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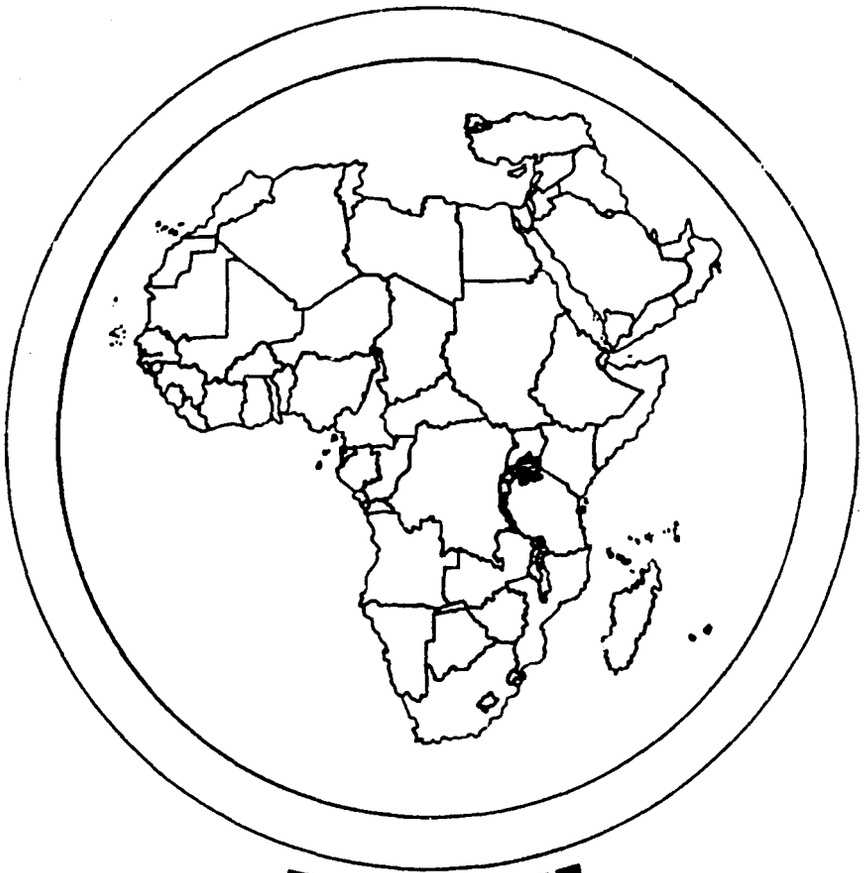

INTRAH

TRIP REPORT # 0-10

TRAVELERS: James Veney, INTRAH Evaluation Officer

COUNTRY VISITED: KENYA

DATE OF TRIP: December 1-5; December 9-12, 1984

PURPOSE: To provide technical assistance to Kenya MOH in development of evaluation component of INTRAH project proposal

PDC-DPN-2041-C-00-4027

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Executive Summary

James E. Veney, Evaluation Officer for INTRAH and Professor of Health Policy and Administration, University of North Carolina, visited Kenya from 1 December to 5 December and again from 9 December to 12 December. The purpose of the visit was to assist in building into the INTRAH training proposal for Kenya, the potential for continuing evaluation of the project, and to identify possible candidates for a two-summer course sequence on evaluation to be held in Chapel Hill, North Carolina.

During the course of the activity, work was carried out with the Ministry of Health (MOH) Kenya, the evaluation and research section of the National Family Welfare Center (NFWC), the training unit of the NFWC and at the Muragua Rural Health Training Center and the Thika Hospital and Nursing School. Major findings of the activity were that the MOH Kenya has an active, if cumbersome method of recording and reporting on service delivery in family planning and an active unit (evaluation and research) in the NFWC responsible for maintaining and analysing these records. Given technical assistance in selected areas, the recording and reporting system (along with the assistance of the evaluation and research unit, NFWC) will be adequate to support a serious evaluation of the INTRAH training activity, if that activity is properly designed and if the personnel in the various units of the MOH, including the NFWC understand the logic and purpose of the evaluation.

Recommendations include the modification of the Kenya/INTRAH training proposal to build in the possibility of evaluation (a revised proposal will follow), addition of certain aspects of recording and reporting to the management training that INTRAH will provide to Enrolled Community Nurses (ECN) in Kenya and training of selected persons in the NFWC (and perhaps in the population institute, Nairobi University), in the INTRAH evaluation framework and general evaluation design, through a two-summer short course in Chapel Hill, North Carolina.

