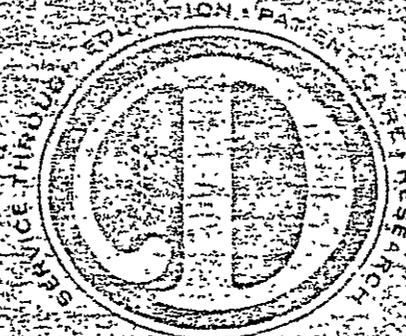


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HEALTH PLANNING AND INFORMATION PROJECT

(PROJECT NO. 615-0187)

Technical Services to the Ministry of Health
Government of Kenya

FINAL REPORT
DECEMBER 31, 1986

CHARLES R. DREW POST GRADUATE MEDICAL SCHOOL
Office of International Health
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Office of International Health



MARTIN LUTHER KING, JR. GENERAL HOSPITAL

December 31, 1986

THE PERMANENT SECRETARY
Ministry of Health
Afya House
P.O. Box 30016
Nairobi, Kenya

Dear Mr. Permanent Secretary:

Enclosed herewith is the final report of the HEALTH PLANNING AND INFORMATION PROJECT (Project Number 615-0187). This report is submitted in fulfillment of the contract of the Charles R. Drew Postgraduate Medical School with the Government of Kenya.

We have been pleased to be of service to the people of Kenya in this manner. We would welcome another opportunity to be of service.

Sincerely,

Rosalyn C. King, Pharm.D., M.P.H.
Director, Office of International Health

for

M. ALFRED HAYNES, M.D., M.P.H.
PRESIDENT AND DEAN
CHARLES R. DREW POSTGRADUATE MEDICAL SCHOOL

Enclosure

cc: Dr. S. Kanani
Mr. Steven W. Sinding
Ms. Linda Lankenau

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PREFACE

The Charles R. Drew Postgraduate Medical School of Los Angeles conducted the Health Planning and Information Project (HPIP) from October 1980 to March 1986 under the terms of a host country contract with the Government of Kenya Ministry of Health.

The HPIP served essentially as an organizational development effort to assist the Government in creating the structures, procedures, and staff capabilities to carry out health program planning, implementation, and evaluation functions at national and district levels, with an emphasis on strengthening rural health services.

This report highlights some of the experiences of the Project, the environment in which the Project team had to perform its duties, the inputs and outputs, as well as lessons to be learned.

Section one, "Executive Summary," is designed to give an overview of the Project, highlighting objectives, some achievements, and selected lessons learned.

Section two, "Introduction," Section three, "Country Profile," and Section four, "Developments Leading Up to Formulation of the Health Planning and Information Project," provide historical information about Kenya, its health systems, and developments leading to the formulation of the HPIP.

Section five, "Health Planning and Information Project," lists the 17 items under the scope of work and provides a cross reference between the operational objectives and the scope of work.

Section six, "Major Project Activities, Results, and Achievements," assesses the Project's performance in relation to Project activities and operational objectives.

Section seven, "Project Implementation," describes some of the Project's experiences on a year-to-year basis. Section eight formulates the Project's experiences into lessons learned.

ACKNOWLEDGMENTS

Many key officers and individuals have made significant contributions throughout the life of the Health Planning and Information Project.

The Drew Team would like to thank:

- The Government of Kenya
 - Permanent Secretaries, Ministry of Finance/Planning and Ministry of Health:
 - Dr. W. Koinage, Director of Medical Services (DMS), Ministry of Health
 - Dr. S. Kanani, Senior Deputy Director of Medical Services, Ministry of Health
 - Dr. J. Maneno, Deputy Director of Medical Services, Ministry of Health
 - Other senior technical officers were also involved in the planning/budgeting and Information System area. They were the Health Planning Work Group, the Health Sectoral Working Group in the Treasury, and provincial and district Officers who actively supported and participated in the Project development. In particular, we wish to thank Greta Oroo and Stella Newace, Project secretaries.
- The USAID Representatives:
 - Allison Herrick
 - Jack Slattery
 - Dr. Rose Britanak
 - Charles Gladson
 - Dr. Gary Merritt
 - Linda Lankenau
 - Charles Mantione
- Dr. J. Jeffers, health consultant and one of the Project's conceptualizers

• Evaluators of the Project

- Paul Zukin
- Eric Fera
- John Capolla

- Robert Petersen who provided key questions in producing the final report

In the home office, Trudi Dawson served as secretary, Cynthia McCall as administrative assistant, and Mildred Pollard Howard as the administrator and training coordinator (until September 1983). The home-office staff was under the initial direction of Dr. J. Alfred Canon then Denise Fairchild. Johan Fullmore and Leonard Patterson provided accounting expertise. Under the re-organized office of International Health Dr. Rosalyn C. King assisted with project close-out and the preparation of the final report authored by Millie Howard. The President/Dean, Dr. M. Alfred Haynes, gave us technical guidance, support, and encouragement throughout. Appreciation is also extended to the host of others who assisted our efforts, including those consultants and staff too numerous to mention here but who are listed in the body or appendices of this report.

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ABBREVIATIONS

ADMS	assistant director of medical services
AMREF	African Medical Research Foundation
ASU	administrative support unit
CBHC	community based health care
CBS	Central Bureau of Statistics
COP	chief of party
DANIDA	Danish International Development Agency
DHC	district health center
DHMT	district health management team
DMO	district medical officer
DMOH	district medical officer of health
DMS	director of medical services
DPI	Division of Planning and Implementation
DPH	Directorate of Personnel Management
DVDC	divisional development committee
ESAMI	East and Southern African Management Institute
FPSS	family planning support services
FPSS-IPS	family planning support services-information planning systems
GOK	Government of Kenya
HHS/W	Department of Health and Human Services/Washington
HIS	health information system
HPIP	Health Planning and Information Project
HPWG	Health Planning Working Group
HSC	Health Steering Committee
IBRD	International Bank for Reconstruction and Development
IRH/FPP	Integrated Rural Health/Family Planning Project
JFAHR	joint fund for applied health research
KEMRI	Kenyan Medical Research Institute
MCH/FP	maternal and child health and family planning
MFP	Ministry of Finance and Planning
MPH	masters degree in public health
MOEPD	Ministry of Economic Planning and Development
MOF	Ministry of Finance

MOH	Ministry of Health
NOT	Ministry of Transportation
MOV	Ministry of Works
MPND	Ministry of Planning and National Development
MTC	medical training center
MT/ODS	management training/organizational development specialist
NCST	National Council for Science and Technology
NFWC	National Family Welfare Center
NGO	nongovernment organization
NORAD	Norwegian Agency for Development
PF&EO	Principle, Finance and Establishments Officer Organization of Petroleum Exporting Countries
PHC	primary health care
PID	Project Identification Document
PIL	Project Implementation Letter
PS	Permanent Secretary
RHDP	Rural Health Development Plan
RHTC	rural health training center
RPD	Rural Planning Division (MPP)
SIDA	Swedish International Development Agency
TDY	temporary duty expert consultation
UN/DCH	University of Nairobi/Department of Community Health
USAID	United States Agency for International Development
USAID/K	United States Agency for International Development/Kenya
WHO	World Health Organization
UNICEF	United Nations International Children's Education Fund

I. THE EXECUTIVE SUMMARY .

This report summarizes all project activities with its key focus on activities since 1984.

A. Project Overview

In August 1979, the United States Agency for International Development/Kenya (USAID/Kenya) and the Government of Kenya/Ministry of Health (GOK/MOH) signed a grant agreement establishing the Health Planning and Information Project (HPIP). The grant provided funds for various types of technical assistance aimed at strengthening the GOK's capacity to plan, implement, and evaluate health programs and policies with emphasis on expanding rural health service delivery.

The grant was divided into three major parts:

Part I USAID Contribution--Direct Assistance:

- Health economist for 7.5 months (1979-80)
- Short-term consultants as needed
- Contribution to an applied research fund to be jointly administered by USAID/K and the GOK
- Masters degree in public health (MPH) training for seven health administrators

Part II USAID Contribution--Technical Assistance Contract

Five-year contract (amended in April 1983) with an outside technical agent to assist the GOK in carrying out specific aspects of the Project objectives. A host country contract between the GOK/MOH and the Charles R. Drew Postgraduate Medical School of Los Angeles, CA, USA, commenced in October 1980.

Part III GOK Contribution

In-Kind

- Duty free tax waiver on imported items (Project-related)
- Salaries and emoluments of participating GOK professional staff
- Office space, furnishings, and telephones
- Secretarial support
- General overhead related to administrative support

Local Currency

- One-way air fare for international travel of GOK personnel (Project-related)
- Petrol and maintenance of Project vehicles
- Contributions to applied research fund

Financial terms of the Grant were as follows:

Part I	USAID direct	\$ 628,217
Part II	MOH/Drew contract	\$1,914,783
Part III	GOK contributions	\$ 819,610
	<u>In-Kind</u>	(632,944)
	<u>Local Currency</u>	(186,666)

Initially, the MOH/Drew Contract received \$1,712,000 over a 3-year period. After favorable evaluations, the funding was increased in 1983 to \$1,914,783 over a 5-year period. An additional \$100,000 was included in 1985, bringing the total amount of the Project to \$2,014,783.

In addition to core funding from USAID, the MOH/Project has also received funds from both the United Nations International Children's Fund (UNICEF) (directly) and the Swedish International Development Agency (SIDA) (indirectly) to support selected Project activities. UNICEF provided \$30,000 toward the purchase of the IBM System 36V minicomputer and 383,000 Kenyan shillings to the Health Information System (HIS). SIDA assisted the Project by permitting some of its resources to be utilized for workshops.

B. Project Description

The technical assistance contract between the Government of Kenya/Ministry of Health and the Charles R. Drew Postgraduate Medical School specified 17 terms of reference which formed the basis for the activities of the HPIP. (See section five for a list and further discussion of the terms of reference.) The terms of reference were further defined in a list of operational objectives.

The Project had three primary operational objectives:

1. Develop a national health planning system
2. Improve the national health information system (HIS)

3. Administer acquisition of supportive commodities

These objectives were normally used as the discussion outline for all Project reports and work plans, and were a key to understanding the scope and nature of the Project's responsibilities.

The Drew Medical School was accountable to the Permanent Secretary (PS), Ministry of Health for performance under the contract. On a day-to-day basis, the HPIP functioned as the technical assistance counterpart to the Health Planning Working Group (HPWG) of the Ministry of Health.

The Health Planning Working Group was established in May 1982. Its primary role was to assist in the development of nonphysical planning structures and procedures and the coordination of nonphysical health planning activities within the Ministry. The activities of the HPWG were carried out in close coordination with the other more general management development and decentralization strategies of the Division of Administration and Planning and the Administrative Support Unit.

The Health Planning Working Group had the following staff:

- Planning assistant
- Planning officer II
- Assistant Director of Medical Services
- Economist/statistician (Also designated counterpart to the HPIP in area of management training)

The HPIP served in an advisory capacity and/or directly assisted the HPWG and related units in the Ministry in the technical development of systems, procedures, and training programs related to strengthening national, provincial, and district planning/management capabilities. A primary concern of the HPIP was to assist in institutionalizing these capabilities within the MOH so that a planning/management control structure and process would be firmly in place at the termination of the Project.

The Health Planning and Information Project team consisted of the following:

- Senior planner and project director
- Management training specialist
- Special assistant to the Director of Medical Services (DMS), who was also designated counterpart to HPIP in the area of health planning

- Head, evaluation and research division, who was also designated counterpart to HPIP in the area of health information systems)
- Health information specialist

The counterparts were not funded by the HPIP. They were part of the Government's inputs to the Project.

C. Major Developments Significant to HPIP's Contribution

Two major GOK/MOH developments provided significant opportunities for contributions by the HPIP to the GOK/MOH's health sector goals:

1. The multidonor funded Integrated Rural Health/Family Planning (IRH/FP) Program which began its operational phase in April 1983 was the follower to the multidonor Rural Health Development Plan. The IRH/FP provided support for both capital and program expansion of rural health services over the following years. The HPIP's planning, management, and information systems development were directly related to, and supportive of, the IRH/FP.
2. The 1982 Presidential directive on decentralization generated a government-wide revision of planning/ management systems in all sectors. HPIP planning and information systems developments were directly connected to the MOH's efforts to respond to this major new public administrative direction of the Government.

D. Major Achievements

In spite of a history of delayed staffing, understaffing, and incremental funding, a USAID internal assessment in 1984 concluded that, "Based on findings of Project evaluations in October 1982, and April 1984, HPIP Project activities appeared to have matched well with, and effectively capitalized on, decentralized planning efforts of the GOK and MOH. The Project can be considered as a significant contributor to or a model, in Africa of the procedure for rural health development." Some highlights of the Project's achievements are discussed briefly below:

1. A major objective of the Project as originally designed was to establish a trained Kenyan staff within the Ministries of Health and Finance and Planning with capacity to plan, implement, and evaluate

health programs and policies. Twelve Kenyans have been trained at the MPH level under the grant.

2. The core of a national planning/management structure now exists.
3. A policy level steering committee was established in 1982 and a functioning Health Planning Working Group was established.
4. Seven provincial and 41 district health management teams (DHMT's) were formed.
5. The Project strengthened the planning and managerial performance of this network through short-term courses and a series of some 40 training conferences and workshops during 1982-84.
6. For the first time in Kenya, 5-year district health plans were produced.
7. District profiles were established for all districts. These were used to publish the 1984-88 development plan.
8. The MOH headquarters published a sectoral 5-year plan; the MOH gave specific input to the MOFP in preparation of the health chapter of the Government's 5-year development plan.
9. The Project succeeded in writing the implementation plan for the Integrated Rural Health/Family Planning Program which was the basis for the MOH's expansion of services to rural areas.
10. During 1984, the Project's long-term efforts to strengthen the Ministry's health information system (involving over 240 headquarters and field staff) produced results which are:
 - o Adequate computer equipment and a protected data processing facility have been installed at MOH headquarters.
 - o The MOH appointed a senior officer as director of the HIS unit.
 - o Processing of vital health statistics (previously 3 or 4 years delinquent) is now being brought up to date, new data gathering procedures for children under 5 (including a nutrition surveillance system) are being installed, and a facilities inventory is under way.
 - o Plans call for strengthening the managerial and technical capacity of the HIS unit. Two HPIP staff were assigned to these efforts.

After several extensions, the Project was completed in March of 1986.

E. Replication Based on Lessons Learned:

Experience shows that many Projects of this type have failed to "take hold." It may therefore be useful, in summary, to reflect on some of the lessons learned through the HPIP, with a view toward replication.

1. More emphasis and funding priority should be given to Projects in the areas of health planning, management, and information systems development. Too often, it seems that health program planners are geared more toward investment in interventions at the operational level that offer highly visible and easily measurable payoffs, without sufficient emphasis on a government's long-term capacity to institutionalize and sustain that investment.

Planning, management decisionmaking, and evaluation capacities are extremely important components of overall health sector development, since these activities provide the underpinning for the entire delivery system. It is probable that most countries could benefit from additional concentrated effort to strengthen these capacities, and they should be encouraged to do so.

2. Design of such projects requires more than the usual technical considerations. Top government commitment and a receptive political/policy environment for change are prerequisites. The project's access to top government decisionmakers should be in-built. The project should also be in a position to assist the government in creating incentives for change. In Kenya, these factor existed to an acceptable degree: (a) The Government's aggressive approaches and defined structure for rural development and decentralization provided a framework for the Project. (b) The Project was strategically placed at the Permanent Secretary level, with bonafide staff function at lower levels and with a contractual mandate to participate in interministerial coordination (with the Ministry of Finance and Planning). (c) The Project provided incentives and facilitated change by improving information for decisionmaking, increasing knowledge and understanding through training, and strengthening the process of rational budgeting.

7. Work with the Senior Health Planner in drafting guidelines for the decentralizing of health planning, implementation, program evaluation, and policy analysis from the MOH headquarters to provincial and district levels.
8. Assist in developing health program implementation and monitoring procedures in consultation with Kenyan officials
9. Work with the Senior Health Planner in drawing up specifications and procuring all needed commodities, vehicles and services that may be purchased with project resources.
10. Work with the Senior Health Planner in planning and conducting health planning, policy and information conferences and workshops.
11. Otherwise assist MOH/MOEPD, as requested, in furtherance of project objectives.

3. Although it might seem an obvious point, it bears stating that any project related to development of a government's planning capacity should be scheduled so that it strategically ties in to the government's normal budgeting/planning cycle. Ideally, such a project should commence 2 to 3 years in advance of the anniversary date of the cycle and continue through at least one iteration. In countries with a 5-year development planning cycle, this would suggest a project of 1 to 8 years. Donor agencies, governments, and technical assistance providers should seriously consider the requirement for this long-term input when initiating a project in health planning/information infrastructure development.
4. Finally, something probably needs to be said about the human aspects of organization development projects in developing countries.

Foremost, such projects seem to work best when both government and donor agencies agree to house the project within the government's set-up. The project office should be physically co-located with government counterparts, and the level of responsibility of technical and counterpart staff should be comparable.

Also, the type of expatriate personnel that might be hired for such projects is critical. Special attention should be paid to the consultant's ability to "access the system." In this respect, three qualities are important:

- a. The ability to move comfortably and be conversant with operational levels is important. Sometimes individuals with medical credentials present advantages, but this qualification does not necessarily guarantee effective communication at this level. People with other relevant professional qualifications might also be considered.
- b. Another important quality is the ability to quickly analyze/rationalize complex systems and their dynamics. The overall process involves organizational change; it should therefore be obvious that the most effective change agents are those that can accurately "quick study" complex systems.

- c. The change agent should also possess strong interpersonal skills in diplomacy and communicating ideas within the cultural and political context of the country.

The HPIP has been reasonably successful because of many factors and variables which cannot be exclusively attributed to any one circumstance, individual, or approach. Not surprising, however, the themes that run throughout approach truisms with which we are all familiar but often find difficult to implement: the need for commitment, decisionmaking authority, and appropriate technical and financial resources.

II. INTRODUCTION

A. Purpose

From October 1980 to March 1986, the Drew Medical School of Los Angeles implemented the Health Planning and Information Project (HPIP) under the terms of a host country contract with the Government of Kenya/Ministry of Health (GOK/MOH). The purpose of the HPIP was to assist the Government of Kenya/Ministry of Health in strengthening its institutional capacity to plan and implement health sector policies and programs in delivery of rural health services. The Project was concerned with the development of health planning/management and information structures and procedures, and related training of health administrators at the national, provincial, and district levels.

B. The Rationale for the Project

The HPIP arose out of the recognition that the GOK/MOH planning functions were structurally dispersed within the MOH and not statistically based. The seriousness of these conditions was further complicated by the fact that:

1. New programs/projects were added (or had the potential to be added) each year to the Ministry's system without benefit of comprehensive data-based planning, and
2. The Ministry's priority policy for redistribution to meet the needs of rural areas suggested the need for both consolidation (at the national level) and decentralization (at provincial/district levels) of health planning and management functions. --

The HPIP was accordingly designed to respond to the above concerns.

The Project employed the basic organizational development method. Project interventions were introduced into a dynamic and evolving organization which itself was daily affected by its broad operational environment. Factors influencing the effective planning/management of rural health services range from the attitudes of the individual client to external influences on the Government's development policies and resources. These include individual perceptions of health practices, socioeconomic and cultural influences, employment and performance in the civil service system, health policies and programs, government development planning and budgeting, and participation of

donor agencies. Thus, the "systems approach" figured prominently in both the processes and content introduced during the life of the Project.

C. Funding

Core funding was initially provided by USAID at a level of \$1.7 million for a 3-year period. Based on favorable external evaluations in 1982 and 1984, funding was increased to \$2,014,783 for a 5-year period, through December 1985. The Project received another extension to March 1986, when it was officially ended. Additional support was provided by UNICEF and IEM in the area of computerized health information systems development. UNICEF provided about \$30,000 toward IBM 36V minicomputers and contributed about 383,000 Kenyan shillings to HIS for nutrition surveillance activity expenses. The funds were administered by HPIP. SIDA also assisted in providing resources toward management training.

