mentor's responsibility to see to it that a child gets to the highest level of education possible of course with collaboration with his/her sponsor.

To attain this we estimate that the programme will cost approximately Kshs 180,000 per year for all the 70 adopted children in the mentorship programme.

COMMUNITY OUTREACH:

CMA in the past has successfully organized free medical camps, this proved to be very effective tool for evangelism especially in this part of the world where medical facilities are lacking. This encompass; free medical and dental clinics, community health talks and sharing the word God.

FREE MEDICAL AND DENTAL CLINICS:

BUDGET:

In the budget, it is estimated that 45 medical students and at least 15 doctors will participate.

Transport-

To Machakos and back to Nairobi-@ksh200-Ksh12,000.

To the villages @ Ksh120- Ksh50400 for the whole week.

Accommodation-

Students@ 500-total for the week Ksh-157,500.

Doctors@1000-total for the week Ksh-105,000

Food and water-@Ksh 450 per day-Ksh 189,000

Drugs-Ksh 90,000

Dental kit and reagents-90,000

Communication-20,000

Allowances-60,000 at Kshs.1000 per Individual

MEETINGS FACILITATION

CMA cannot grow strong unless the members meet to discuss issues pertaining to their organization, the fact that we are dispersed all over the country make this unavoidable necessity.

Budget:

Transport-Ksh 60,000

Communication-Ksh 20,000

Refreshments-ksh 40,000.

Stationary-ksh20,000.