Schedule During Visit

12-1-84, 6:00 a.m.	Arrival from Nigeria
12-3-84, 9:00 a.m.	Briefing with USAID Health and Population Officer, Gary Merritt
12-3-84, 12:00 a.m.	Discussions of INTRAH training program with INTRAH Regional Director, Ms. Muhuhu
12-4-84, 9:00 a.m.	Discussions with personnel of Evaluation and Research section, NFWC
12-4-84, 1:00 p.m.	Meeting with personnel of Training Section, NFWC
12-5-84, 1:30 p.m.	Departure for Uganda
12-9-84, 1:30 p.m.	Arrival from Uganda
12-10-84, 9:00 a.m.	Discussions with personnel of the Nursing Unit, MOH
12-10-84, 6:00 p.m.	Discussions with personnel of the Population Institute, Nairobi University
12-11-84, 8:00 a.m.	Departure for Muragua Rural Health Center and Thika Hospital and School of Nursing and discussions with personnel in these two institutions
12-12-84, 4:30 p.m.	Departure for London and U.S.

I. Purpose of the Trip

The purpose of this visit was to discuss evaluation design for measuring training impact on service delivery and other measures of effectiveness for the continuing Kenya project with relevant MOH officials and with the INTRAH staff in Nairobi and to produce a training evaluation design, including field follow-up. A secondary purpose of the trip was to identify persons who would be likely candidates for the Chapel Hill two-summer course sequence on evaluation.

II. Accomplishments

During four working days in Kenya, it was possible to accomplish the following:

1. Gain firsthand familiarity with the Kenya project and the family planning situation in Kenya through discussion with personnel from USAID, INTRAH, the National Family Welfare Center, the Ministry of Health, one rural health facility and training center, and one medical training center.

2. Modify the existing Kenya/INTRAH training proposal to provide for the opportunity to assess the effect of training on service delivery through a phased approach to training, and have this phasing accepted in principle by the MOH; and,

3. Identify at least one specific candidate and other categories of potential candidates for the Chapel Hill two-summer course sequence on evaluation.

III. Background

The INTRAH project has both a responsibility and a mandate

to provide for evaluation of its training program. This visit to Kenya was an attempt to assure that such evaluation is built into the training activities of the project at the outset and becomes a part of the project from its inception.

IV. Description of Activities

Primary activities involved in this Kenya visit were the following:

1. Briefing by and of the USAID Health and Population Officer, Nairobi, in the USAID office.

2. Discussions with Ms. Pauline Muhuhu in regard to the proposed Kenya/INTRAH training plan, in the offices of the INTRAH Regional Office in Nairobi (several occasions).

3 Meeting and discussions with the members of the Evaluation and Research section of the National Family Welfare Center in Nairobi, to determine the type, quality and accessibility of data being routinely collected through the MOH in regard to family planning activities in Kenya.

4 Meeting and discussions with one person from the NFWC Training Section in Nairobi, to determine availability of information about distribution of trained personnel and other aspects of training.

5 Meeting and discussions with members of the Nurse Training unit in the MOH, Nairobi to discuss the possibility of staging the INTRAH-sponsored training in such a way as to allow for some assessment of the impact

of training on service use.

6. Visit with a staff member from the Population Institute of Nairobi University to discuss the previous INTRAH evaluation and to ascertain the level of interest of the Institute in assisting with INTRAH evaluation activities in Kenya in the future.

7. Visit to Muragua Rural Health Training Center to be familiarized with FP delivery in Kenya and to discuss recording and reporting at the clinic level in detail.

8. Visit to the Thika School of Nursing for the same purpose as in #7.

V. Findings

Major findings of the Kenya visit are as follows:

1. Kenya has an active, if somewhat cumbersome system of recording and reporting FP activities (see copies of reporting forms, Appendix B).

2. Several problems exist in the recording and reporting system, or in the application of the system. At the clinic level these include: a) no satisfactory method of identifying contraceptive use defaulters and no follow-up; b) difficulty in maintaining a record of women who use more than one clinic site for obtaining contraceptives; c) lack of clear understanding of the overall reporting system and purpose of the system at the clinic level which leads to innaccurate reporting to the central level (e.g. in a check of a clinic reporting 102 first visits and 425 revisits for 1982, it was found

by the evaluation and research section of NFWC that the same clinic had actually recorded 289 first visits and 1134 return visits).