III. COUNTRY PROFILE

A. Geographical Boundaries

The Republic of Kenya is situated on the eastern coast of Africa, standing almost exactly astride the Equator. The country is bordered by the Indian Ocean and Somalia in the east, Ethiopia and Sudan in the north, Uganda and Lake Victoria in the west, and Tanzania in the south. Kenya has an area of 569,000 square kilometers.

B. Ecological Zones

Kenya has six distinct ecological zones of varying but limited land potential. The ecological zones include swamp, moorlands, grasslands, bushlands, forests, and barrenlands. Considering the relatively small land mass of the country, these variations in ecology are significant in that they directly influence widely diverse life styles (and health conditions) of the people. Thus, medical technology is also extremely diverse. Typical basic medical education must encompass skills in treatment and prevention of tropical diseases, diseases common among nomadic people in semi-arid areas, and health problems found in modernizing urban areas.

C. Administrative Units

The country is divided into seven administrative units called provinces, with Nairobi as an extra-provincial unit. Each province is further divided into smaller units called districts, with as few as 3 and as many as 13 districts making up a province. There are 41 districts.

D. The Population

1. Migration: Natural concentrations of population throughout the country, as well as internal migration from rural to urban areas, have had considerable impact on social, economic, psychological, and medical conditions and on the delivery of health services. Migrations from the countryside to towns expressed far-reaching changes in the economic and social structure of Kenya. The most important movement into towns was the migration from all parts of the country to Nairobi, followed by the movement to Mombasa. Movements to the remaining towns of the country were of a much lower order.

In general, however, urban migration led to increased social and health risks, and tended to disrupt the sex-specific relationship of adults to children. In both rural and urban areas, there was a growing tendency for significant burden of support to fall on mothers as unofficial heads of households.

2. Density: Major population densities--exceeding 100 persons per square kilometer (p/sk)--could be found in Nairobi municipality (745 p/sk), Central Province (127), Nyanza Province (169), Western Province (162), and Kericho District (98) in Rift Valley Province. Mombasa District, including the municipality of Mombasa with a population density of 1,177 p/sk, was the highest in the country. In other areas, such as Isiolo and Marsabit Districts in the Eastern Province, densities dropped to less than 1 p/sk. Obviously, approaches to health service delivery take on quite different characteristics in the district of Mombasa as compared to Isiolo.

3. Ethnicity: In addition to population densities and migratory patterns, ethnicity also played a role in approaches to health care, owing to diversity of mother tongues, sociocultural attitudes and beliefs, and lifestyles. Accurate differentiation according to racial and linguistic characteristics is, however, difficult because of the centuries-old intermingling between the individual tribes. For purposes of the 1962 census, the indigenous African and Somali populations of Kenya were divided into 8 major groups and some 40 tribes. Immigrant groups, including Asians (immigrants from the Indian subcontinent), Europeans, and other nationals make up an extremely small (1.7%) of the populations, the vast majority of whom are settled in the urban areas. Also, since the Middle Ages, Arabs have settled on the coast of Kenya and in parts, have mixed with Africans; in 1969, they numbered 27,900 persons, 79% of which could be found in the urban areas around Mombasa. Overall, however, approximately 90% of Kenya's estimated population of 21 million (as of 1986) still lives in rural areas where the mode of life is mainly agricultural or pastoral, a great portion of which is at the subsistence level.

4. Rapid Increase in Population Growth: A major concern of policymakers in Kenya is the country's rapid increase in population growth. This can be attributed, in part, to advances in the health status of the population, increases in birth rate, and decreases in crude death rate. The population has more than doubled since independence, with a current population growth

rate of 3.9%, and an estimate that there will be 30.3 million people by the turn of the century. This rapid projected population growth--among the highest in the world--has been a major preoccupation of government development policies and priorities. The general framework of population policy is a multisectoral approach for improvement of social, economic, and health conditions of the population, with special attention to maternal/child health, female education, and family spacing practices.

5. Target: The Government's current target is to reduce the natural rate of growth to 3.7% by 1988. This target suggests the need for increasingly aggressive strategies and programs (which are now much in evidence throughout the country). However, population growth has significantly increased the demand for health services and increasingly limits the resources available to provide more and better health services for all Kenyans. A major prevailing issue continues to be, "How can the Government provide optimum health care to the maximum numbers of people at free or affordable costs?" This issue forms the cornerstone of current health policies and programs.

E. A Brief History of Public Health Services in Kenya

Pre-Independence: Kenya first came into contact with western medicine under the influence of the British colonial administration and in connection with the spread of religious missions. Medical missionary activity began about 1907 when the Church Mission Society began its work in Kikuyu. In spite of certain antimissionary feelings within the colonial administration, it was recognized that the missionaries served some useful purpose in promoting health awareness among the indigenous population. In fact, provision of medical services was a major attraction and means of establishing religious contacts. On this basis, the colonial administration could not strongly object to the medical/missionary efforts, since they served an overall purpose in promoting a generally healthier environment in which colonial development could thrive.

In the meantime, the medical services of the colonial administration concentrated chiefly on control of the then-prevailing major infectious diseases like plague, malaria, and sleeping sickness, which posed the greatest threats to colonization, and on curative services for the European settlers.

In 1963, at the time of independence, the issue of health services to the masses of the population figured prominently in the new Government's considerations. A public health policy was formulated on the basis of the constitutional obligation of the state. In the first 5-year development plan, 1966-1970, the policy was defined:

Human health has a major role to play in economic development. That there is a direct relationship between health of a population and its productivity is self-evident and has been demonstrated in the industrial countries, which are now benefiting from the years of investment in health. Apart from the economic benefits, it is incumbent on any government devoted to social welfare to its citizens to provide adequate health facilities...

In the second development plan 1970-1974 (pp. 489-490) the tasks were presented and specified in a similar global manner:

...Health Policy and Strategy

The objectives and priorities for health planning must take account of some fundamental factors: an average population growth rate exceeding 3 percent per year, rapid expansion of urban centers at about 6 percent a year, wide disparities in the distribution of health services, a severe shortage of medical manpower, varying degrees of efficiency in administration, and financial limitations. There are also difficult issues such as the relative emphasis to be placed on preventive as curative services, the most effective use of skilled manpower, and the coordination of public and private health services. Health planning has thus far been handicapped by inadequate statistical information on the incidence of diseases and the impact of various health programs, but this difficulty is being overcome through the work of the newly established Epidemiological Section in the Ministry of Health, which is organizing the regular reporting and analysis of data from the hospitals and health centers. Armed with increasingly reliable information, health planning will continue on an intensive basis and it is expected that a health planning unit will soon be established within the Ministry of Health. As a further assistance in planning how best to improve health services, the Government is presently considering the appointment of a Special-Commission to examine present objectives, functions, structure, staffing and financing of the nation's health service and to make recommendations for their improvement.

Meanwhile, the Plan period will see no dramatic changes in the scope and execution of health service but rather a general

improvement in the standard of services through more effective coordination and consolidation of existing units and a steady increase in facilities, especially in rural and pastoral areas of the country.

Basic policy elements for the Plan period are:

- (I) Construction of urgently needed new facilities, to the extent they can be staffed.
- (II) A substantial program of renovating and upgrading existing facilities
- (III) Major investment in training at all levels of medical skills.
- (IV) More emphasis on preventive and promotive programs.
- (V) The Central Government to take over country council health services.
- (VI) Substantially increased assistance to church health facilities....

Post-Independence: Growing out of these historical initiatives, missionary groups and private voluntary organizations still play a notable role in health service delivery, particularly in remote parts of the country. In 1983 it was estimated that nongovernment organizations (NGO's) provided 41% of hospital beds and operated 13% of health centers and 29% of health dispensaries. Government and nongovernment operation and coordination have improved over the years, with the Government making contributions to both the recurrent and the development costs of church hospitals, as shown in the 5-year health development plan (1984-1988).

In the ensuing years prior to and following independence, a network of rural health centers, subcenters, and dispensaries had developed parallel to NGO facilities. These services were the responsibility of local authorities known as county councils. The authorities were responsible for the development and management of rural health services. The district medical officer of health was expected to give technical advice to the local authorities and was seconded in part to these authorities. But arrangement of these health facilities varied from one district to another while the recruitment and terms of services for personnel that were managing the health units were as varied as the local authorities themselves. The administrative procedures pertaining to such matters as personnel management, financing procedures, the control and allocation of funds, and provision for supplies--including drugs--did not follow any definite standardized procedure. As a

result, there were many instances of mismanagement of health care directed toward the rural communities.

In 1970 the Central Government decided to take over the development and management of these rural health services and the Ministry of Health was given the responsibility for the overall provision of health care in the country. From 1970, therefore, the Ministry of Health found itself taking on the burden of supervising, administering, and developing a vast network of health care facilities that were in different stages of development. Such facilities ranged from a single-building health unit called a dispensary to a full-fledged health center providing total health care, including provision of in-patient facilities for the care of maternity cases and emergency conditions.

IV. DEVELOPMENTS LEADING UP TO FORMULATION
OF THE HEALTH PLANNING AND INFORMATION PROJECT

A. The President's Mandate

Prior to independence, the central Government of Kenya had been mainly concerned with urban-based, curative services. Local government units and private voluntary organizations were left with the responsibility for providing whatever health care could be organized to serve the balance of about 90% of the mainly rural population. In 1969, in keeping with a national goal of "growth with equity," the President of Kenya mandated a constitutional guarantee of free health care for all citizens. It was soon recognized, however, that local authorities did not have a sufficient tax base or infrastructure to create comprehensive health delivery systems.

Thus, in 1970, the GOK shifted the responsibility for a national health care system to the central Ministry. It was during this period that increasing emphasis was placed on the development of rural primary health services.

Following the takeover of rural health facilities by the central Ministry in 1970, the Ministry became progressively concerned with the management and development of adopted facilities and the efficiency of a network that was expected to deliver total health care to communities in rural areas.

B. Proposal for the Development of Rural Health Services

In 1971, the Ministry of Health decided to look seriously into the problems encountered in the provision of health care at the grassroots level. In this connection, the MOH, in cooperation with the World Health Organization (WHO) and an interministerial committee, undertook a major health sector assessment which resulted in a document entitled "Proposal for the Development of Rural Health and the Development of Rural Health Training Centers." The program was adopted by the GOK in 1972, and in 1973, agreement was reached with support from the Norwegian Agency for Development (NORAD) for the establishment of the Rural Health Development Program (RHDP). MOH staff was assembled in 1974, and NORAD technical advisors arrived between 1975 and 1976. The RHDP included both training and facilities development components, with

emphasis on four major categories of health problems: 1) MCH/FP, 2) nutrition, 3) environmental health, and 4) communicable diseases.

C. National 5-Year MCH/Family Planning Program

Soon after the RHDP began, the MOH, with the assistance of a team of advisors from the International Bank for Reconstruction and Development (IBRD), designed a national 5-year MCH/FP Program. This program, launched in 1974, was supported by five international donors, including USAID. In January 1976, a two-physician consultant team evaluated the MCH/FP Program at USAID/Kenya's request. It recommended that USAID consider additional assistance in rural health beyond MCH/FP, citing the following major constraints to the success of rural health and MCH/FP programs: 1) shortage of manpower, 2) insufficient service delivery points in rural areas, and 3) inadequate resources and organizational infrastructure.

D. USAID Health Project Formulation and Planning Assistance

The consultants' recommendation was followed by the preparation of a Mission staff paper in April 1976. Subsequent discussions resulted in general agreement that long-term planning assistance was needed to design potential areas of involvement of USAID in the Government's rural health services expansion.

In February 1977, two public health physicians, recruited by the American Public Health Association with assistance from USAID, worked with MOH officials to draft a scope of work for USAID health project formulation and planning assistance. The consultants' report corroborated the essential validity of the GCK's Rural Health Development Program, but emphasized that the program was seriously behind schedule. They concurred that manpower trainers were in short supply, but noted that even if staff were trained and made available, they could not be deployed unless there was a substantial increase in rural facilities. Noting that the entire capital development fund plan was behind schedule, they concluded that funds for the construction of facilities should be given high priority. Other areas they suggested for USAID assistance included the development of preventive health information systems, and communicable disease prevention/control programs.

On the basis of these events, documentation, and recommendations, a formal agreement was reached by the MOH and USAID in April 1977, and USAID Project Identification Document (PID No. 615-0177) entitled "Rural Health Delivery" was approved by USAID in May 1977. The PID called for two long-term advisers (public health physician generalists) for 15 person-months. It also called for the identification and development of discrete health projects of mutual interest to the GOK and USAID in the areas of: 1) health personnel and manpower development, 2) development of rural health facilities, 3) preventive health information systems, and 4) communicable disease prevention and control.

In a separate but related development, the Danish International Development Agency (DANIDA) and the GOK also completed negotiations in June 1977, establishing an Administrative Support Unit (ASU) within the MOH to assist in upgrading management and administrative systems. Establishment of the ASU provided an institutional base within the MOH around which other assistance, as envisioned by USAID, could be built.

The first stage of USAID health planning assistance involved two long-term project formulation consultants. As the team began work in January 1978, it was increasingly evident that assistance in project formulation should have an institution-building emphasis which would include strengthening the MOH's overall planning and management capabilities and would probably warrant a longer-term technical assistance effort. The consultant team provided input to the 5-year health development plan (1979-83), and assisted in the development of the Project Identification Document which resulted in a bilateral grant agreement entitled "Health Planning and Information Project" (No. 615-0185).

In August 1979, USAID/Kenya and the GOK/MOH signed a grant agreement for \$2,453,000 establishing the Health Planning and Information Project (HPIP). As provided for in part two of the agreement, the MOH entered into a 3-year technical assistance contract with the Charles R. Drew Postgraduate Medical School of Los Angeles, CA, in October 1980. The Chief of Party, the first of two long-term consultants called for in the contract, arrived in Kenya in December 1980.

V. THE HEALTH PLANNING AND INFORMATION PROJECT

A. Scope of Work

The purpose of the Health Planning and Information Project was to assist the Government of Kenya/Ministry of Health in strengthening its institutional capacity to plan and implement health sector policies and programs in the delivery of rural health services. This consisted of developing health planning/management and information structures and procedures, and training health administrators at the national, provincial, and district levels.

The terms of reference for the Project were to:

1. Assist MOH executives and other Kenya agencies in the establishment of the new Division of Planning and Implementation (DPI) in the MOH. While a tentative organizational structure and staffing pattern has been developed, this is subject to continuous review, revision, and consequent evolution, particularly as it concerns relationships with other administrative units within the MOH.
2. Assist in the establishment of the Planning and Policy Coordination Committee composition, charge, and duties; authorities; and reporting responsibilities.
3. Assist in developing, refining, and establishing health planning, implementation, evaluation, and policy analysis procedures.
4. Assist in the preparation of guidelines for decentralizing planning, implementation, and evaluation activities to the provincial and district levels.
5. Assist in the revision or development of a scheme of service appropriate for health planning personnel, both medical and nonmedical, in the MOH and Ministry of Economic Planning and Development (MOEPD). (This will be completed as evidenced by written recommendations by June 1, 1981.)
6. Provide technical assistance in appraising health sector policies and programs in the form of written memoranda as required by senior officers.
7. Assist in the identification and assembly, from primary and secondary sources, of a minimum base of data needed to support health sector planning, implementation, and evaluation activities.

8. Assist the MOH/MOEPD in developing a list of research priorities and in developing appropriate procedures and guidelines for the solicitation, review, and approval of research contracts.
9. Assist the MOH/MOEPD in identifying the need for baseline studies, and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis, and health program evaluation.
10. Assist in evaluating the results of action-oriented research studies and in developing procedures for the appropriate distribution of research and findings.
11. Assist the MOH in identifying consultant needs to assist in the design of specific projects and in preparing appropriate scopes of work for these consultant activities, which will be funded from other sources.
12. Assist in identifying the need for consultant services to implement discrete portions of the projects, develop appropriate scopes of work in consultation with MOH officials, and assist in recruiting appropriate experts. (Note: In addition to 18 person-months of consultant services to be fielded by the contractor, the project will fund approximately 26 person-months of services from the health resources administration in the subsequent project design category and 6 person-months of USAID evaluators. The contractor will work closely with these other consultants.)
13. Assist in the selection of 5 Master of Arts and 15 short-course training candidates, and assist USAID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. (USAID will effect and fund actual placement of an additional seven Master of Arts training candidates through its own procedures.)
14. Help organize and make arrangements for observational tour training on behalf of 10 Kenyan officers. This will involve training in other African countries.
15. Assist in seeing that Master of Arts Kenyan planners (returned participants) are functioning effectively in appropriate positions on the MOH and MOEPD.

16. Assist in organizing, conducting, and evaluating eight health planning, policy, and information seminars.
17. Assist in developing an appropriate list of equipment (vehicles, office equipment, commodities) needed and effect timely acquisition and deployment of all such equipment. Procurement will be in accordance with AID regulations.

B. Operational Objectives

The major objectives of the Project were:

1. To develop a national health planning system
2. To improve the national health information system.
3. To administer acquisition of supportive commodities

The objectives and the activities designed to achieve the objectives are outlined as follows:

1. To Develop a National Health Planning System

a. National Level

- o Establish national planning coordination committee (policy level)
- o Establish national planning unit (operational level)
- o Design/implement planning functions and procedures
- o Develop scheme of service for planning personnel
- o Train planning staff (off-site): 1) Masters degree in public health (MPH), 2) Short-term, and 3) Observational tours
- o Train planning staff (on-job): 1) Appraise health sector policies and programs, 2) Organize operations research, and 3) Develop programs/policies
- o Create national health sector dialogue (conduct conferences) on planning/information systems
- o Develop a strategy to decentralize planning/management functions

b. Provincial/District Levels

- o Conduct assessment/planning workshops

- o Ensure coordination between national planning staff and provincial/district administrators related to implementation of national planning unit activities
2. To Improve the National Health Information System
 - o Assist in organizational structuring
 - o Design/implement systems improvements
 - o Train staff
 3. To Administer Acquisition of Supportive Commodities
 - o Purchase computers, other office equipment, and vehicles

C. Programmatic Relationship Between Project Design Summary, Scope of Work, and Operational Objectives

The programmatic relationship between the project, the project design summary, the operational objectives, and the related contract terms of reference are shown in the following table labeled Table A.

The Project design summary (or logical framework) was a pre-contract abstract, which set forth Project purpose, expected outputs and inputs, verifiable indicators, and assumptions. These specifications were incorporated into the contract agreement and summarized as 17 contract terms of reference (Project scope of work). From an operational point of view, most of the contract terms of reference are interrelated. Therefore, to ensure that various Project staff functions and activities were properly integrated, the contract terms of reference (and by implication, specifications of the Project design summary) were further categorized or consolidated into programmatic activity components referred to as the Projects's operational objectives. These operational objectives (also used as the presentation outline for the Projects's first, second, and third annual reports) provided an operational framework for the Project's ongoing planning, scheduling, and monitoring of activities.

As can be seen in Table A, expected Project outputs are well defined. However, it should be noted that the descriptive language of the key reference documents also includes certain relatively abstract terms such as "enhance," "strengthen," "establishing," and "institutionalize"--all of which are inherently subject to some degree of interpretation. Furthermore, the key operative word in the contract terms of reference is "assist." Experience has

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
(3) Planning and Policy Coordination Committee met quarterly, attended by 10 to 12 MOH senior officers and representatives of MOEPD and MOV	(B) Assist in the establishment of the Planning and Policy Coordination Committee composition, charge and duties, authorities and reporting responsibilities	I. TO DEVELOP A NATIONAL HEALTH PLANNING SYSTEM <u>National Level</u> • Establish National Planning Coordination Committee (policy level)
(1) Roughly 10 persons assigned to Division of Planning and Implementation, MOH by end of Project	(A) Assist MOH executives and other Kenya agencies in the establishment of the New Division of Planning and Implementation in the MOH. While a tentative organizational structure and staffing pattern have been developed, these are subject to continuous review, revision, and consequent evolution, particularly concerning relationships with other administrative units within the MOH.	• Establish national planning unit (operational level)

Table A, page 1

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

Table A, page 2

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
(10) ... content and methodology for health program and Project evaluation by end of Project	(C) Assist in developing, refining, and establishing health planning, implementation, evaluation, and policy analysis procedures. (G) Assist in the identification and assembly from primary and secondary sources of a minimum base of data needed to support health sector planning, implementation, and evaluation activities	• Design/implement planning functions and procedures
(7) Revised new scheme of service for nonmedical professionals in MOH completed by June 30, 1981 and adopted by relevant GOK agencies within a year	(E) Assist in revision or development of a scheme of service appropriate for health planning personnel, both medical and nonmedical, in the MOH and MOEPD (This was completed as evidenced by written recommendations by June 1, 1981)	• Develop scheme of service for planning personnel

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
(2) Fifteen MA-level trained health planners in MOH and MOEPD headquarters and at selected provinces and districts	(H) Assist in the selection of 5 MA and 15 short-course training candidates and assist USAID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training (USAID will effect and fund actual placement of an additional seven MA training candidates through its own procedures)	. Train planning staff--MPH
(9) Completion of observational tours and short-course training involving 50 person-months of activity by end of Project	(H) Above, plus (N)--Help organize and make arrangements for observational tour training on behalf of 10 Kenyan officers--will involve training in other African countries	. Train planning staff--short-term . Train planning staff--observation tours
(10) A set of recommendations for revision of health sector policies, revision of health sector plan for MOH ...	(F) Provide technical assistance in appraising health sector policies and programs, in the form of written memoranda as required by senior officers	. Assist planning staff--appraise health sector policies and programs

Table A, page 3

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
	<p>for consultant services to implement discrete portions of the projects, develop appropriate scope of work in consultation with MOH officials, and assist in recruiting appropriate experts (Note: In addition to 18 person-months of consultant services to be fielded by the contractor, the project will fund approximately 26 person-months of services from the Health Resources Administration in the follow-on project design category and 6 person-months of USAID evaluators. The contractor will work closely with these other consultants.)</p>	

Table A, page 5

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
(6) Nine major policy planning and health information seminars conducted by end of Project	(G) Above, plus (P)--Assist in organizing, conducting, and evaluating eight health planning, policy, and information seminars	. Create national health sector dialogue (planning/information conferences and meetings)
	(G) Above, plus (D)--Assist in preparing guidelines for decentralizing planning implementation and evaluation activities to the provincial and district levels	. Develop strategy to decentralize planning/management functions
	(C) (G) and (D) above	<u>Provincial/District Levels</u>
	(O) Assist in seeing that MA Kenyan planners (returned participants) are functioning effectively in appropriate positions on the MOH and HOEPD	. Conduct planning/management workshop . Ensure national to district coordination of planning functions

Table A, page 6

TABLE A - CROSS REFERENCE TO PROJECT SPECIFICATIONS

PROJECT DESIGN SUMMARY (Magnitude of Outputs)	RELATED CONTRACT TERMS OF REFERENCE (Scope of Work)	RELATED PROJECT OPERATIONAL OBJECTIVES
(4) Three to six major field and baseline data collection studies completed by end of Project	(G) Above, plus (Y)--Assist the MOH/HOEED in identifying the need for baseline studies, and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis, and health program evaluation	<p>II. TO IMPROVE THE NATIONAL HEALTH INFORMATION SYSTEM</p> <ul style="list-style-type: none"> • Assist in organizational structuring • Design/implement system improvement • Train staff
(8) Completed purchase of all administrative support, vehicles, and library materials by end of Project	(I) Above as relates to computer, plus (Q)--Assist in developing an appropriate list of equipment (vehicle, office equipment, commodities) needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be in accordance with USAID regulations	<p>III. TO PROCURE SUPPORTIVE COMMODITIES</p> <ul style="list-style-type: none"> • Office equipment • Vehicles • Computer

Table A, page 7

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shown that the specific nature and degree of "assistance" tended to change from time to time due to normal organizational dynamics of the GATT/EC and resulting shifts in Project priorities, approaches, and timing.

VI. MAJOR PROJECT ACTIVITIES, RESULTS, AND ACHIEVEMENTS

The activities of the Health Planning and Information Project were guided by three major operational objectives:

1. To develop a national health planning system
2. To improve the national health information system
3. To administer acquisition of supportive commodities

All activities and operational objectives were designed to assist the Government of Kenya in developing and training Kenyan staff to plan, implement, and evaluate health policies and programs, with emphasis on expanding the delivery of rural health services.

This section of the report highlights some of the areas in which the RPIP was able to make a contribution toward the Government's long-term goals to expand and strengthen the delivery of rural health services.

A. Develop a National Health Planning System

Established National Planning Coordination Committee (Policy Level): The Health Planning Steering Committee, previously established with the assistance of the Project, evolved during 1982-83 into a Management Steering Committee composed of all major department heads of the MOH. It was formed to deal with policy issues related to the development of the planning process for the health plan and provide guidance to all projects. The Planning Working Group reported to this Steering Committee. It was to the credit of MOH officials that the value of this type of routine collaboration was clearly recognized and supported. The Management Committee met regularly from the time of its formation and was particularly instrumental in providing guidance both to the HPWG and districts regarding development of the 5-year plan. Minutes of MOH Management Committee meetings were adequately documented in internal, central registry files of the MOH.

The Steering Committee, which consisted of the highest echelon of the decisionmakers in the MOH, could be compared to an executive staff of a corporation. It had the advantage of having health administrators on the committee who could cut across vertically managed programs, thus establishing a linkage system between varied health disciplines. Also, decisions were made

by consensus--a much more coordinated and democratic approach to the decisionmaking process.

The members of the Steering Committee included:

- e Permanent Secretary
- e Director of Medical Services
- e Senior deputy directors of medical services (three)
- e Deputy secretaries (two)
- e Chief nursing officer
- e Resource person (Chief of Party)

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Established a National Planning Unit: The Health Planning Working Group (HPWG) was appointed by the Permanent Secretary in May 1982, and was charged with the responsibility of writing the next 5-year health development plan, an activity the group continued until December 1983. The HPWG was established as a result of two workshops which were sponsored by the Health Planning and Information Project. The HPWG formed the basis for coordination of the Ministry's planning and implementation activities.

The Health Planning Working Group performed the functions which had been envisioned as those of a division of planning and implementation. The creation of this group was in keeping with a unique administrative process of Kenyan government in which an individual qualified as a planner may not be employed directly by the MOH but rather must be seconded (in a sense "loaned") from the Ministry of Finance and Planning (MFP) under the scheme of services in which all planners fall.

The process had the advantage of being able to secure planners with varied categories of disciplines to suit the requirements of the MOH. The HPWG, in essence, could expand and contract its expertise to accommodate the variety of technical services planning with which it was charged. The HPWG was able to second into its planning unit the three participants trained in the United States under this project and additional planners from the MFP.

The HPWG routinely functioned in a counterpart role to the Project, sharing roles, responsibilities, and specific day-to-day tasks. Individuals also received work assignments from higher levels within the Division of Planning and Administration, which drew upon other skills and provided the experience for future progression within the administrative/policy structure of the MOH.

There was a sufficient core of staff assigned to the HPWG, with substantive enough roles within the planning/management development activities of the MOH to legitimately constitute a functional, institutional unit.

The staff of the Health Planning Working Group consisted of: 1) Robinson Kahuthu, planning assistant; 2) Stephen Muchiri, planning officer II; 3) Dr. James Maneno, DDHS; 4) Samuel Ong'ayo, economist/statistician (also management training counterpart to HPIP); 5) Linus Ndungu; and 6) Charles Thube.

The MOH also contributed staff to the HPIP (funds did not come from HPIP): 1) Nelson Keyonzo, designated counterpart to HPIP health information specialist and 2) Dr. G. Otieno Rae, designated counterpart to the Chief of Party (COP).

Messrs. Ong'ayo, Ndungu, and Thube, who acquired their MPH with support of HPIP, were assigned in May 1982. Mr. Keyonzo had worked closely with the Project since July 1982, following his attendance at the HPIP-sponsored short-term course in planning/evaluation.

Dr. Rae, who also trained at the MPH level under the Project, returned from the study in April 1983 and was designated counterpart to the COP along with other duties.

Designed and Implemented Planning Functions and Procedures: As described in the Project's logical framework, the broad objective to which the Project was to contribute was to "enhance the GOK's capability to develop health sector plans, programs, and policies that achieve (more efficient use and) more equitable distribution of health sector resources."

Since 1984 marked the beginning of the GOK's fifth, 5-Year development plan cycle, it was an ideal year in which to make some comparative assessment of changes in distribution of health sector resources.

By the Government's own calculations, its commitments to preventive/promotive services for the 1979-83 period showed a 10% net increase over the previous plan period. The relative proportion of the total health budget allocated to preventive/promotive services (6%) has been maintained for the current 5-year period (1984-88) (see appendix 2). It should be noted also that the GOK invests more heavily in other sectors for developmental projects which have a direct impact on health. For instance, the major portion of small water projects are operated by the Ministry of Water Development. (The

MOH's funds for this purpose are confined to demonstration in conjunction with health education campaigns).

The GOK's resolve to support health services in rural areas was impressive when viewed in light of past economic conditions. OPEC's policies have substantially increased the importation cost of petroleum, a significant drought occurred during 1979-80, there was an international recession (1980-82), and the Kenya shilling decreased in value. Despite these major negative impacts on the national treasury, the GOK's combined support for preventive/promotive services and rural health facilities continues to represent about half (46%) of the total health sector allocation. Although difficult to measure in absolute terms, these budgetary commitments can be interpreted as exemplifying a continued--indeed, more determined--emphasis on rural health services.

The Health Planning and Information Project was involved in the establishment, strengthening, and refining of health planning, implementation, and evaluation activities as well as policy analysis at the inter- and intra-ministerial (headquarters) level, provincial, and district levels. The process of reviewing the national health planning process resulted in the identification of procedures, guidelines, and policies for the interministerial planning process, and the provincial and district level health planning process. A Health Sectoral Planning Group and Estimates Working Group was formed to coordinate planning activities between the Ministry of Health, Finance, Economic Planning and Development, Basic Education, and others, as was required. The Health Planning Working Group served as a member of these other groups.

Health planning teams were set up at the provincial and district levels as follows:

Provincial Planning Team:

- o Provincial medical officer
- o Provincial hospital secretary
- o Provincial health officer
- o Senior nursing officer

District Planning Team:

- o Medical officer of health
- o Public health officer

- o Hospital secretary
- o Public health nurse

These teams worked in coordination with the Planning Working Group and respective provincial and district development committees.

Established Scheme of Services for Planning Personnel: Under existing GOK public service regulations, a scheme of service or career ladder for specific skill categories is located in a single ministry or government agency. Thus, all planners fall under the scheme of service of the Ministry of Economic Planning and Development. No scheme of service for health planners presently exists or can exist in the MOH without changing public service regulations, a fact that apparently was not appreciated when the Project was designed. On the other hand, the MOH did elevate salaries of the trained personnel. (See Table B.)

Trained Planning Staff MPH Off-Site Training: Table B also lists those individuals trained under the auspices of the Project and shows their 1984 designations in the MOH systems as they relate to opportunities to apply their learned planning/management skills on the job. It appears that, at that time, the MOH chose its candidates and assigned them well. Also, the MOH has shown its willingness to elevate the salaries of trained personnel.

There were three groups trained at different institutions in the United States. The first group of three (Messrs. Thube, Ndungu, and Ong'ayo) attended Johns Hopkins University for an 18-month MPH program. All three were originally assigned to the HPWG. Mr. Ndungu departed the country on loan to the East and Southern African Management Institute (ESAMI) in Tanzania. Mr. Thube went on study leave and is expected to return to the HPWG unit shortly. Mr. Ong'ayo has been involved in HPWG throughout.

The second group included four individuals who were trained under the administration of USAID/Kenya and the Department of Health and Human Services/Washington (HHS/W) at the University of Massachusetts, Amherst. The host country contractor had no direct contact with these individuals throughout their study program or upon their return. Although it is reasonable to assume that the four have benefited from their study experience in carrying out their responsibilities as district managers, their direct contact and follow up with the Project and the HPWG activities have been minimal.

TABLE B - TRAINEES, CURRENT DESIGNATION, AND SALARY SCALE

NAME	DESIGNATION PRIOR TO TRAINING	SALARY SCALE PRIOR TO TRAINING	PRESENT DESIGNATION	PRESENT SALARY SCALE	COMMENCING
1. Dr. V. Jimbo	Medical Officer II	JGJ £2424	Medical Officer I	JGK £2712	District
2. Dr. M. Kulumbu	Medical Officer II	JGJ £2424	SNR Medical Officer	JGL £2820	District
3. Dr. K. Biondo	Medical Officer	JGJ	Medical Officer JGK		District
4. Dr. G. Rae	Medical Officer I	JGJ £2514	Chief Clinical Officer	JGL £2820	Personal Assistant to DMS
5. Dr. G. Mbugua	Medical Officer I	JGK £2514	Medical Officer I	JGK £2820	NPHLS
6. C. Thube			Econ/Stat I	JGK £2154	Undergoing further training in the United States
7. S. Ongayo	Econ/Stat II	JGJ £2424	Econ/Stat I	JGK 2244	In service HQ
8. L. Ndlungu	Chief Hospital Secretary	JGL	Chief Hospital Secretary		Seconded to Government of Tanzania
9. Dr. Maundu	Medical Officer I	JGK £2712	Medical Officer I	JGK £2928	District
10. Dr. David Kalyango	Medical Officer I	JGK £2712			District
11. Dr. Idukitta	Medical Officer I	JGK £2514	Medical Officer I	JGK £2712	District
12. Dr. Habwana	Medical Officer I	JGK £2514	Medical Officer I	JGK £2514	District
13. Dr. A. Kolya	SNR Specialist Medical	JGN £3804	DDMS	JGN £4110	PHO Rift Valley Province
14. Mr. Koyonzo	Econ. State	JGJ £2082	Econ/Stat I	JGK £2154	In service NFVC
15. Dr. A. Oyoo	DDMS	JGN £3960	DDMS	JGN £4272	In service PHO
16. T. Oduori	SNR Nursing Officer	JGK £2514	DCNO	JGL £2820	In service HQ
17. P. Nuoria	S. Hosp. Sec.	JGK £2424	Chief Hospital Secretary	JGN £2712	In service HQ

Table B

The third group included five physicians trained under the direct administration of the Drew Contract; four of them have maintained continuity with headquarters planning activities. Two individuals returned as district medical officers and have shown outstanding skills in their current job functions. One individual returned to the Division of Communicable Diseases, with only marginal but congenial intermittent contact with the Project. Another moved to an assignment with an agricultural parastatal training institution, but took the responsibility of teaching public health to agricultural development students (which should be considered as an innovative and appropriate contribution to the health sector); he remained in periodic contact with the Project. The fifth return MPH trainee was assigned as the health planning counterpart to the Project and reported to the Director of Medical Services.

MPH training appears to have been a good investment in development of skilled health administrators in planning/management areas. Further MPH training should be considered in connection with future staffing requirements of the HPWG.

Additionally, the MOH had over a period of years cooperated with the University of Nairobi's Department of Community Medicine in establishing an MPH program. That program, which began matriculation of its first class of 10 students, is a major step forward in strengthening Kenya's ability to locally train health administrators and should be encouraged and supported. Additionally, this program provides an ideal opportunity for the MOH to ensure that relevant policies and procedures of the Government's health system are introduced directly into the formal training curriculum.

Short-Course Training: About the time of the 1982 evaluation, the Project and the MOH had made a decision that short-course training as called for in the host country contract should not be an end in itself, but should directly tie in with the Project's other efforts to strengthen and institutionalize the MOH's planning capacities.

Accordingly, during July and August 1982, a certificated course was conducted with five Kenyan health administrators at the Drew School in Los Angeles with the dual purposes of:

- o Training these administrators in health planning and evaluation principles within the specific context of the decentralization movements that were then taking root throughout the country and
- o Developing a training manual in health planning and evaluation to be used as a tool in the training of district health management teams. The training was to be geared toward assisting DHMT's in the preparation of district 5-year plans.

The five trained health administrators were then to return to Kenya where they form the core of a planning/evaluation training resource team and assist the Project/HPWG in the training of additional health administrators.

This strategy was indeed carried out as scheduled, and with good effect.

Pilot Test: In October 1982, the core team participated in a pilot test of the short-term course materials they developed. One outcome of that pilot was the recommendation to expand the materials to include an "Introduction to Management Problem-Solving." These additional training materials were developed by the Project and the HPWG.

Subsequently, the core team continued to serve as training resources in planning/management workshops of one to two weeks in duration conducted during October 1982-83. These workshops covered 41 districts and involved a total of 175 person-months of training. From October 1983 through March 1986, an additional 104.25 person-months were spent on in-country training. Thus, the Project extended short-course training to nation-wide coverage.

The Management Training/Organizational Development Specialist (MT/ODS) was moved from the home office to in-country staff. This staff expansion as well as additional resources increased the Project's capacity to assist the MOH in:

- o The involvement of all districts in the 5-year planning process,
- e The development of a published Ministry 5-year development plan and,
- e The unprecedented participation of MOH in the development of the health chapter of the GOK's 5-year development plan.

Short-course training provided fertile ground for the Project's institution-building efforts.

Although the Project managed to conduct its extensive district training workshop activities with minimal Project funds which were supplemented by funding from other MOH sources and outside donors, the scheduling of short-course training could have been better facilitated by resources guaranteed and

under the control of the Project (and guaranteed by other specific funds in the future).

In addition, these training activities were constrained by the tenuousness of organizing volunteer training resource persons. The training could have been more easily administered if local consultants (who could be trained to work with the Project's training activities on a regular basis) had been hired.

Consideration should have been given to ways in which the principles of (Kenya) health planning/management, introduced at Project training workshops, could be integrated into Kenyan health training institutions (medical training centers, rural health demonstration centers, Kenyan Institute for Administration, and University of Nairobi's Department of Community Medicine). This could have been viewed as a key strategy for institutionalizing the MOH's capacity to produce trained health manpower with ready skills in the areas of planning and management.

Conducted Observational Tours in Africa: The HPIP made arrangements for observational tour training on behalf of 10 Kenyan officers. These officers were able to observe public health training and services delivery activities in the East and West African countries of the Ivory Coast, Nigeria, Togo, and Cameroon in February 1982 and Tanzania/Zanzibar in March 1982.

Trained Planning Staff (On-Site): The Health Planning and Information Project was continuously involved in appraising health sector policies and programs.

Some examples are listed below:

- Assisted in writing of the implementation plan for the Integrated Rural Health/Family Planning Program (which formed the backbone for the MOH's expansion of services to rural areas)
- Assisted DHMT's in writing and submission of their 5-year health development plans
- Assisted DHMT's in undertaking one major management problem-solving exercise as a way of strengthening district level management skills
- Assisted in the writing and publication on an official MOH 5-year development plan
- Assisted coordination between the MOH and MFP in development of the Government's 5-year health sector statement and budget

- e Consistently involved HPIP/HPVG counterparts in all developmental and field activities

Applied Research: The function of the HIS also included development of an applied research component. Project funds (\$250,000) were jointly allocated by USAID/MOH for this purpose. Significant progress was made in reaching general agreement on the approach and administration of the Joint Fund for Applied Health Research (JFAHR). However, some delays were experienced in securing GOX authorization for its local currency contribution to the fund.