3. Problems at the central level include: a) poor organization of work with regard to record keeping (partly the result of the design of the reporting form) and inadequate computer support (although it was reported that the evaluation and research section in the NFWC would soon be assisted by the central computer in the MOH and that they were obtaining a microcomputer of their own (IBM) from GTZ); b) lack of training in technical report writing and evaluation skills.

4. Despite the existing problems, the system is likely to provide an adequate source of data for the assessment of the impact of training on the delivery of family planning services, given an acceptable training design. (It should be noted that the system is in the process of being decentralized to the districts, but there is no reason to suspect that the decentralized version will not be adequate to meet the needs of evaluation.)

5. The proposed Kenya/INTRAH training activity will lend itself quite well to the assessment of the impact of training on the delivery of family planning services and the receipt of those services. Further, personnel of the Nurse training section of the MOH expressed their willingness for the INTRAH training activity to be designed in such a way as to allow for such assessment.

6. It should be possible to gain the assistance of the NFWC in the evaluation of INTRAH activities in Kenya. This

might best be done through an independent contract for evaluation to be awarded directly to the NFWC, with a project designed jointly by the NFWC and INTRAH.

VI. Conclusions

1. The service delivery at the clinic level can and should be improved through a relatively simple method of maintaining records of scheduled revisits to assure that defaulters are detected and a method of follow-up of these defectors devised. It seems that the Kenya health service can support such follow-up on the basis of what appears to be an adequate staffing.

2. At the central level (Evaluation and Research section), training in evaluation, access to additional microcomputers and training in the use of these computers could not only improve the ability to carry out evalution in general, but also the ability for the evaluation and research unit to act as a resource for the evaluation of INTRAH training activities in Kenya, and ultimately, as a resource for evaluation of INTRAH activities in other parts of East and Southern Africa.

3. The design of the INTRAH training activity should be done in such a way as to allow for assessment of training impact on use of services.

4. Further efforts are required to bring the NFWC into an active role in the evaluation of the Kenya/INTRAH training activities.

VII. Recommendations

The following recommendations are suggested:

1. The INTRAH training project should be scheduled in a phased manner so that the potential will exist for assessing the effect of training on the use of services. This has been discussed with the MOH and tentative agreement has been expressed. A suggested phasing of the project was prepared and is being incorporated into the Kenya training plan which will be forwarded to INTRAH upon approval by the MOH.

2. INTRAH should make an effort to assist the MOH to arrive at a recording system that will allow the identification of contraceptive defaulters and training in this system should be given as part of the planned training of ECN's scheduled for INTRAH activities in Kenya. INTRAH management training for ECNs should also include material on the importance of accurate recording and reporting from the clinic to the center and practical guidelines for accurate reporting.

3. Both to support the evaluation of INTRAH activities and to upgrade the evaluation capability of the NFWC, at least one, and possibly two persons from the Evaluation and Research section of the Center and possibly one person from the Training section should be asked to attend the two-summer evaluation sequence in Chapel Hill beginning in 1985. (One likely candidate for this would be Mr. Antony N. Kamau, statistical assistant in the Evaluation and Research section of NFWC). It may also be desirable to bring one person from the Population Institute at Nairobi University to try to bring the support of that Institute to the evaluation and research unit at NFWC, but such a decision would require further discussions with the institute. As part of the work during the first summer program, the participants from

Kenya should be assisted to develop a proposal for funding of the NFWC to carry out the evaluation of the Kenya/INTRAH training activities with the aid of INTRAH.

In addition, support should be sought wherever possible for the acquisition by the Evaluation and Research unit of one or more IBM PC XT's or similar computers. With two or three such machines, they would be able to handle nearly all their data processing and data maintenance requirements "in-house". IBM or IBM compatible would seem to be the best choice, as IBM is clearly the standard of the industry and because they claim to be obtaining one IBM from GTZ.

APPENDIX A

PERSONS CONTACTED

USAID, Nairobi

Dr. Gary Merritt, Health and Population Officer

INTRAH, Nairobi

Ms. Pauline Muhuhu, ESA Regional Director

Evaluation and Research Section: NFWC

Mr. Nathen O. Mwema, Director

Ms. Jane Maihori, Asst. Planner

Mr. Antony N. Kamau, Statistical Asst.