The research agendas identified and agreed upon by ~~the MOH and USAID~~ represented a good start at research into areas which were of critical importance to MOH policies and future program development. The Project was additionally charged with assisting the MOH in disseminating research findings and promoting new programs for possible funding by USAID and other interested sponsors. Because of various delays in the launching of these activities, the Project could not see this initial effort through to conclusion within the time frame of its current contract.

The extent to which this type of policy-oriented research can be institutionalized within the MOH cannot be predicted at this time. Ongoing funds would need to be allocated for the continuation of these activities beyond the life of the Project.

Developed Programs/Projects: In the contract agreement (scope of work), it was mentioned that the Project should assist the MOH in identifying consultant needs to assist in the design of specific projects and in preparing appropriate scopes of work for these consultant activities, which will be funded from other sources. The Project should also assist in identifying the need for consultant services to implement discrete portions of the projects, develop appropriate scopes of work in consultation with MOH officials, and assist in recruiting appropriate experts. In addition to 18 person-months of consultant services to be fielded by the contractor, the project funded approximately 26 person-months of services from the health resources administration in the subsequent project design category and 6 person-months of USAID evaluators. The contractor worked closely with these other consultants.

The Health Planning and Information Project assisted the Ministry in identifying the consultant needs and writing the scope of work for consultants in approximately five areas which were funded by the World Bank as a component of the Integrated Rural Health and Family Planning Project.

Four consultants assisted the Health Planning and Information Project in the development of a short-term training course in health planning and the development of an implementation plan for the Integrated Rural Health and Family Planning Program.

Created National Health Sector Dialogue (Conducted Conferences) on Planning and Information Systems: The Health Planning and Information Project conducted workshops covering the health planning process and information areas. These workshops were as follows:

- One interministerial workshop on the national planning process
- One intraministerial (heads of departments) workshop on the national planning process

- One provincial level workshop on provincial level planning
- Five district level workshops on district level planning
- One workshop on the development of a training program for epidemiologists
- Three 5-day DHMT workshops conducted (through September 1983) totaling 175.6 person-months of training contact
- Since September 1983, the Project has conducted additional workshops in:
 - * Northeast Province--approximately 240 person-days of training contact
 - * Central Province--550 person-days of training contact in 6 districts
 - * Rift Valley Province--770 person-days of training contact in 13 districts
 - * Coast Province--350 days of training contact in 6 districts
 - * Eastern Province--175 days of training contact in 5 districts

A national survey of district hospital secretaries and a prepared analysis of their views on problems was conducted relating to the role and performance of DHMT's in planning/budgeting exercises (preparation for future curricula design).

An interdisciplinary task force on "Refinement of Comprehensive District Management Training Curricula" met regularly over a two-month period, developed a design, and recommended an outline for a district management training document. Officers were drawn from the areas of management training and budgeting in the Ministry of Health and from the College of Health Professions. This working group formed an informal core of resource persons, a number of whom continue to be available for participation in district workshops, follow-ups and, future related Ministry of Health training programs.

Two 3-day meetings of a district-level task force on "Strengthening the Managerial Components of Continuing Education Programs at the PHC/CBHC Level" were organized and conducted. The task force included 15 members drawn from districts and rural health training centers.

The Project provided substantial input to the preliminary design of a pilot program on strengthening the implementation of primary health care (PHC) at the district/subdistrict level (WHO three-district pilot program).

The Project completed formation of an administrative mechanism for applied health research (creation of the Joint Fund for Applied Health Research).

HPIP established a coordinative linkage with the Ministry of National Planning and Development (Health Estimates Working Group and Rural Planning Division) and provided input, as appropriate, to Ministry of Health officers on approaches to strengthening MOH planning functions.

HPIF also initiated contact and established routine working relationships with Ministry of Health officers in the budgeting area in an effort to improve internal linkages between district and headquarters planning, budgeting functions, and utilization of the MOH Center (HIS).

And the Project initiated and supported coordination of overall district management development programs through contacts, meetings, cooperation in the field, and frequent follow-up with agencies including African Medical Research Foundation (AMREF), Institute for Child Health--London, WHO, and the College of Health Professions.

Developed a Strategy to Decentralize Planning/Management functions: The Government shifted to preventive/promotive approaches. In the 20 years since independence, the MOH's achievements have been impressive. By 1982, there were some 33,000 health workers--about one-third of whom concentrated on

preventive/promotive services. The tiered system included 1,234 dispensaries, 280 centers, and 220 hospitals, located throughout the country and serving a population of about 18 million.

From the early 1970's forward, the government adopted a dual development strategy which included both physical infrastructure development and a shift of emphasis away from facility-based, curative services to high-impact, lower-cost preventive/promotive approaches. Effective preventive/promotive approaches imply that people are actively involved in their own health welfare. This additionally suggests that both communities and care providers should participate in the planning process (and resource allocations) which guide public sector expenditures in health. Thus, in a national health care system which is intended to reach the maximum numbers of people, the planning component of the system will ideally take the form of an interactive network of policy formulation, controlled management, and measurement of results with simultaneous input from the central government down and the community up.

The HPIP was intended to assist the GOK/MOH in strengthening its capacities to coordinate this top-down/bottom-up planning process (see Figure A). The original Project design recognized that efforts might eventually encompass the community health decisionmaking structure, but initially, it was recommended that the Project concentrate on strengthening essential structures and procedures at the national, provincial, and district levels.

During 1980-83, the Project played a key role in facilitating the Government's national 5-year health planning exercise for the period 1984-1988. Two developments within the Government's health sector substantially increased the feasibility and relevance of the Project's approaches during that period:

- The multidonor funded Integrated Rural Health/Family Planning Program, which was being planned during 1980-83, provided a major support for both capital and program expansion of rural health services. The HPIP's planning, management, and information systems developments were complementary to the IRH/FP.
- A 1982 Presidential directive on decentralization generated a governmentwide revision of planning/management systems in all sectors. HPIP planning and information systems developments were directly

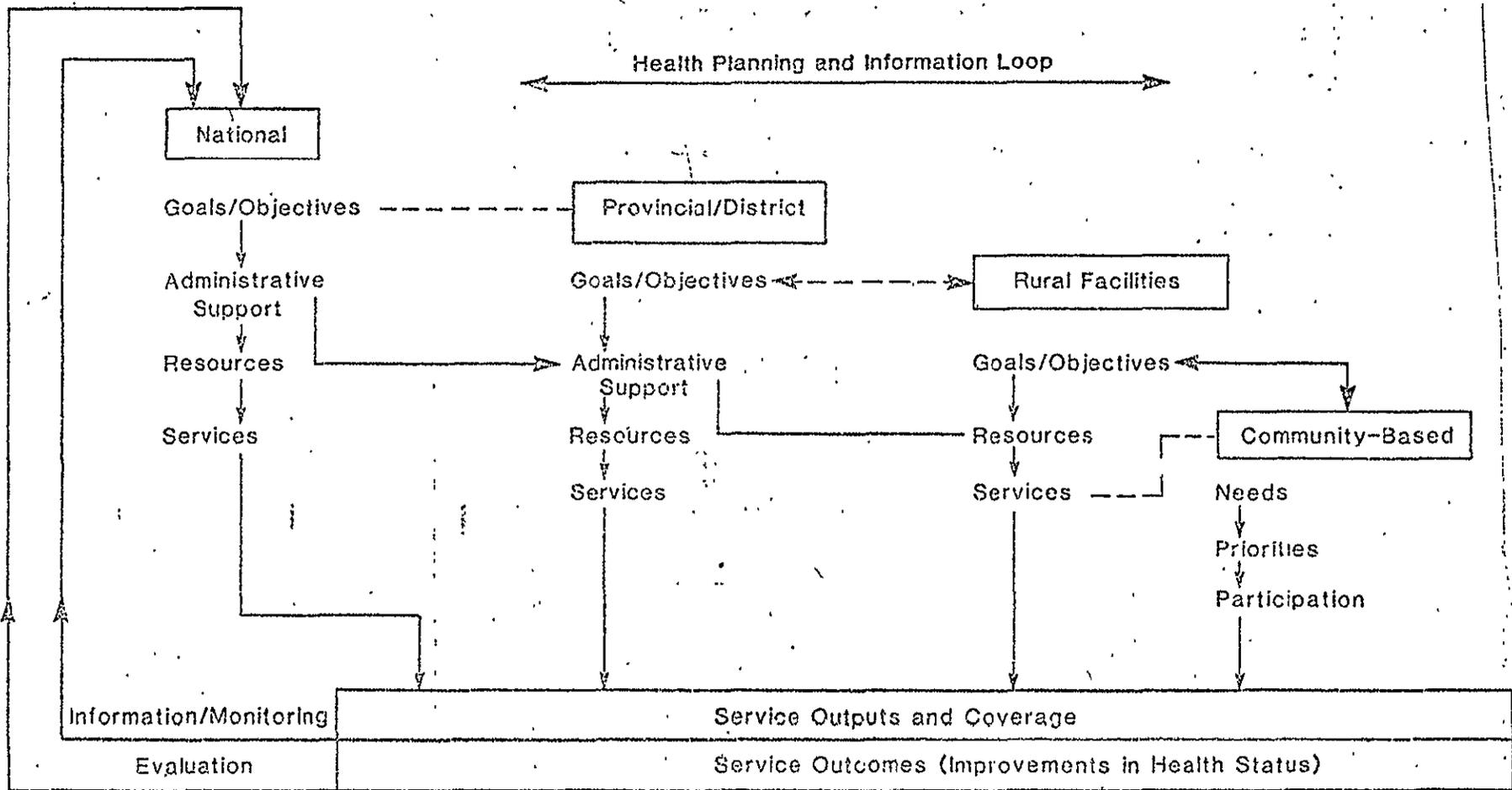


Figure A. A TOP-DOWN/BOTTOM-UP PLANNING APPROACH, WITH SUPPORT OF HEALTH INFORMATION AND EVALUATION DATA

connected to the MOH's efforts to respond to this major new public administrative directive.

As shown in figure A, the general scheme of the Government's planning approach is broad-based. National policies are translated to the provincial and district levels and are finally realized in the provision of services at various levels. It should be noted that perceived national policies require interpretation and translation into action at the provincial, district, and subdistrict levels. Measurement of the efficiency and effectiveness (outputs and outcomes) of these activities, feedback, and ongoing adjustments serve to create a planning loop. The information/data gathering network at each level from the dispensaries up should provide guidance for action and facilitate the formulation of forward planning at the national level.

Figure B shows the basic components of an ideal MOH planning/management structure. This structure is discussed here within the context of the MOH's current capacity to apply this model to plan and implement health policies and programs which reach the broadest base (mainly rural) of the population. The following should be noted:

- o Community based (and supported) health care (CBHC) is growing rapidly in Kenya. Identifiable community "projects" are now under way or developing in about 24 districts under Government auspices through the Integrated Rural Health Program and other donor agencies, and in about 40 sites under the auspices of various missionary and nongovernment organizations. In many instances, the details of how these projects will sustain themselves over time are only now being worked out in practice. The Government has recently developed a policy paper which outlines an overall strategy for how this level of primary health care should be approached on a national basis. It is believed that CBHC will be an extremely cost-effective means of impacting the health status of the rural population, and should further provide the most sensitive level of information and political impetus for the planning of health services. This aspect of the MOH service delivery system requires further development but is being actively supported.
- o One step up from community-supported health care, the Government's established network of rural facilities (centers and dispensaries)

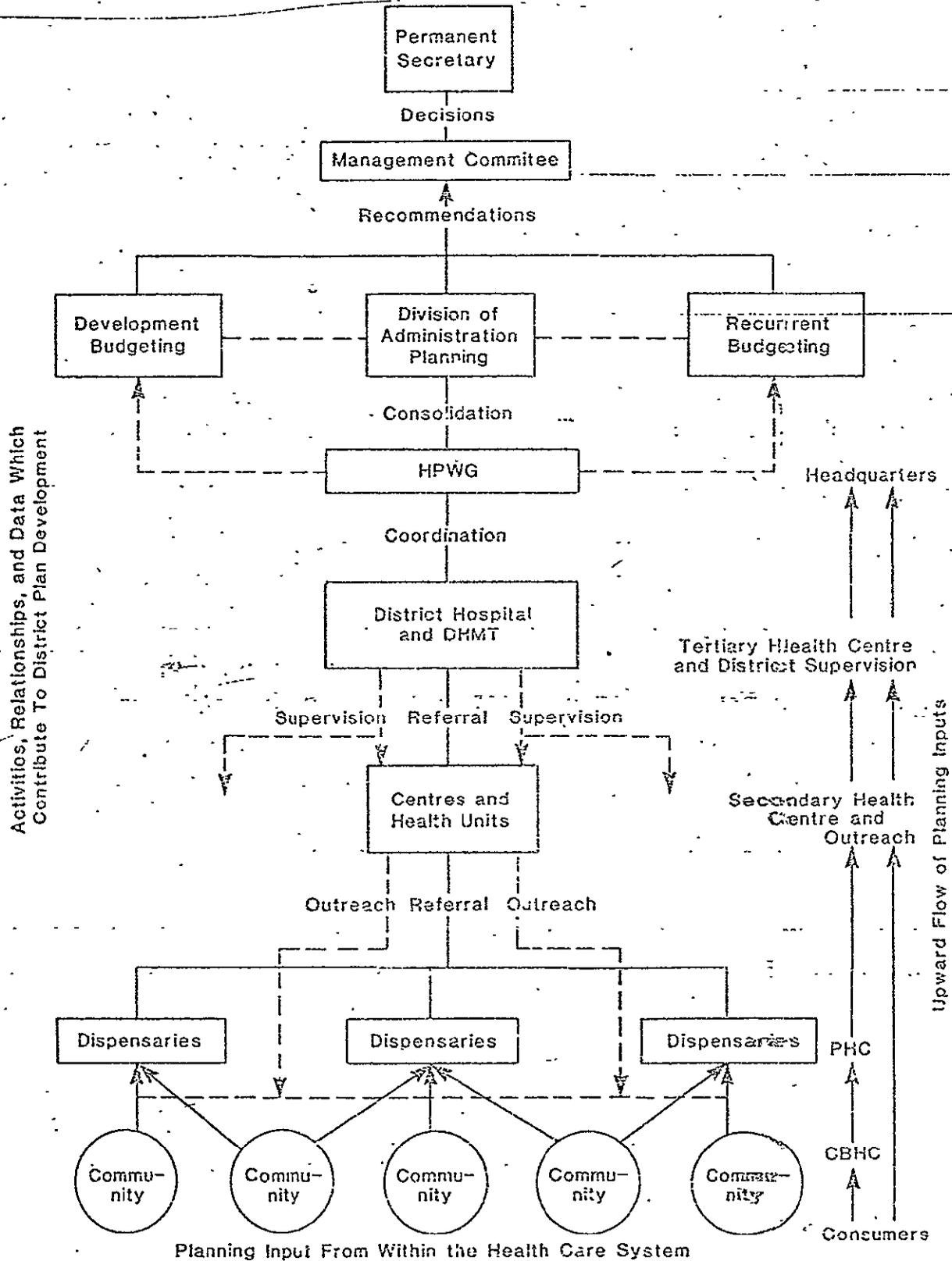


Figure B. BASIC COMPONENTS OF AN IDEAL MOH PLANNING/MANAGEMENT STRUCTURE

provides five primary health care facilities, along with an extensive network of paid community outreach workers (family field health educators, nutrition field workers, public health technicians, etc.). There are major requirements for strengthening the capacity of this PHC level, including better organization of work, supervision, and provision of supportive services, communications, supplies, transports, etc.

- Together, the MOH's approaches to PHC/CBHC and intersectoral coordination, development, and PHC infrastructure constitute a major focus for programs in the health sector. Development requirements in this area are also closely related to the tasks envisioned by the conceptualizers of the HPIP, which included assisting the GOK/MOH in institutionalizing structures and procedures that serve to "expand health services delivery to rural populations." Thus, future Project activities should emphasize PHC/CBHC strengthening.
- However, development of an efficient PHC system cannot be considered separately from the larger health delivery system. Equal attention and support must be invested at the district management level which supports PHC. The Project concentrated its efforts at the district management level. District training emphasized data needed for planning, a rational approach to setting priorities and implementation strategies, and an introduction to team management problem solving. Future training should concentrate on annual work plans and budgeting, the use of information for district/subdistrict management control, and approaches to subdistrict supervision.

Figure C shows the overall decentralized planning process and the functional relationships that now exist between the MOH and the Ministries of Finance and Planning and National Development (MPND). This diagram serves to explain the various activities undertaken by the MOH in connection with development of its 5-year plan for 1984-88. The Project and the Health Planning Working Group were at the hub of implementing these new approaches within the MOH. It should be noted that in respect to this overall process, the Project served as a staff office within the MOH structure. Had the Project been outside the MOH, it would have been impossible for staff to be so

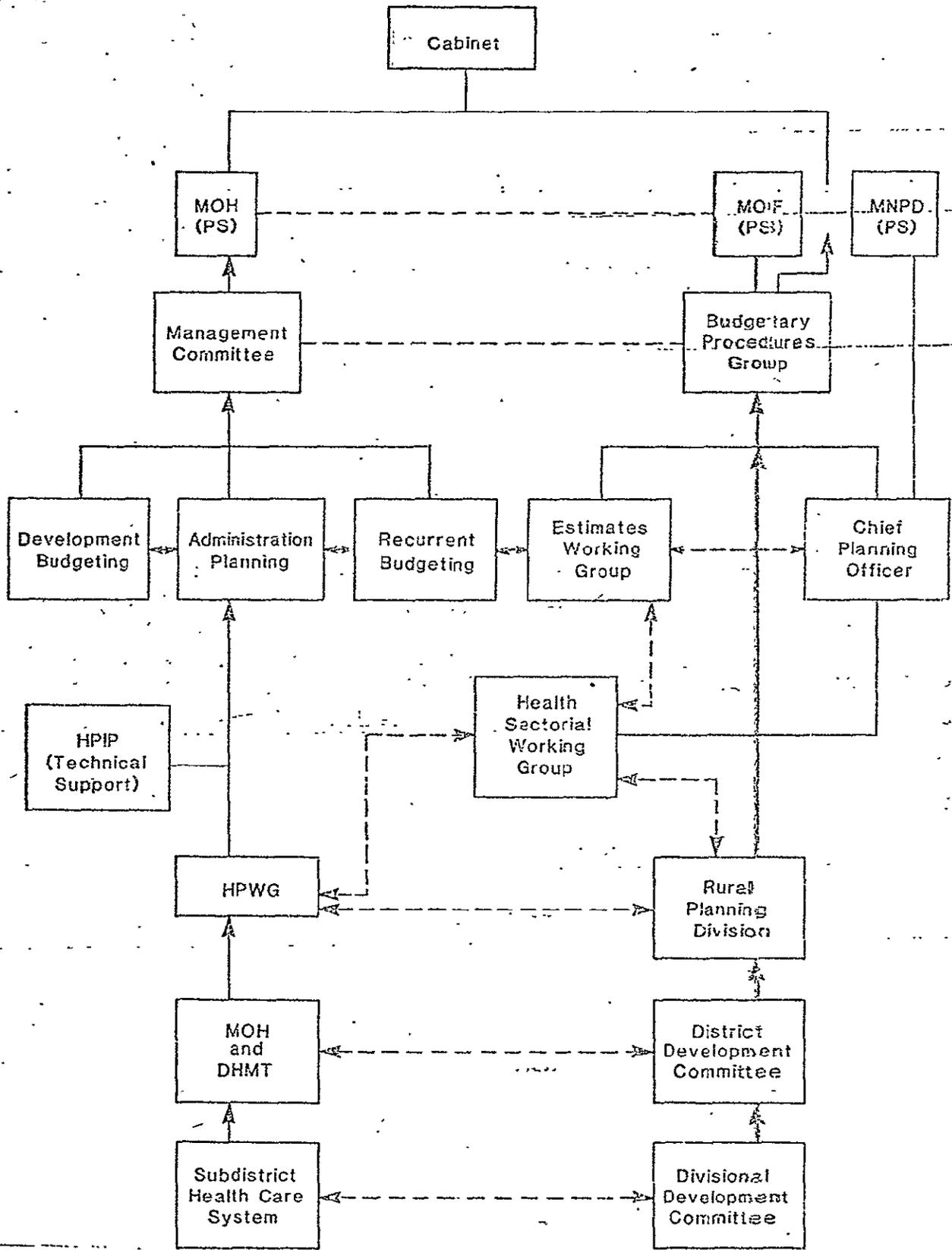


Figure C. DECENTRALIZED PLANNING PROCESS AND THE FUNCTIONAL RELATIONSHIPS BETWEEN MOH, MOF AND MPND

integrally involved. The decentralized planning process is further explained below.

Subdistrict. Divisional development committees (DVDC's) are intended to hear and make recommendations upward on priorities in all sectors as determined by democratic collaboration with community representatives and parties of interest. DVDC's are reported to be meeting as required in all districts. Health sector inputs to the DVDC should come from health professionals (who operate at the center and dispensary levels), community health committees, and other community health advocates. Health professionals and others do participate in deliberations of the DVDC's, but the quality and impact of their input is not well documented.

The MOH has begun the process of strengthening and further developing its subdistrict (primary and community level) planning approaches. Community health committees in charge of community based health care projects are key to this stem and should be the health sector's major link to the political decisionmaking process at that level. However, these committees have not been universally established at this time. Thus, in the national picture, the degree and quality of input to DVDC's on health issues is difficult to evaluate. As the MOH moves further along in strengthening its primary and community health delivery system, health planning inputs at the subdistrict level should improve. Similarly, procedures for ensuring subdistrict inputs to the district health management team are not well formed or implemented and require further development. Strengthening the MOH's primary level system and further development of community-level health activities are major challenges facing the MOH at this time.

District. The MOH and the Project were extremely active in ensuring that district health officers fully participated in district-focused planning of health services. In addition to policy guidelines issued by the Permanent Secretary and Director of Medical Services during 1981-82, the Project and HPWG also conducted workshops and provided related written guidelines to district health management teams. Guidelines heavily stressed the development of district baseline data. The Project also initiated a number of activities to ensure the provincial health management teams were brought into the process as training resources which provided supervisory follow-up to district teams.

As a result, 38 districts have placed on file in MOH headquarters their 5-year plan document and have been able to communicate health sector priorities to district development committees. The quality and impact of district plan submissions was observed to be somewhat uneven. Some plans presented the requirements of the health sector well; some did not. However, there was clear evidence of initial attempts at the rational prioritization and establishment of implementation strategies. These district plans represented a good initial start at planning on a level never before undertaken in the health sector.

National. During the planning phase for 1984-88, the President's directives to make districts the focus of development in the country were initiated by all ministries. A circular issued in December 1982 by the then-Ministry of Finance and Planning provided basic guidance to all accounts officers for budget preparations consistent with district focus. This was followed by more specific instructions issued by MOFP (rural planning division) to district commissioners, committees, and development officers on their plan submissions. The Project and EPWG worked in close coordination with the MOFP/RPD to ensure that these guidelines were properly interpreted and applied within the MOH.

As plans began to flow upward from DVDC's to the MOFP and from DEHT's to MOH headquarters, a major task of plan coordination was undertaken by the Project and EPWG. The MOFP/Health Sectoral Working Group was critical of this process. The charge of the EPWG and the MOFP/HSWG was to ensure that plans submitted by DEHT's and DVDC's were reasonably reconciled, to make recommendations to the MOFP's Budget Estimates Working Group, and to assist the MOH in formulating its health chapter (including budgets) to the MOFP. At a higher level in the MOH, continuous discussion was also underway between MOH and MOFP planning/budgeting officers. As a consequence, for the first time during this 5-year planning phase, district input was incorporated into a published health sector development plan for the 5-year period, although it appeared that not all districts submitted their plans in time to be incorporated. In general, the budget detail and justifications could be substantially improved. Moreover, the MOH for the first time fully participated with the MOFP in developing the health chapter which appeared in the Government's overall 5-year development plan for 1984-88.

In conclusion, a definite policy was established from the Ministry of Economic Planning and Development to decentralize the planning implementation and evaluation activities to the district levels. The Ministry of Economic Planning and Development worked with the Ministry of Health and Health Planning and Information Project to ensure that the guidelines and procedures developed concurred with their current focus. The provincial team coordinated planning activities between the district and central levels, but the main focus was on district level planning.

The HPIP played an important role in this effort. It conducted policy planning and health information seminars to expedite decentralized planning implementation and evaluation activities to the district level.

In the future, the main challenges to further development of decentralized planning lie in strengthening district information to support planning, and in improving the quality and timeliness of district participation in forward budgeting and annual draft estimates budgeting.

Conducted Assessment/Planning Workshops: The Health Planning and Information Project was involved in the establishment, strengthening, and refining of health planning, implementation, and evaluation activities as well as policy analysis at the inter- and intra-ministerial (headquarters) level, and the provincial and district levels. The process of reviewing the national health planning process resulted in the identification of procedures, guidelines, and policies for the interministerial planning process. A Health Sectoral Planning Group and Estimates Working Group was formed to coordinate planning activities between the Ministries of Health, Finance, Economic Planning and Development, Basic Education, and others, as required. The Health Planning Working Group served as a member of these other groups and used the workshop process as the key mechanism for coordination.

Health planning teams were set up at the provincial and district levels as follows:

Provincial Planning Team:

- o Provincial medical officer
- o Provincial hospital secretary
- o Provincial health officer
- o Senior nursing officer

District Planning Team:

- Medical officer of health
- Public health officer
- Hospital secretary
- Public health nurse

These teams worked in coordination with the Planning Working Group and respective provincial and district development committees.

Ensured Coordination Between National Planning Staff and Provincial/District Administrators Related to Implementation of National Planning Unit Activities: The HPIP assisted the Government in seeing that MA Kenyan planners (returned participants) were functioning effectively in appropriate positions in the MOH and MOEPD.

There were three Kenyan planners who returned from their MPH programs at Johns Hopkins University. They worked as members of the Health Planning Working Group to write the 5-year health development plan.

B. Improve the National Health Information System

Background and Functions of the Current Data Systems: There were two systems collecting health statistics: The evaluation and research division and the vital health statistic unit. The evaluation and research division was established in 1975 as one of the five divisions in the National Family Welfare Center (NFWC). Prior to that time, there was a family planning section which dealt with only service statistics within the Ministry of Health.

The evaluation and research division had the following three main functions:

- To collect, process, analyze, and report MCE/FP data. This consisted mainly of family planning acceptor data and data on the field educators' performance. MCE data was collected from public health nurses' reports, but in less detail.
- To assist the National Family Welfare Center and other institutions in the training of their health personnel in record keeping, simple evaluation techniques, designing research projects, and population dynamics.

- To conduct and assist other organizations in evaluations and research related to MCH/FP activities.

The vital health statistic unit was established in 1974 for the purpose of implementing a uniform system for collecting vital health statistics throughout the provinces. This required the introduction of five different forms as tools for collecting the data. This system, which has been introduced in 33 districts, covers: 1) laboratory results, 2) immunizations, 3) out-patient morbidity, 4) communicable diseases, 5) in-patient statistics, and 6) MCH attendances. This data is processed and reports are produced on a quarterly and annual basis.

The evaluation and research division routinely receives two types of data from the field: family planning first visits and re-visits forms, and the field educator's coupons with the monthly forms.

The family planning forms are used in the service delivery points (daily clinics) and other clinics offering family planning services such as the Family Planning Association of Kenya, mission hospitals, and private firms. These forms are completed by the nurse or midwife in charge of a family planning clinic. More than 500 service delivery point and part-time clinics offer family planning services.

The family planning forms are completed in duplicate by the nurse. The original copy is sent to the evaluation and research division on a monthly basis and the duplicate is kept at the clinic as a client record. About 5,000 family planning first visit forms and 22,000 re-visits forms are received in the evaluation and research division on a monthly basis. Approximately 74% of all the clinics offering family planning report on a monthly basis.

The coupon form is a tool used by the field educators when recruiting clients to the maternal and child health/family planning (MCH/FP) clinics. The second part of the coupon form is taken to the MCH/FP clinic by the client, where it is completed by health personnel after they have provided the desired services to the client. The first part of the coupon serves as Field Educator's record.

The coupons are sent at the end of the month from MCH/FP clinics to the district hospital to the evaluation and research division at headquarters. About 70% of the 843 field educators using the coupon report to this division

monthly; approximately 6,000 coupon forms are received every month by the division.

The field educator monthly report form was designed primarily to serve three purposes: 1) to determine the field educator's efforts or inputs such as number of home visits, group talks, and clinic talks made or given; 2) to monitor their supply of coupons; and 3) to monitor the type of problems experienced by field educators. For example, if a field educator made only five home visits during a given month, by examining the monthly report under the problem section one may learn that the field educator was on leave for 22 days.

This form, together with the MCH/FP coupon, also provides useful information for evaluation purposes. For example, the field educator's efforts (number of home visits made) can be compared with the results (number of women recruited from home visits).

The evaluation and research division receives an average of 620 report forms per month.

The evaluation and research division has attempted to collect MOH maternal and child health data from the field on a quarterly basis with little success. This was due primarily to insufficient reporting by the district public health nurse to the National Family Welfare Center. Consequently, MOH data are reported by the evaluation and research division on an annual basis. The data include the number of first visits and re-visits for antenatal care and child welfare. It is compiled at the district level by the public health nurse and sent to headquarters.

The vital health statistics unit has five types of forms: The monthly activity report consists of two parts: 1) Daily out-patient return of morbidity which records daily the total number of each disease (new cases only) and the total number of re-attendances and referrals. (2) Maternal and child health activities during the month which consists of the number of first attendances and re-attendances for child welfare, antenatal, post-natal, and family planning and the number of referrals. These data come from the static and mobile clinics and are recorded monthly rather than daily.

The monthly laboratory report which is completed in triplicate by the person in charge of the laboratory, includes monthly totals on the following data: 1) smears, 2) hematology, 3) blood grouping, 4) urine, 5) cerebrospinal

fluids, 6) stools for ova and cysts 7) stools cultured, 8) other culture exams, 9) serology, 10) virology, 11) exfoliative cytology, 12) other exams, and 13) specimens sent abroad.

The immunization summary sheet is completed by the nurse or a statistical clerk on the out-patient. It includes the total number of immunizations given by type during the month; the types include: 1) DPT (1st and 2nd dose), 2) oral polio (1st and 2nd dose), 3) tetanus toxoid (1st and 2nd dose), 4) small pox (by age), 5) BCG (by age), 6) measles (by age), and 7) others.

The notifiable infectious diseases form, completed on a weekly basis, contains a list of 45 diseases under international surveillance. The total number of cases and deaths previously reported and the number of cases and deaths occurring during the current week are recorded. This form is completed by the public health officer at the district or municipality level.

The discharge sheet is completed for each patient by the ward nurse. It contains 1) name of institution, 2) characteristics of the patient, 3) date of admission and discharge, 4) final diagnosis, 5) obstetric summary, 6) operations, 7) status of discharge, and 8) postmortem.

This information is the only type computerized by the vital health statistics unit.

The Status of HIS Development: Rural community reporting of vital statistics is done by chiefs of the communities. It was difficult to establish the accuracy and extent to which this reporting was submitted. The chiefs reported directly to the Central Bureau of Statistics. Querying district health officials proved futile. Too little was known of births, deaths, and morbidity below the dispensary level.

Data needs were identified, and a specific data base for health planning, which can be attributed to input from the point at which the record can be documented, was developed.

The HPIP introduced a team approach to develop the district health information system. Significant delays in establishing the rural information system occurred due to the hiring and firing of a health information specialist who proved incapable of performing the necessary activities.

The health information specialist hired September 1, 1983, made a great deal of progress in coordinating and developing the infrastructure necessary at the headquarters level to assimilate the data. Although delays in

acquiring the computer were experienced, coordination of the data units mentioned above in preparation for the assimilation of data by the computer occurred. The Project demonstrated the ability to implement a HIS within the time frame of the contract.

The range of concerns in HIS must be separated into two distinct albeit interrelated areas: 1) management, administration, and resources constraints and 2) technical design, development, and training requirements. EPIP provided a considerable amount of advice and backup support (as appropriate) to the Ministry in addressing problems falling into the first category. These concerns, however, are mainly within the domain of Ministry decisionmakers.

The EPIP concentrated major efforts on design, development, and training activities.

Accomplishments are outlined as follows:

1. Facilitated appointment of an HIS director (senior MOE official, appropriate to the charge and responsibility of the office)
2. Gained government authorization, designed and constructed computer facility (data center)
3. Procured and installed MOH computers
 - a. One IBM/26 minicomputer (arranged funding by USAID and UNICEF)
 - b. Five IBM PC microcomputers (arranged donation by IBM)
4. Established computer section within the Ministry of Health (11 staff)
5. Trained Ministry of Health personnel in computer operation and programming
 - a. Computer Section
 - o Four attended a 2-year diploma course in computer science at Kenya Polytechnic
 - o Two went to the United States for a 1-month course, "Microcomputers in Health"
 - o Ten attended an IBM course at IBM on minicomputers
 - o Thirteen attended microcomputer training at IBM Africa Institute
 - b. Ministry of Health Staff--Users
 - o 116 attended microcomputer course
 - c. College of Health Professions
 - o 1 microcomputer donated to college (arranged donation)

- o Technical assistance provided to medical education staff
 - o 37 medical records technician students each received 9.5 hours of instruction on microcomputers
6. Reported vital health statistics
- a. Microcomputer programs developed
 - b. Out-patient, family planning, infectious disease, and immunization data entered on microcomputers and reported for 1981-1984
 - c. Staff computer section trained to perform programming, data entry, and analysis
7. Developed management information system
- a. Facilities Inventory
 - o Completed programming
 - o Collected and entered baseline data (districts)
 - o Additional data verification and entry in progress
 - b. Budgets
 - o Facilitated cooperation between Ministry of Health and Ministry of Finance
 - o Using budget programs developed by MOF on MOH microcomputers
 - c. Drugs Monitoring
 - o Put into progress systems analysis under the general guidance of the offices of the Permanent Secretary and Director of Medical Services in cooperation with various officers within the Ministry
 - d. Personnel
 - o Made arrangements for DPM to cooperate with the Ministry of Health to gain access to computer files at the Government Computer Services Center. Two staff from the Ministry of Health personnel section have been assigned to assist the computer section. A system to satisfy the requirements of key Ministry of Health users is under development on the minicomputer.
8. Carried out research support
- a. Computer staff have been trained to use statistical packages on the microcomputer

b. The following surveys have been analyzed by the data center:

- e primary health care
- e Kilifi immunization
- e dental survey
- e Mathari Mental Hospital survey
- e psychiatric assessment survey

9. Provided technical advisory services

The computer section has consulted with:

- e Ministry of Health: PS, DMS, PF&EO, chief supplies officer, and planning officers
- e University of Nairobi: postgraduate students in the faculty of psychiatry
- e Office of the Vice President: officers from the National Council for Population and Development
- e Donor agency consultants: WHO, World Bank, DANIDA

Immediate Priorities: Training of computer staff and other Ministry staff in specific technical methods, and familiarization training for a significant number of other Ministry personnel have gained momentum, and are being well received throughout the MPH. These activities have two purposes: 1) to prepare a pool of Ministry of Health staff capable of assuming a wide range of operational and programming functions as the HIS system expands and develops, and 2) to sensitize Ministry of Health managers (and other users who may wish to subscribe) to the availability and utility of converting manually maintained information (which is inefficient and fragmented at this time) to automated systems.

It is highly desirable that this type of training and preparation be continued. In the absence of these ongoing activities, the data center could within a very short period of time become dormant. There is also a strong possibility that equipment could be confiscated (particularly PC's) for inappropriate use and/or damaged.

After several years of promotion, and approximately 5 months of very careful discussions and internal organizing, interest and subscription to development of management information application have begun to move. Focus in this area is extremely important to the development of a fully articulated health information system. Increased ability and provision of services in

this area are also key to the improvement of managerial support and resources which are critical to further strengthening the HIS unit.

Basic user requirements have been defined and procedures for building data base and analytical programs have begun. This area also requires fairly extensive technical systems analysis. (Systems analysis is defined here as an investigative method by which data criteria are objectively evaluated in terms of their impact on various "decision points.") Further training of computer staff and other technical officers within the Ministry to perform this type of analysis should be expedited. Maintenance of activities in this area are critical to ensure that data treatments are moving toward long-range functional objectives of the management information system. If facilitation of this process ceases abruptly at this time, the very tediously laid development advances will be lost, requiring a completely new start-up with the prospect of another 1 to 2 years before appropriate dialogue and cooperation can be revitalized.

C. Administered Acquisition of Supportive Commodities

The Health Planning and Information Project, under its contract, purchased and arranged funding for several supportive commodities for the Project including:

- Three vehicles
- Computers--one IBM/36V minicomputer (arranged funding by USAID and UNICEF); 5 IBM PC microcomputers (arranged donation by IBM) (For further information, see appendix 2)
- Additional commodities as listed in appendix 3

VII. PROJECT IMPLEMENTATION

A YEARLY OVERVIEW OF PROJECT IMPLEMENTATION ACTIVITIES

A. October 1980-September 1984

Contracting: The selection of the contractor followed standard GOK and USAID competitive bid procedures. Under terms of host country contracting arrangements, the GOK/MOH had final word on the contractor's selection.

The selection nonetheless was contested by several unsuccessful bidders, leading in early 1980 to a Government Audit Office review by USAID. The GOK's decision on the selection of the contractor was upheld. However, at its inception and periodically during the following years of operation, this did contribute to minor strains in the relationship between the contractor, MOH, and USAID technical officers of the Kenyan mission.

By 1984-85, this situation had virtually disappeared. However, in spite of good performance throughout the Project, the early history did figure into the GOK's decision in mid-1985 to open the Project extension (1986-89) and to open bid rather than pursue automatic recontracting with the Drew School. At that time, there remained an underlying desire to "clear the boards" of any previous negative history.

Project Scope: Once the project became operational, with one full-time consultant in Kenya, the contractor began to seriously assess operational strategies and immediate requirements in view of the real environment in which the Project had to operate. Two issues emerged at that time:

1. The Project objectives did not appear to be totally achievable within the brief span of three years as originally contracted, and
2. The Project appeared to be understaffed in provisions for both technical and administrative manpower in the field.

These concerns were discussed by the contractor, MOH, and USAID officials in a review mission from the Drew School in March 1981. Agreement was reached to take up these issues at a later date, following some reasonable time when the Project's experience and performance could be evaluated.

Project Staffing: The contractor's consultant, who had been identified to assume the health information specialist post, declined the assignment in early 1981 (for unexpected family/medical reasons). There followed an

extensive period of discussing and re-evaluating the position with MOH officials and active recruitment by the contractor.

It is significant that during the early days of the Project, no absolute technical agreement could be reached as to the qualifications and orientation of the HIS specialist. This was due in large part to differing views within the Ministry on the long-term objectives for information systems development and consequent differing views on the type of technical expertise required.

In spite of its own technical opinions and advisory role, this was a Project that was substantially influenced by guidance from MOH policy matters. Because of varying views and expectations about HIS developments, this aspect of the Project proved most fluid and uneven.