Mr. Martin Mwangi, Statistical Asst.

Mr. Vincent Paul Kitiyo, Statistical Asst.

Training Section: NFWC

Ms. Z. W. Gitau, Nursing Trainer

Nursing Division, MOH

Ms. Ngugi, Asst. Deputy

Ms. R. Waithaka, MCH/FP Coordinator

Muragua Rural Health Training Center

Ms. J. Mbugua, RPHN

Ms. Thiongo, RPHN

Ms. Jane Kiiru, Health Education Officer

Mr. A. W. Mariithia, Clinic Officer

Thika Hospital and School of Nursing

Ms. Esther W. Gatua, Medical Officer in Charge

Ms. Florence Githiani, Principal Tutor

Population Institute, Nairobi University

Dr. John Oucho, Professor

APPENDIX B

1) MINISTRY OF HEALTH INITIAL CONTACT RECORD

2) RE-VISIT RECORDING FORMS

APPENDIX B

MINISTRY OF HEALTH INITIAL CONTACT RECORD

REPUBLIC OF KENYA

MINISTRY OF HEALTH

MCH/FP Coupon Part 1

INITIAL CONTACT RECORD

№ 160347

1. Client's name _____
2. Age _____ 3. STD. of education _____
4. Number of living children—
   (a) boys _____ (b) girls _____
   Number under age five _____
5. Town or village _____
6. Type of service desired—
   (a) Ante _____ (b) CHW _____ (c) FP _____
7. Distance from the client's house to the nearest clinic—
   (a) less than three miles .. .. _____
   (b) three to four miles .. .. _____
   (c) five to six miles .. .. _____
   (d) more than six miles .. .. _____
8. Mode of travel to the clinic—
   (a) walking _____ (b) public transport _____
   (c) other _____
9. Type of contact—
   (a) home visit _____ (b) group talk _____
   (c) barazas _____ (d) clinic _____
   (e) other _____
10. Date coupon given _____
11. Fieldworker's name _____ MOH/FPAK

This side should be filled out and kept by the fieldworker for her record.

№ 160347

REPUBLIC OF KENYA

MINISTRY OF HEALTH

MCH/FP Coupon Part 2

Dear Sister,

I would be most pleased if you give every assistance to:

1. Client's name _____
2. Age _____ 3. STD. of education _____
4. Number of living children—
   (a) boys _____ (b) girls _____
   Number under age five _____
5. Town or village _____
6. Type of service desired—
   (a) Ante _____ (b) CHW _____ (c) FP _____
7. Distance from the client's home to the nearest clinic—
   (a) less than three miles _____
   (b) three to four miles _____
   (c) five to six miles _____
   (d) more than six miles _____
8. Mode of travel to the clinic—
   (a) walking _____ (b) public transport _____ (c) other _____
9. Type of contact—
   (a) home visit _____ (b) group talk _____
   (c) barazas _____ (d) clinic _____
   (e) other _____
10. Date coupon given _____
11. Fieldworker's name _____ MOH/FPAK

Official use only

9	10					
11	12	13				
14						
15						
16						
17						
18	19	20	21	22	23	
24	25	26	27	28	29	

This side should be filled out by the fieldworker and given to the client.

APPENDIX B

RE-VISIT RECORDING FORMS

MINISTRY OF HEALTH FAMILY PLANNING ADDITIONAL RE-VISIT CARD

PRINTED CARD NO._____
CLIENT NO._____
NAME_____

UNDERLINE the answer applicable
and fill in the information required

Date _____ Clinic No._____ Printed Card No._____

1. Examination
   Date last menstrual period _____
2. Method employed on last visit
   Pill users--blood pressure _____
   IUD users--in situ/expelled/removed
   Injection used _____Other_____
3. Change of method--Yes/No (encircle one)
4. Termination--Yes/No (encircle one)
5. Method for NEXT PERIOD--
   None; (reason) _____
   IUD; inserted/reinserted (size)_____
   Pill; (type)_____No. of cycles____
   Injection; (type)_____No. of months_____
   Condom/other (specify)_____
6. Reason for CHANGE:
   Husband objects/Medical complications
   Other_____
7. Reason for termination:
   Husband objects/Wants pregnancy/Is pregnant/
   Can't follow instructions/
   Medical complications (specify)_____
   Other_____
8. Date of first visit_____
9. REMARKS:
   Return date_____
   Prescribed by_____