Many approaches to the staffing of this HIS post were tested. The original candidate was a biostatistician by training; a second candidate with credentials as an MD/MPH with concentration in national-level epidemiological surveillance was deployed on a short-term consultancy, partly with a view toward evaluating his suitability for the job. Because of the MOH's early focus on the vital health statistics processing function of the HIS, epidemiological emphasis was viewed at the time as a key skill requirement. It was found, however, that this orientation was far too limited to substantially contribute to the organizational and systems development aspects of the job.

This consultancy was followed by another consultant/candidate with much stronger skills in national health information management and computerized processing. This candidate's input during 1982 proved to be more relevant to the overall directions being attempted by the HIS unit. However, it was also found that emphasis on data processing did not provide the more general orientation toward systems redefinition and restructuring, analysis of decision points, definition of data criteria, and systems installation and training.

By this time, the system development requirements of the consultant's task had become clearer. But the MOH's managerial task involved in upgrading the HIS also became much more apparent during this period. Thus, the contractor began to actively encourage the identification of a HIS director drawn from the pool and senior managers within the MOH. It was concluded that the HIS director should then have the prerogative of defining his own technical

assistance requirements. Further attempts to staff the contractor's consultant post were delayed pending identification of the MOH's HIS director. (The MOH finally designated an officer to fill this post in January 1983.)

Thus, for the major portion of the first 2.5 years of the Project, the Chief of Party was the single full-time technical officer in the field. Overall, this tended to exacerbate the problems of Project staff shortage that had been identified early in 1981.

Project Covenants: The Project paper developed in 1979 had accurately identified a major issue related to institutional strengthening of the MOH's planning capacity. The recommendations were that:

- o A central planning unit with full authority to coordinate all planning was needed, and
- o A scheme of service was needed to ensure that qualified MOH planning officers could be identified and retained.

From the Project's inception, the issue of forming a central planning unit as such became a contention between Ministry and USAID officials. It was argued, with justification, that the earlier thinking was substantially overridden by the GOK/MOH's current movements toward decentralized participatory planning/management at the district level and below. While coordination functions were needed at the national level, the Ministry felt that strong consolidation and identification of various planning functions in one office would be a deterrent to decentralized planning.

Moreover, there had always been a structural separation of service delivery from physical planning. The political climate within the Ministry at that time was not conducive to consolidation of structures and was furthermore viewed as an inappropriate concern for an external agent.

Closely related was the issue of a scheme of service for health planners. In point of fact, the Ministry did not have direct capacity to create or modify personnel classifications. These were controlled by the Directorate of Personnel Management in the Office of the President. Functional experts such as accountants, planners, or statisticians were loaned to various ministries from the applicable operating ministry. Loaned technical officers fell into the service schemes of their parent ministry rather than their assigned ministry.

To a certain extent, these constraints to creating a central planning unit (and scheme of service) were known at the time the Project paper was drafted. The burden of changing these conditions was nevertheless explicitly built into the terms of reference of the contractor, and was actively pursued by USAID as overseer/financier of the Project. Some 16 Project Implementation Letters (PIL's) requiring explanation on the MOH/contractor's progress in meeting these terms were generated by USAID during 1981-82. The GOK responded slowly to these inquiries, leading (once again) to strained relationships.

By mid-1982, the contractor was finally successful in creating a dialogue between the GOK/MOH and USAID, which led to clarification of the issues and deletion of these specific items from the contractor's scope of work. In the interim, during 1981, the contractor had proceeded within the spirit and intent of these covenants, following guidelines laid by the GOK/MOH.

As a result, a National Planning Coordinating Committee (Policy Steering Committee) was formed and three health planners (MPH graduates) were assigned to work in conjunction with the Project.

In conclusion, the first Project year substantially involved settling in; recruiting, building working relationships, integrating Project objectives with ongoing MOH developments, and initiating long-term processes such as arranging MPH training in the United States and procuring Project commodities (vehicles).

Major concentration was placed on strengthening the role of the newly created Planning Steering Committee and formulating the Integrated Rural Health/Family Planning Program design and implementation plans.

The Chief of Party, who worked single-handedly in the field during this first year, should be credited for further rationalizing and stabilizing the Project and creating a productive environment in which Project activities could proceed. Much of the groundwork for activities which were undertaken in the following years was laid during the first 12 months of operation.

B. October 1981-September 1982

Operations Research: A major issue during the second year of the Project concerned the development of the operations research component. Delays were related to the following:

1. There appeared to be some questions at the time regarding the MOH's authority to directly conduct or grant funds for formalized research activities. The Kenyan Medical Research Institute (KEMRI) and the National Council for Science and Technology (NCST) were the two agencies authorized and specialized in health research. The question was how to establish an operations research activity within the MOH under terms of the Project without coming into conflict with the mandates of these agencies. While the central MOH, KEMRI, and NCST work cooperatively, it appeared at the time that both the Government's and USAID's contributions to support operations research might have to be shifted to either KEMRI or NCST, which would have been somewhat inconsistent with the terms of the bilateral agreements of the HPIP grant. Various discussions aimed at clarifying this issue occurred. Also, the Project began building communications with both KEMRI and NCST in anticipation that each would need to participate in whatever arrangements were ultimately established.
2. Similarly, difficulties were experienced in establishing a subvote in the Government's budget to accommodate the Government's contribution to the research. MOH budgeting officers also called into question the appropriateness of the GOK's contribution to the MOH to conduct research in light of the issue described above.

Finally, the justifications were prepared and taken to the Treasury, where further extensive reviews were done. The Project Chief of Party appeared at no less than three hearings in the Treasury to discuss the subvote and explain the terms of the agreement between USAID and the GOK.

Agreement was reached, but the subvote failed to appear in the printed forward budget for 1983-85. After further follow-up, the subvote item was included in the revised budget for 1982-83 with a token allocation. An amount of 30,000 Kenyan pounds (\$40,000) was finally reflected in the MOH's budget for 1983-84. The total obligation of the GOK meant that the balance of the GOK's contribution would be phased in over the following years. This, in effect, would have

spared the funding of research over several years, extending beyond the life of the Project, which was then scheduled to terminate in September 1983.

3. Once again, the issue of the operations research and the GOK's contribution became a point of contention between the MOH and USAID. USAID's position at this time was that it would be absolutely necessary for the GOK/MOH to uphold this obligation. It was made clear that the informal discussions related to extension of the Project that had been under way were useless as long as these difficulties with the GOK contribution remained unsolved.

Matching Funds: Furthermore, USAID experienced some difficulties itself in determining exactly how many funds were remaining from its bilateral funds to match the GOK's contribution (USAID's matching fund was to have been \$100,000). This difficulty from the USAID side was caused mainly by its participating agency support agreement (PASA) funding for MPH training (for the four physicians at University of Massachusetts), where the Department of Health and Human Services had not fully accounted for expenditures.

It took several months to sort out the matter, and in the meantime, communication between the MOH and USAID deteriorated further.

Computer: During 1982, the Project engaged a second HIS consultant to look into the requirements for Project assistance to the HIS unit. A major recommendation of this consultancy was the need for the MOH to upgrade and expand its data processing capability by installing a fairly large computer at MOH-headquarters.

The consultant observed that one of the major causes for data processing backlog was the arrangement in which the Ministry had to rely on the Central Bureau of Statistics (CBS) facilities. A large IBM system which would be compatible with CBS equipment was recommended. The MOH also expressed an interest at the time in further expanding central information to cover management areas such as personnel and facilities inventories (further suggesting large capacity equipment).

Steps were undertaken to seek approval from both the Government and USAID to proceed with the purchases. However, difficulties were encountered by both sides. The Government (CBS) was reluctant to grant the MOH permission to establish an independent processing capability. Justification had to be

supplied that the MOH's applications would be supplementary and in support of internal management information needs, not duplications of other data processing responsibilities in the CBS.

USAID raised questions about the proposed equipment and the MOH's ability to sustain the recurrent costs of training personnel and maintaining the system.

These issues were not to be resolved until well into 1984.

MPH Training and Posting of MOH Planning Staff: The original bilateral agreements called for the training of 15 MOH officers at the MPH level with a view toward staffing the central planning unit. In reality, the MOH held a more flexible view of how these officers would be utilized once they were trained. While not overlooking the needs for trained planning officers to be placed at the central level, the Ministry viewed it as also useful (and sometimes strongly indicated) to redeploy to the field personnel such as Medical officers who have recently received MPH training; there, they could consolidate training with experience and build their orientation toward rural health services.

It should be noted, however, that the Ministry's policies on this issue were not clear as the Project commenced and needed clarification as the Project progressed and MPH trainees began to return.

Prior to and at the inception of the Project, both USAID and the MOH were anxious to get MPH placements done in advance of the Project's start in anticipation that at least some of those trained would be able to take up positions related to the Project (as planning officers).

Thus, four physicians were placed at the University of Massachusetts and three health economists were placed at Johns Hopkins University prior to the Project's start-up. These placements were managed by USAID through the Department of Health and Human Services in Washington. An additional five physicians were trained at Loma Linda University in Los Angeles under the supervision of the Project.

Although it is difficult to draw absolute conclusions from the experience, the redeployment patterns which followed training may have some significance. The four physicians trained at the University of Massachusetts had the least connection with the Project. All of these officers were reassigned to the field upon their return. The five physicians trained at Loma Linda had very

close connection with the Project, although only one of them was reassigned to headquarters and worked in the planning area. The others continued to show exceptional cooperation with the Project in the years following their training. The three nonphysicians had the longest and most relevant working relationships in the planning area.

For the future, it is probably safe to say that:

- e It is better to have MPH candidates selected and placed during a Project, rather than in advance, if indeed these trainees are intended to be reposted to support Project activities, and
- e More nonphysician health professionals should be considered as planning specialists.

Project Evaluation: During July-September 1982, an external evaluation of the Project was undertaken by USAID. The two evaluators visited both the Drew facility in Los Angeles and the Kenya-based operations.

The evaluation, published in October 1982, was thorough and detailed. It concluded that the Project had been productive and that developments in the GOK/MOH suggested that the Project should be extended, preferably through a period that would allow the Project to complete one full cycle of the GOK's 5-year planning phase (through 1988).

The evaluation recommended that Project staff based in Los Angeles should be reduced, while staff in Kenya should be increased. At the time, the home office had three staff members: an administrator/training coordinator, an administrative assistant, and a secretary. The administrator/training coordinator was transferred to the field and became the MT/ODS, the remaining staff was transferred to other departments, and the office was closed. The evaluation also noted the Project's previous difficulties with staffing of the HIS position and made specific recommendations for improving communications between Drew, the MOH, and USAID.

Based on this evaluation, steps were taken between October and February 1982, to develop the proposal for extension of the Project and to reconcile all outstanding matters related to GOK contributions and operations research.

Achievements During Project Year Two: In spite of a number of difficult issues that arose, some strain in communications between the operating parties, and preparation for a major Project Evaluation, the second year of the Project was exceptionally productive.

Among major achievements were:

1. The work of both the Policy Steering Committee and the Health Planning Working Group, which was officially constituted in May 1982, was standardized. Both were extremely active during this period, and with the assistance of the Project, developed national guidelines for decentralized development of the MOH's 5-year development plan.
2. Numerous workshops and conferences related to the preparation of the 5-year plan were held at the national, provincial, and district levels. An entire system of district/national planning was established, including the formation of provincial and district health management teams. Thirty-seven of 40 districts in the country were reached twice during this period.
3. Seven MPH trainees completed their studies and returned to Kenya. (None of these, however, was assigned to the Health Planning Working Group.)
4. Five senior MOH officers attended a short-term planning/evaluation course at the Drew School. The seven-week course included preparation of a training manual which was used widely for training district health management teams (during 1983-85).
5. Observation tours were arranged for MOH officials who traveled to West Africa (Ivory Coast, Nigeria, Togo, and Cameroon) and Tanzania/Zanzibar. A separate tour was arranged for one officer in Los Angeles, one purpose of which was to provide support and guidance to the trainees attending the planning/evaluation course.
5. The Health Planning Working Group undertook a policy analysis exercise and prepared a paper for presentation in connection with the health implications of the Government's Sessional Paper No. 4.
6. A comprehensive planning checklist was developed which defined data needed for long-range district planning. Districts used this guideline extensively in collecting information, developing statistical baselines, and developing their district 5-year plans. The planning checklist also contributed to the understanding of information requirements at the district level and further clarified information (related to HIS developments) that was to be provided by the central HIS unit.

C. October 1982-September 1983

Project Extension: Following recommendations of the external evaluation published in October 1982, the MOH and USAID agreed to extend the technical assistance contract with the Drew School.

USAID's support for the Project extension was conservative. Funds from years one and two were reprogrammed and an additional \$202,783 was added, bringing the authorized funding level to \$1,914,783 for a 5-year period, through September 1985. The budget then provided in total for a full-time health information specialist; a new position, management training/organizational development specialist (MT/ODS), from April 1983 through March 1985; and the Project director through September 1985.

A condition of the Project extension was that all outstanding matters related to the GOK contributions and covenants also had to be satisfied. Thus, a substantial portion of the first half of the third Project year was devoted to follow-up on a variety of complex issues and to the contract extension process. As evidence of the extraordinary pressures placed on the Project during this period, it was necessary for the Drew president and the school's financial advisor to make trips to Kenya, and a program administrator was assigned on a 3-month temporary duty expert consultation (TDY) to assist.

Project Staffing: The MT/ODs began work in April 1983. A health information specialist hired in June 1983 (on the recommendation of USAID and approval of the MOH) was terminated at the end of a 3-month probationary period for unsatisfactory performance. Another HIS specialist was hired in September 1983. Together with the recontracting process, the recruitment and settling in of new Project team members proved disruptive to the forward movement of the Project during the third year.

Loss of Project Vehicle: During Project year three, one Landrover and two Peugeot-station wagons were finally registered and put into service.

The Landrover was stolen on its second day of operation from the Ministry of Health parking lot where it had been parked and locked. The theft was immediately reported to the police and Ministry of Security officers, and MOH/USAID officials were notified but the vehicle was never recovered. The replacement value of the vehicle was ultimately covered by the contractor.

Audit Scheduled: In June-July 1983, the contractor was advised by USAID/K that a general program/financial audit would be conducted on the Project.

There followed several weeks of discussion with USAID regarding the rationale for scheduling of an audit at that time (the Project had been externally evaluated in June 1982 and the Project extension had been granted only three months earlier). Clarification was requested by the MOH on the terms of reference for the audit. USAID responded to this inquiry informally and internal preparations were made by the contractor. In September 1983, the audit schedule was abruptly cancelled without explanation.

In spite of these extraordinary disruptions, Project activities proceeded well with several significant advances.

The Ministry was moving toward conclusion of the 5-year development plan (1984-88). The Project was actively involved with a final round of district management training during April-June 1983. In all, 24 districts received training on plan development during this period. The Policy Steering Committee reformulated itself as part of the permanent Management Committee and continued to review progress and provide guidance on the 5-year plan preparations.

Also during the year, two additional planning officers were assigned to the Health-Planning Working Group. Coordination with the Ministry of Planning was strengthened and the Project assisted the MOH in completing its input to the Government's 5-year development plan and drafting a separate Ministry 5-year development plan.

The Project finally succeeded in developing an acceptable mechanism for administering operations research activities, and was instrumental in establishing the Joint Fund for Applied Health Research.

In addition, significant progress was made during the year in addressing the remedial issues raised in the external evaluation. There was, overall, higher visibility from the contractor's home office and improved communications between the operating parties.

D. October 1983-September 1984

Project Evaluation: Early in Project year four, discussions were renewed regarding extension of the Project through one elaboration of the GOK's 5-year planning cycle (1988).

In this case, interest had begun to increase within USAID regarding the utility of institution-building projects such as the HPIP. Relationships and

communication had improved in general, and there was more open dialogue between the MOH and USAID on what progress had actually occurred during the prior three years.

It was agreed that a second external evaluation would be scheduled in early 1984 with a view toward further documenting the Project achievements and laying the groundwork for extending USAID support.

The evaluation that took place in April 1984 was both a performance assessment and a preliminary preparation for a subsequent Project Identification Document (PID). Under these circumstances, the contractor's role was slightly different than in the prior evaluations. In this instance, in its capacity to "assist in programs and project development," the Project acted on behalf of and with guidance from the MOH to assist USAID in developing the proper documentation. Thus, following the completion of the evaluation, Project staff was also actively involved in preparing the language of a "PID-like" cable which was to have been forwarded to Washington for review and to seek Congressional notification. (At that time, USAID/K was requesting that funds be reprogrammed from the defunct "Kitui Project.")

Ultimately, the "PID-like" cable was not put forward and USAID instead decided to place funding for the HPIP extension within the family planning support services grant (FPSS 615-0232).

Achievements During Year Four: During this year, Project activities became substantially more standardized and focused on selected areas of high priority. In anticipation of termination of the contract in September 1985, the general focus and emphasis were on stabilizing institutional resources and transferring responsibilities to MOH officers.

Major activities were related to HIS developments, operations research, and reassessment and refinement of district management training materials.

Advances in HIS developments were significant during this period. An HIS assessment was completed and reviewed by the DMS; an order for an IBM minicomputer was completed (a contribution of \$30,000 toward purchase of the computer was made by UNICEF); and field systems analyses were completed in three districts (combining health information review with analysis of management decision points at the dispensary/center levels). HPWG staff were trained in these operational assessment methods in anticipation of developing their technical capacities as consultants in the HIS area; several discussions

with senior MOH managers at headquarters, provincial, and district level were undertaken to identify management information services that could be provided by the HIS once the computer was installed. Development of facilities inventory files was begun. The Project's HIS specialist began development of a growth monitoring system (with support from UNICEF).

Solicitations were developed and grants let for three operations research activities administered by NCST. The research topics were: 1) alternative financing mechanisms--M'Soliara and Kimani, 2) health manpower training and management, 3) a comparative study of two programmes of oral rehydration salts supply and health education for control of diarrhoeal disease mortality in pre and school children in Kakameza district.

HPWG staff were engaged in internal review and editing of district 5-year plans. The intention was to forward back to districts their 5-year plan documents, redrafted in a standard format with critique/comments for future reference. (This effort was partially completed but later suspended due to lack of typing and production resources.) A new series of district management training materials, focused on supervision and budgeting, was developed and an active training schedule was formulated in September 1984. These materials consisted of a set of six booklets which have been completed in draft form and cover planning, budgeting, organization, and evaluation.

E. October 1984-September 1985

Project Extension: Owing to anticipated delays in developing and contracting an extension to the HPIP, the MOH again requested that USAID consider a short-term extension of the Drew contract to ensure continuity of project activities. A 3-month extension of the Drew contract was granted, adding an additional \$100,000 and bringing the new contract total to \$2,014,783 through December 1985.

Departure of Dr. Reginald Gipson: Dr. Gipson, who had been the Project's Chief of Party for the prior 5 years, departed in June 1985 for another assignment. His responsibilities as project director were taken over by the management training/organizational development specialist. Both officers traveled to Los Angeles in June 1985 for Project debriefing and a turnover conference with Drew officials.

Funding of HIS Consultant (UNICEF): In October 1984, agreements were reached with UNICEF to support the services of an information specialist to assist in the development of a nutrition surveillance (growth monitoring) system. The output of the nutritional surveillance information system (within the MOH) was to provide the district affected by the failure of the 1984 long rains with timely and relevant data concerning the nutritional status of children attending health facilities. The implementation of this routine reporting system also provided a testing procedure for the health information system. Instructional material and data collection forms were prepared. UNICEF contributed 383,000 Kenyan shillings. The consultant was also to provide more general backup and assistance to the Project's HIS specialist, and to look into some of the concerns with reorganizing data processing procedures in the HIS areas (with special attention to nutrition-related data).

Concerns in the Area of HIS Development: In spite of general progress made in establishing computer facilities, systems analysis, and training, etc., Ministry officials began to express increasing concerns toward the end of 1984 regarding the growing backlog of unprocessed data and the inability of the HIS unit to generate statistical reports. This was viewed as a deterioration of the unit's capacity compared to previous years (going as far back as 1978-79 when the unit had routinely generated statistical reports).

During this period, the DMS personally took a hand in reviewing the management situation in the unit. It was found that there were serious infractions of discipline and performance which were contributing to lack of productivity. This was not viewed as a contractor problem, but one related to internal MOH administration.

In December 1984, the IBM computer arrived and was installed (see appendix 2). However, early difficulties were experienced in "debugging" and software applications. With growing pressure being placed on the HIS unit and the HIS consultant to generate reports, a crash effort was made to produce vital health summaries for 1984. This was accomplished with some difficulty. In practice, it was found that microcomputers were probably more efficient for this routine type of data summarizing. A microcomputer was borrowed from another department and a 1984 report was produced (yet to be officially released by the MOH).

The 1984 statistical report raised even more concerns about production capacity in the HIS unit:

- o There were reasons to question the "validity" of reporting from the field. Compared to several years ago, this appeared to be a worsening problem.
- o The expectations of MOH officials were not satisfied in terms of the data facility's ability to rapidly process data on the minicomputer. Issues were raised about the selection of the equipment as well as the adequacy of training of the minicomputer operations and that of the Project's HIS adviser.
- o It was apparent that management of statistical staff needed much closer attention. In spite of the crash effort made on 1984 out-patient data processing, data for several previous years were still unattended and the backlog for in-patient data processing reached back to 1980-81. The conclusion was that productivity in the unit was at an all-time low.

In response, the MOH in early 1985 appointed an HIS director to the unit to assume overall managerial responsibility for data processing (manual operations), computer processing, training/upgrading of statistical staff, and general systems developments at the national and district levels. The Project had first approached the Ministry about this type of posting in 1981-82.

Departure of the Project's HIS Specialist: In consultation with MOH officials, the contract of the HIS specialist was not renewed. After March 1985, her duties were assumed by the HIS consultant who had been involved in the Project (with UNICEF support).

Achievements During Project Year Five: IBM generously donated five microcomputers to the Ministry in early 1985. This donation was made both as a demonstration of social commitment to health development in Kenya and as a means of promoting awareness of the utility of automated processing among Ministry officials. The donation was accompanied by a sponsored program of training which provided upwards of 100 MOH staff (including managers) with basic exposure to microcomputer operations. It should be noted that the IBM contribution to the MOH was the direct result of a long-term effort on the part of Dr. Gipson (the Project's Chief of Party until June 1985).

The data center, with the assistance of the HIS consultant, was notably productive in further training computer operators and in developing applications on the larger minicomputer system. The center was able to respond to numerous request for small processing/analysis and made good progress in the massive job of transferring the entire personnel inventory of the Ministry from the Directorate of Personnel Management data bank to the minicomputer. The nationwide health facilities file was also updated in cooperation with the facilities planning and implementation unit. For the first time, the budgeting office used computer assistance in preparation of the forward budget in September 1985.

Processing of out-patient data also continued (as it was made available from the statistical clerks) and processing of in-patient data continued with some progress being made to reduce the backlog.

Various consultations were arranged to provide guidance to the HIS director on overall system development approaches and treatment of certain technical problems in the programming of the minicomputer. Efforts also continued on assessment of equipment enhancements needed and purchases were arranged as funds were identified.

District management training activities continued during the year with much more emphasis placed on the district team's responsibilities for participation in annual planning, budgeting, incorporation of preventive/promotive and PHC activities into overall district budgeting, and supervision at subdistrict levels. This was also a year of active curriculum assessment and development. In January 1985, the Project participated with SIDA and AMREF in a national evaluation of the district management training undertaken during 1982-84. An interdisciplinary management curriculum development task force (drawn from MOH headquarters) was also formed in September 1985, and worked actively on revising and updating district management training materials for several months. A survey questionnaire was conducted with hospital secretaries to further analyze their views on strengthening district team performance in budgeting exercises.

Advances were also made in strengthening the working relationships between management development officers and budgeting officers at headquarters, with a view toward improving planning/budgeting procedures at the district level. A number of budgeting officers participated in district training activities and

contributed to the curriculum review. This was a practical approach to building a better understanding between headquarters budget decisionmakers and district managers.

F. October 1985-March 1986

Project Extension: Further delays in developing the contracting procedures for the long-term project extension necessitated yet another 3-month extension of the existing Drew contract. This permitted required planning assistance to the MOH until the extension project was awarded. Funds were reprogrammed to cover a no-cost extension through March 1986.

Contracting of the Information and Planning Systems Project: The EPIP follow-on project, under the title of "Family Planning Support Services-Information and Planning Systems" (FPSS-IPS), continued to experience delays from Treasury in gaining authorization to advertise a request for technical proposals. This problem was worked on at fairly high levels between the Ministry of Finance and USAID. Ultimately, it was determined that the MOH's request would have to be initiated through the Permanent Secretary and that both an authorized accounting officer and a technical officer would have to be designated. The Drew Project assisted throughout this phase in expediting preparation of the request for technical proposals and securing the necessary approvals from Treasury (external aid).

The Project's role, in cooperation with the MOH, was to ensure that the opportunity would not be lost for the MOH to have the benefit of continued technical support in its planning/information systems development efforts. Also, there was some continued urgency to ensure that there would be continuity and smooth transition from the Drew contract to its follow-up. Unfortunately, in spite of the several incremental short-term extensions of the Drew Project, by March 1986 the contracting process had not been completed and the follow-on contractor had not been identified.

Contract Close-Out: The Project undertook an orderly transfer of commodities to the GOK/MOH by March 1986. The two remaining Project vehicles, which had in the past been dedicated to the Project, the Division of Administration and Planning, and the HIS unit, were transferred to the general GOK/MOH vehicle pool.

Achievements During the Final Six Months of the Project: Operational activities such as district management training and ongoing assistance in the HIS area continued during this period. Most of the time, however, was devoted to facilitating the Information and Planning Systems contracting and closing out the Drew contract.

VIII. LESSONS LEARNED

What began as a relatively modest project of 3 years in duration and two professional staff has evolved by the end of 5.5 years into a project whose total life is now projected to be eight years with as many as 15 full-time technical consultants. In general, the utility of the Drew Project is reflected in this substantial increased commitment on the part of the GOK/MOH and USAID.

Commitment to the purposes of the Project was an outgrowth of the Project's experience and performance. The Drew Project has been hampered intermittently by almost continuous incremental funding and by frequent exercises of "justifying one's existence." Successful implementation of a project of this magnitude and complexity requires long-term views and commitments of those involved. It is believed that all parties fully appreciated this fact by the end of the HPIP. Furthermore, continued close communication with all parties in a project of this complexity is mandatory.

In the case of organizational development projects in the health planning and information systems field, consideration must be given to initial, longer-term commitments and a fairly high level of resources support.

The environment for systems development was strong from its inception. The Ministry, over its history, has been fortunate to have many dedicated officers whose single mission was to promote progressive change in the Government's capacity to elevate the health status of its people. These officers also recognized the relevance of strengthening management infrastructure. Without these perceptions and continuous support, a project such as the HPIP could not have accomplished much. Also, the Project's purposes were remarkably in concert with the Government's development philosophy. District focus policies provided a significant boost to what the Project was able to achieve. In the identification of such projects, essential Government policies and programs must be compatible.

The experience of the Project also points to the constraints that must be accepted as part of the task. As an agent of change, the Project was from time to time constrained by Government policies. For example, the career ladder and incentives for nondivision professionals (such as health economists) within the MOH tended to be somewhat frustrated. This made it

difficult to motivate and retain health planners for any extended periods of time. This was an operational reality and adjustments had to be made within the Project to accommodate this fact. There were many other instances where the Project was required to make its adjustments to the organizations' approaches. Sensitivity and flexibility were demanded under such circumstances. Not all "objectionable measures" will pertain throughout. It is better to proceed with whatever components of a project are feasible. Innovation and flexibility are always required when operating within bureaucratic systems.

This same sensitivity must also carry over into the character of the personnel involved in such a Project. Frequently, it can be seen that a consultant given a certain task will attempt to accomplish the job in spite of the people to be assisted. Technical assistance agencies must be extremely careful in selecting staff who are professionally mature enough to moderate ~~their technical objectives when indicated.~~ It appears more desirable to accomplish a portion of an objective with full participation than to fully achieve an objective that is not seen as relevant. Furthermore, the technical consultant must be able to keep his "advisory" role clearly in front of him. In many cases it can be seen that an overly ambitious consultant will be relegated to routine staff duties, resulting in a limited ability to promote change.

For the future, it is safe to say that regarding training, it is better to select and place MPH candidates during a Project than in advance if indeed these trainees are intended to be reposted to support Project activities. In addition, more nonphysician health professionals should be considered as planning specialists.

A. Directions in the Field of Health Planning and Information Systems Development

There appears to be a generally increasing recognition that institution-building and particularly management systems must form part of the investment package in health development. Frequently, this recognition is generated by some need felt by a donor agency. The host government may appear to be having difficulties in identifying and justifying its needs for assistance. The conclusion is that better information and planning capacity will facilitate

donor programming. This was an underlying assumption built into the development of HPIP.

This, however, proved to be just a starting point, for the GOK/MOH quickly took up the Project as its own. There was genuine belief that improved management systems would lead to improved service delivery. The agenda of improved dialogue with the donor agency became of secondary importance.

As strategies for health developments become more clearly defined and complex, it can be expected that the recognition of need and requests for assistance in planning/information systems development will increasingly be generated by host governments.

The focus of systems developments in the field also appears to be shifting. During the 1960's, the World Health Organization had a major influence on health information systems development in various countries by virtue of its concerns for developing universally standard country health statistics. National ministries continue to be concerned with being able to respond to these external information requirements. However, as primary health care becomes a wave of the future, increasing attention is being paid to information requirements at the user level. In Kenya today, the health information system is likely to completely reverse itself starting with essential information at the lowest level as a major priority, and substantial systematic reduction of information generated upward to higher levels. This trend is also reflected in the field of epidemiology where increasing attempts are being made to identify single or a few key indicators upon which to measure health situations.

Professionalism within the field is also changing. In the past, development assistance in health was the exclusive realm of health professionals with appropriate credentials. This is far less true today, with a variety of other disciplines evident. This trend is likely to continue and should open the way for some relaxation of the stringent criteria (credentials and relevant background) usually used in the evaluation of candidates in the health management development area.

B. Strengths and Weaknesses of the Project

In brief, it can be said that the Project's major strength was in the ability of its staff to work closely and compatibly with host country

counterparts. Good relationships were maintained throughout with a high degree of basic trust and confidence.

A major weakness of the Project was its internal administrative capacity. In attempting to cover technical, logistical, financial, contractual, and reporting functions, far more pressure was placed on Project staff than was necessary. This was a design fault in the Project which was never fully accommodated by future budgetary and staff planning.

C. Side Effects of Lessons Learned

Below is a list of 10 items which can be categorized as side effects of the Project's lessons learned. They are:

- o Organizational development efforts are most effective when there is an established impetus such as decentralization.
- o Regardless of constraints, it is always better to proceed with whatever components of a project are feasible. Innovation and flexibility are required when operating within bureaucratic systems.
- o The call for a planning steering committee produced a policy-level coordinating body with a broader scope. (The advantages of departmental collaboration were appreciated.)
- o Continued close communication with all parties in a Project of this complexity is mandatory.
- o Short-term training produced a viable network of resources for other ongoing Project activities.
- o Involvements at the district level pointed toward the need for support at the primary/community level.
- o Training activities have gained wide attention and opened opportunities for integrating the MOH's (Project) planning and management training curricula with that of external health training institutions.
- o Short-course training should be limited to small groups, preferably "close to home."
- o Rural projects of all donors are expanding too fast for support services to keep pace.
- o Flexibility of USAID, is an important asset to success of activity outcome.

IX. APPLICATION OF THE HPIP MODEL ELSEWHERE

Experience shows that many Projects of this type have failed to "take hold." It may therefore be useful, in summary, to reflect on some of the lessons learned through the HPIP, with a view toward replication.

1. More emphasis and funding priority should be given to Projects in the areas of health planning, management, and information systems development. Too often, it seems that health program planners are geared more toward investment in interventions at the operational level that offer highly visible and easily measurable payoffs, without sufficient emphasis on a government's long-term capacity to institutionalize and sustain that investment.

Planning, management decisionmaking, and evaluation capacities are extremely important components of overall health sector development, since these activities provide the underpinning for the entire delivery system. It is probable that most countries could benefit from additional concentrated effort to strengthen these capacities, and they should be encouraged to do so.

2. Design of such projects requires more than the usual technical considerations. Top government commitment and a receptive political/policy environment for change are prerequisites. The project's access to top government decisionmakers should be in-built. The project should also be in a position to assist the government in creating incentives for change. In Kenya, these factors existed to an acceptable degree: (a) The Government's aggressive approaches and defined structure for rural development and decentralization provided a framework for the Project. (b) The Project was strategically placed at the Permanent Secretary level, with bonafide staff function at lower levels and with a contractual mandate to participate in interministerial coordination (with the Ministry of Finance and Planning). (c) The Project provided incentives and facilitated change by improving information for decisionmaking, increasing knowledge and understanding through training, and strengthening the process of rational budgeting.

3. Although it might seem an obvious point, it bears stating that any project related to development of a government's planning capacity should be scheduled so that it strategically ties in to the government's normal budgeting/planning cycle. Ideally, such a project should commence 2 to 3 years in advance of the anniversary date of the cycle and continue through at least one iteration. In countries with a 5-year development planning cycle, this would suggest a project of 1 to 8 years. Donor agencies, governments, and technical assistance providers should seriously consider the requirement for this long-term input when initiating a project in health planning/information infrastructure development.
4. Finally, something probably needs to be said about the human aspects of organization development projects in developing countries.

Foremost, such projects seem to work best when both government and donor agencies agree to house the project within the government's set-up. The project office should be physically co-located with government counterparts, and the level of responsibility of technical and counterpart staff should be comparable.

Also, the type of expatriate personnel that might be hired for such projects is critical. Special attention should be paid to the consultant's ability to "access the system." In this respect, three qualities are important:

- a. The ability to move comfortably and be conversant with operational levels is important. Sometimes individuals with medical credentials present advantages, but this qualification does not necessarily guarantee effective communication at this level. People with other relevant professional qualifications might also be considered.
- b. Another important quality is the ability to quickly analyze/rationalize complex systems and their dynamics. The overall process involves organizational change; it should therefore be obvious that the most effective change agents are those that can accurately "quick study" complex systems.

- c. The change agent should also possess strong interpersonal skills in diplomacy and communicating ideas within the cultural and political context of the country.

The HPIP has been reasonably successful because of many factors and variables which cannot be exclusively attributed to any one circumstance, individual, or approach. Not surprising, however, the themes that run throughout approach truisms with which we are all familiar but often find difficult to implement: the need for commitment, decisionmaking authority, and appropriate technical and financial resources.

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- Quarterly Progress Report. Period January-March 1982
- Quarterly Progress Report. Period April-June 1982
- Quarterly Progress Report. Period July-September 1982
- Quarterly Progress Report. Period October-December 1982
- Quarterly Progress Report. Period January-March 1983
- Quarterly Progress Report. Period April-June 1983

- Quarterly Progress Report. Period July-September 1983
- Quarterly Progress Report. Period October-December 1983
- Quarterly Progress Report. Period April-June 1984
- Quarterly Progress Report. Period July-September 1984
- Quarterly Progress Report. Period October-December 1984
- Quarterly Progress Report. Period January-March 1985
- Quarterly Progress Report. Period April-June 1985
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Appendices

ANALYSIS OF GOVERNMENT HEALTH ALLOCATIONS

	1979-83			1984-88		
	DEVELOPMENT	RECURRENT	TOTAL	DEVELOPMENT	RECURRENT	TOTAL
PREVENTIVE/PROMOTIVE Health, Environmental Health, Nutrition, disease, public health, family planning	7,019 (.38)	11,595 (.62)	18,614 [.07]	5,206 (.21)	19,996 (.79)	25,202 [.06]
HEALTH FACILITIES						
District Hospitals, centers, Dispensaries	31,514 (.31)	69,222 (.69)	100,736 [.40]	57,436 (.31)	127,840 (.69)	185,276* [.40]
CURATIVE SERVICES						
Medical/Referral facilities Urban Hospitals	17,091 (.20)	67,818 (.80)	84,909 [.35]	25,272 (.16)	128,807 (.84)	154,079* [.33]
BMS--WIDE SUPPORT						
Registration, Training, Supplies, Equipment, NHIF and Research	11,468	33,313	44,781	24,857	73,777	98,634

() = % of Total Line-item (compare horizontally)

[] = % of Total Health Allocations (compare vertically)

* Figures adjusted to separate rural from urban district hospitals.

COMPUTER SECTION (ROOM LGF 18) INVENTORY LIST

SOFTWARE

1. System support Programmes
2. RPG II Compiler
3. Utilities
4. Text Management System
5. Workstation Search Facility
6. Basic Compiler
7. BRADS/36
8. Advanced Printer Functions Program
9. S/36 Business Graphics
10. Retrieval/36

HARDWARE

1. Air Conditioner
2. IBM System 36 V (Components)

<u>Model</u>	<u>Description</u>	<u>Serial No.</u>
5360	128K CPU, Magazine Drive 60 MB DISK	1015173
5291	Display Stations	5336462
5225	Printer, 280 LPM Bable Thru	8012942

HARDWARE IBM PC - IBM MICROCOMPUTERS 9DONATIONS FROM IBM)

5150	CPU	11329565150
5152	Printer	0920549
5151	Monitor	1001970
	Keyboard	
5150	CPU	11328715150
5152	Printer	0920556
5150	CPU	11331525150
5152	Printer	0920557
5151	Monitor	0995416
	Keyboard	
5150	CPU	AA55014365

<u>Model</u>	<u>Description</u>	<u>Serial No.</u>
5152	Printer	0920559
5151	Monitor	1132623
	Keyboard	

SYSTEM 36 BOOKS

LIST OF BOOKS NOT IN BINDERS

1. PROGRAMMING IN BASIC WANG LABORATORIES, INC.
2. WANG BASIC - 2 LANGUAGE REFERENCE MANUAL
3. RETRIEVAL/36 LEARNING GUIDE IBM
4. SYSTEM/36 SOURCE ENTRY UTILITY GUIDE
5. IBM BUSINESS REPORT/APPLICATION DEVELOPMENT SYSTEM FEATURES AND SAMPLE REPORTS.
6. SYSTEM/36 RPG II
7. SYSTEM/36 PROGRAMMING WITH RPG II
8. LEARNING 3 BUSINESS REPORT/APPLICATION DEVELOPMENT SYSTEM
9. LEARNING 2 BUSINESS REPORT/APPLICATION DEVELOPMENT SYSTEM
10. LEARNING 1 BUSINESS REPORT/APPLICATION DEVELOPMENT SYSTEM
11. CONCEPTS BUSINESS REPORT/APPLICATION DEVELOPMENT SYSTEM

12. SYSTEM/36 PROCEDURES AND COMMANDS SUMMARY
13. SYSTEM/36 PERFORMING THE FIRST SYSTEM CONFIGURATION FOR YOUR SYSTEM
14. SYSTEM/36 PLANNING FOR SYSTEM CONFIGURATION WORKBOOK 5
15. SYSTEM/36 SYSTEM SECURITY GUIDE
16. SYSTEM/36 PRESENTING IBM SYSTEM/36
17. SYSTEM/36 SETTING UP YOUR COMPUTER-----5360
18. INTERNATIONAL SOFTWARE DIRECTORY (NEW FORMAT)
 - PROGRAM INFORMATION
 - IBM ACRONYMS
 - ENVIRONMENTS/FUNCTION
 - FUNCTION/ENVIRONMENT
 - PROGRAM NUMBER (1984 EDITION)
19. PROGRAM OFFERINGS
 - PROGRAM PRODUCTS
 - PROGRAM DESCRIPTION AND INDEX
 - (ANNOUNCEMENTS THROUGH 1 MARCH 1984).

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20. SOFTWARE 3

PROGRAM MUTED EDITION (INFORMATION PROGRAMMING SERVICES SYSTEM/36)

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INVENTORY LIST AS AT 31 DECEMBER 1983

1. 1 Typewriter - Olivetti Model No. Lexikon 90 Serial No. 211184
2. 1 Stapler - Rexel Jupiter Model No. 945958
3. 3 Filing Cabinets - Model No. 102251179
4. 1 Book Shelf
5. 1 Scotch Magic Tape Holder
6. 1 Giant Stapler - Rexel Giant Model 942577
7. 1 5114 Leitz - Akto - 12077 3
8. 1 Xerox Machine Model 2300
9. 1 Leitz PUnching Machine - Model No. 5187
10. 1 Landrover 109" LWB/st, Chassis No. LBCAV/AA 165660, Engine No. 10G05669, Registration No. KUQ 858*
11. 1 Peugeot 504, Chassis No. 3 755 283, Registration No. KUQ 285
12. 1 Peugeot 504, Chassis No. 3 755 049, Registration No. KUQ 284
13. 1 Steel Stationery Cupboard, size 72"x36"x18" with three shelves
14. 1 Olivetti Calculator

*Vehicle stolen as advised by previous correspondence.

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TECHNICAL ASSISTANCE INPUTS, OCTOBER 1980-MARCH 1986

TECHNICAL ASSISTANCE:

A. LONG-TERM, CONTRACTOR

114 person-months of technical assistance provided by Drew Medical School.

Dr. R. Gipson	-	57 months
Ms. M. Pollard	-	36 months
Mr. M. McCoy	-	3 months
Ms. L. Werner	-	18 months

B. SHORT-TERM, CONTRACTOR

15.35 person-months of short-term consultancy provided by Drew Medical School.

Mr. R. Peterson	-	5 months
Dr. R. Winshall	-	1.5 months
Mr. J. Henderson	-	6 months
Dr. A. Neumann	-	2.5 months
Dr. R. Piper	-	.25 months
Dr. T. White	-	.10 months
Dr. C. Resnick	-	15 months
Dr. Agata	-	.5 months
Dr. Wekesa	-	.5 months
Mr. J. Capolla	-	.5 months
Mr. A. Neill	-	.75 months

C. SHORT-TERM, USAID/PASA (estimates)

12.75 person-months of short-term consultancy provided by USAID through Participating Agency Services Agreement (PASA).

Dr. J. Jeffers	-	7.5 months
Dr. P. Zukin	-	3 months
Mr. D. Stevens	-	.25 months
Mr. E. Farag	-	3 months

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PROJECT IMPLEMENTATION PLAN

GIK/AID/K	May 31, 1980	Contract negotiations completed for HPIP
HPIP	October 1, 1980	HPIP Contract commences
HPIP	December 1, 1980	HPIP COP arrives in Kenya
MOH/HPIP	January 15, 1981	Project COP holds meeting with MOH to formally review guidelines for selection of Health Information Specialist
HPIP	January 31, 1981	Quarterly Report Due
MOH/HPIP	March 15, 1981	Project Planning Conference MOH/Drew Officials
HPIP	April 1, 1981	HPIP submits tentative detailed 3-year Implementation Plan
MOH/HPIP	April 15, 1981	MOH nominates five M.A. candidates for placement in U.S.
MOH/HPIP	April 15, 1981	HPIP makes request to MOH/MOF to facilitate duty free waiver on project vehicles
HPIP	April 15, 1981	Consultant hired to assist Project in development of MOH Annual Report
HPIP	April 30, 1981	Quarterly Report Due
HPIP	June 15, 1981	Drew submits official recommendations for contract modifications based on March 1981 meeting
MOH/AID/W	June 30, 1981	Three Health Planning trainees return to Kenya
MOH/HPIP	July 15, 1981	MOH submits documentation for five candidates for Master's training in U.S.
HPIP	July 31, 1981	Quarterly Report Due
MOH/HPIP	August 31, 1981	Five Master's candidates depart for training in U.S.
HPIP	September 5, 1981	EIS Consultant arrives in Kenya
MOH/HPIP	September 15, 1981	Three returned Master's candidates seconded to HPIP

HPIP	October 20, 1981	HPIP COP arrives Los Angeles for internal project review
HPIP	October 31, 1981	Quarterly and Annual Reports Due
MOH/HPIP	November 1, 1981	HPIP receives duty free waiver on project vehicles
MOH/HPIP	December 15, 1981	HPIP submits request to MOH for approval of Modification to Project Year I budget and projection for Year II
MOH/HPIP	January 15, 1982	MOH nominates four MOH officials for observation tours
HPIP	January 31, 1982	Quarterly Report Due
MOH/HPIP	February 12, 1982	MOH officials depart for 5-country tour
MOH/HPIP	March 15, 1982	MOH officials depart for 2-country tour
MOH/HPIP	March 31, 1982	MOH nominates five MOH officials for short-term training in U.S.
USAID/K	April 15, 1982	AID and MOH meet to discuss plans for mid-term project evaluation
HPIP	April 22-23, 1982	National Planning Conference
HPIP	April 31, 1982	Quarterly Report Due
HPIP	May 5, 1982	Project Year I and II budgets approved and submitted to AID
HPIP	May 5-6, 1982	Provincial Planning Conference
HPIP	May 26-27, 1982	District Planning Workshop
HPIP	June 7, 1982	District Planning Workshop
HPIP	June 9, 1982	District Planning Workshop
HPIP	June 11, 1982	Five short-term trainees arrive in U.S. for 7-week course
HPIP	June 11, 1982	District Planning Workshop
HPIP	June 14, 1982	District Planning Workshop
HPIP	June 16, 1982	District Planning Workshop
MOH/HPIP	June 17, 1982	MOH official arrives in U.S. to open short-term training progress and observation tour

HPIP	June 25, 1982	District Planning Workshop
HPIP	June 30, 1982	District Planning Workshop
HPIP	June 30, 1982	Three project vehicles released for shipment to Kenya
HPIP	July 5, 1982	District Planning Workshop
HPIP	July 7, 1982	District Planning Workshop
MOH/HPIP	July 8, 1982	Project COP arrives in U.S. to assist short-term training course.
AID/MOH/HPIP	July 12, 1982	Mid-term Project Evaluation Team arrives Drew/Los Angeles
AID/MOH/HPIP	July 19, 1982	Mid-term Project Evaluation Team arrives in Kenya.
HPIP	July 28, 1982	District Planning Workshop
HPIP	July 31, 1982	Quarterly Report Due
HPIP	August 18, 1982	District Planning Workshop
AID/MOH/HPIP	August 19, 1982	Mid-term Project Evaluation Team completes site visits
MOH/HPIP	August 7, 1982	Five short-term trainees return to Kenya
HPIP	September 2, 1982	District Planning Workshop
MOH/HPIP	December 7, 1982	MOH/HPIP officials meet to review Contract Modifications
AID/MOH/HPIP	December 8, 1982	AID/MOH/HPIP meet to review Contract Modifications
HPIP	December 9, 1982	Drew Official and Project Staff on TDY depart Kenya
HPIP	December 11, 1982	Annual Report Due
HPIP	December 20-22, 1982	Workshop Follow-up
HPIP	December 20, 1982 to January 10, 1983	COP on vacation
HPIP	February 15, 1983	Project vehicles licensed, registered and insured
AID/MOH	February 15, 1983	Contract Modifications Approved

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HPIP	March 1, 1983	Project long-term technicians, Health Planning/Management Information Specialist and Management Training/Organizational Development Specialist arrive in Kenya. MOH counterparts appointed.
MOH/HPIP	March 15, 1983	Permanent Training Resource Team appointed. Training of Trainers begins.
HPIP	April 1, 1983	Work Plans for long-term technicians due
HPIP	April 15, 1983	Draft of Comprehensive Training curriculum due
HPIP	April 15, 1983	Two Master's Participant Trainees return to Kenya
HPIP	April 15, 1983	Drew Official in Kenya. Project Review
HPIP	April 29, 1983	Quarterly Report Due
HPIP	May 13, 1983	Report on Health Research Priorities Due
HPIP/MOH	May 20, 1983	Steering Committee Meeting to review draft Five-Year Health Development Plan
HPIP	June 6-10, 1983	District Planning and Evaluation Workshop
HPIP/MOH	June 10, 1983	Submission of the Ministry's Five-Year Health Development Plan to the Ministry of Economic Planning and Development
HPIP	June 13-17, 1983	District Planning and Evaluation Workshop
HPIP	November 21-25, 1983	District Planning and Evaluation Workshop
HPIP	December 5, 1983	Evaluate Pilot test for data gathering
HPIP	December 7-9, 1983	Workshop Follow-up
HPIP/MOH/AID	January 16, 1984	Drew official in Kenya. Project Review
HPIP	January 20, 1984	Report of computer procurement due
HPIP	January 23-27, 1984	Workshop Follow-up
HPIP	January 31, 1984	Quarterly Report Due
HPIP	February 13, 1984	Computer procurement process initiated

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HPIP	February 15-17, 1984	Workshop Follow-up
HPIP	March 10, 1984	Design of data processing programs due
HPIP	March 12-16, 1984	District Planning and Evaluation Workshop
HPIP	March 21-23, 1984	Workshop Follow-up
HPIP	March 26-30, 1984	District Planning and Evaluation Workshop
HPIP	April 16, 1984	Computer equipment delivered
HPIP/MOH/AID	April 16, 1984	Drew official in Kenya. Project review
HPIP	April 16-20, 1984	District Planning and Evaluation Workshop
HPIP	April 30, 1984	Quarterly Report Due
HPIP	May 14, 1984	Computer training program begins
HPIP	May 14-18, 1984	District Planning and Evaluation Workshop
HPIP	June 4-8, 1984	District Planning and Evaluation Workshop
HPIP	June 11-13, 1984	Workshop Follow-up
HPIP	June 20-22, 1984	Workshop Follow-up
HPIP	June 20, 1984	COP on home leave
AID/MOH/HPIP	July 16, 1984	Drew official in Kenya. Project review
HPIP	July 18-20, 1984	Workshop Follow-up
HPIP	July 22-27, 1984	District Planning and Evaluation Workshop
HPIP	July 31, 1984	Quarterly Report Due
HPIP	August 15-17, 1984	Workshop Follow-up
HPIP	August 20-24, 1984	District Planning and Evaluation Workshop
HPIP	September 12-14, 1984	Workshop Follow-up
HPIP	September 15, 1984	Computer training complete

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HPIP	September 17-24, 1984	District Planning and Evaluation Workshop
HPIP	October 10-12, 1984	Workshop Follow-up
HPIP/MOH/AID	October 15, 1984	Drew official in Kenya. Project Review
HPIP	October 31, 1984	Quarterly and Annual Reports Due
HPIP	November 1, 1984	First of on-going series of computerized statistical reports published
HPIP	November 14-16, 1984	Workshop Follow-up
HPIP	December 5-7, 1984	Workshop Follow-up
HPIP	January 1, 1985	Project long-term technician Health Planning/Management Information Specialist departs
HPIP	January 15, 1985	Drew official in Kenya. Project review
HPIP	January 31, 1985	Quarterly Report Due
HPIP	February 15, 1985	Final report from Management Training/Organizational Development Specialist due
HPIP	March 1, 1985	Project long-term technician Management Training/Organizational Development Specialist departs
MOH/AID/HPIP	April 15, 1985	Drew official in Kenya. Project Review
HPIP	April 30, 1985	Quarterly Report Due
HPIP	May 1, 1985	COP begins phase-out activities
MOH/AID/HPIP	July 15, 1985	Drew official in Kenya. Project Review. Participation in close-out conference
HPIP	July 31, 1985	Quarterly Report Due
HPIP	September 1, 1985	COP departs
HPIP	October 31, 1985	Final Project Report Due

AGREEMENT
CONFERENCE
OF THE GOVERNMENT OF THE REPUBLIC OF KENYA
AND
THE CHARLES R. DREW POSTGRADUATE MEDICAL SCHOOL

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AVAILABLE

C O N T E N T S

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AGREEMENT

BETWEEN

THE GOVERNMENT OF THE REPUBLIC OF KENYA

AND

THE CHARLES R. DREW POSTGRADUATE MEDICAL SCHOOL

1. This AGREEMENT is made in Nairobi, Kenya this day of 1980, between the GOVERNMENT OF THE REPUBLIC OF KENYA (herein after called "the Government") and the CHARLES R. DREW POSTGRADUATE MEDICAL SCHOOL, a non-profit corporation organized under the laws of CALIFORNIA, U.S.A. (herein after called "the Contractor"). Appendices I through VIII, attached hereto, shall be part of the Agreement. In case of conflict between any Appendix and any other provision of this Contract, the Contract provisions shall prevail.

2. Definitions

A. "Specialist", "Technician", "Long-term Employee" means individuals employed by Contractor to serve the project for periods of one year or more.

B. "Consultant" means individuals employed by Contractor to serve the project for periods of less than one year.

C. "Dependents" means members of the immediate family of specialists, including spouse and children, who are resident at post except when attending educational institutions outside the host country.

D. "Permanent Secretary" is the Chief Administrator in the Ministry of Health.

E. "Eligible Countries" means a country designated in Section 20 entitled "Nationality and Source", from which goods and services may be obtained.

F. "Host Country" means the Republic of Kenya.

G. "Project" refers to the studies and activities to be undertaken by Contractor.

H. "AID" means the Agency for International Development of the United States of America.

I. "MOH" means the Ministry of Health, Republic of Kenya.

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3. Language

All notices pursuant to the provisions of this Contract shall be in English.

4. LAW to Govern

This Agreement shall be interpreted in accordance with the laws of Kenya.

5. Type of Contract

The project will seek to institutionalize, primarily within the MOH, and to a lesser extent within the Ministry of Economic Planning and Development (MOEPD), a capacity and capability to plan, implement and evaluate health sector programs and policies. Emphasis of the project will be on prompt and effective expansion of the delivery of rural health services within Kenya.

6. Statement of Work

In consideration of the compensation to be paid to the Contractor, the Contractor shall perform the services described in Appendix I, which is attached hereto and made a part hereof.

The Contractor's major objective will be institutional development, to be accomplished primarily by working with Kenyan counterparts to ensure that desired institutional capabilities are in place by project completion. Major institutional capabilities which are to be developed include new organizational and administrative arrangements; entities in place and functioning; trained Kenyans posted and in clear understanding of their duties and responsibilities; lines of communication and reporting clearly established and operating effectively; and planning, policy analysis, implementation and program evaluation procedures developed and accepted.

(See Appendix I for detailed scope of work and Appendix II for tentative implementation plan.)

7. Key Personnel

A. "Key Personnel" are supervisory or professional individuals whose services the Government and the Contractor deem essential to the work under this Contract.

B. Prior to the diversion of any Key Personnel specified in this provision or those that are subsequently approved by the Government, the Contractor shall notify the Government reasonably in advance and shall submit justification (including proposed substitution(s) in sufficient detail to permit evaluation of the impact on the Contractor's performance.

C. Any change in Key Personnel must be approved, in advance, by the Government, AID and the Contractor.

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D. Key Personnel approved for performance under this Contract are as follows:

<u>Project/Team Title</u>	<u>Name</u>
(1) Project Director	Reginald P. Gipson, M.D., M.P.H.
(2) Health Information Specialist	Girma Wolde-Tsadik, Ph.D.

(See Appendix VII for Qualifications and Duties.)

8. Reports

The Contractor shall submit the following reports to the Government and AID in a format agreed upon in the course of the development of the project team's work program.

Quarterly Report	30 days after expiration of each quarter's activity
Annual Report	30 days after end of each of the first two years
Final Comprehensive	<u>Draft</u> - Three days prior to departure of team from Kenya.
	<u>Final</u> - Sixty days after departure of team from Kenya
Distribution (All reports):	
5 copies each	Permanent Secretary, MOH
2 copies each	AID Mission/Kenya

"Reports shall specify on the cover the AID Grant which finances this Contract." (AID Project No. 615-0187)

9. Term of Agreement

This Agreement is effective on the date of receipt by the Contractor of the Government's Notice to Proceed with performance hereunder, which notice shall be given promptly upon receipt by the Government of AID approval of this Agreement. Term of this Agreement will be three years from receipt of such notice, exclusive of time necessary to process final reports, training, and disbursement documents. For planning purposes, an effective date of July 1, 1980 has been assumed.

10. Relationship of Parties, General Responsibilities

The Contractor shall keep the Government currently informed of the work progress under the Agreement through the submission of the progress reports required

by Section 8, and such additional briefings as are deemed appropriate by the Permanent Secretary.

The official of the Government who has primary responsibility for operations under this Agreement is the Permanent Secretary, Ministry of Health. The relationships between this official and the Contractor's key personnel are described below:

1. The Project Director shall act as liaison between the Contractor and the Permanent Secretary and other Government officials as appropriate on matters concerning project implementation, including the nomination and approval of specialists and consultants, planning logistical arrangements for technical assistance and study activities, assisting in the selection of participants for training in the United States and assuring the satisfactory performance of project activities.
2. The Permanent Secretary, Ministry of Health, will assist the Contractor by insuring that the Government's commitments under Section 12 are met on schedule and will provide a liaison with other Government officials. He has the authority to issue change orders pursuant to the "Change Orders" sections of the Agreement. He shall provide the "Borrower/Grantee's Certificate of Performance" required by the "Allowable Cost and Payment" Section of this Agreement.

11. Legal Effect of AID Approvals and Decisions

The parties hereto understand that the Agreement has reserved to AID certain rights such as, but not limited to, the right to approve the terms of this Agreement, the Contractor, and any or all plans, reports, specifications, sub-contracts, bid documents, drawings, or other documents related to this Agreement and the project of which it is part. The parties hereto further understand and agree that AID, in reserving any or all of the foregoing approval rights, has acted solely as a financing entity to assure the proper use of United States Government funds, and that any decision by AID to exercise or refrain from exercising these approval rights shall be made as a financier in the course of financing this project and shall not be construed as making AID a party to the Agreement. The parties hereto understand and agree that AID may from time to time, exercise the foregoing approval rights, or discuss matters related to these rights and the project with the parties jointly or separately, without thereby incurring any responsibility or liability to the parties jointly or to any of them. Any approval (or failure to disapprove) by AID shall not bar the Government or AID from asserting any right, or relieve the Contractor of any liability, which the Contractor might otherwise have to pay the Government or AID.

12. Government-furnished Logistic Support

A. The Government will provide the Contractor's long-term employees and consultants with the following logistic support.

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1. Office space and telephone services for the Contractor's Project Director and Information Specialist located close to their Ministry counterparts.
2. One shorthand-typist and one copy typist for the Contractor's long-term employees and other supporting personnel as required.
3. In-country travel as may be required, including subsistence allowances in accordance with Government regulations for senior officers, and vehicle maintenance and petrol for project vehicles.
4. Facilitate the duty and sales tax free importation of all materials, equipment and vehicles connected with the project.
5. Authorize visas for approved Contractor employees and their dependents, plus consultants and advising the Embassy of Kenya, in Washington, D.C., U.S.A., to issue visas to these persons on request of the Contractor.

B. The starting and completion dates for the Agreement are based upon the expectation that Government-furnished support suitable for use will be made available to the Contractor as indicated. If such Government-furnished support is not made available to the Contractor as required, the Contractor shall give the Government written notice of such fact, and the Government shall correct the situation. The Government shall then make a determination of the delay and with the concurrence of the Contractor and AID equitably adjust the starting date, completion date, Agreement price, or all, as appropriate.

C. Title to Government-furnished property and vehicles, if any (including property acquired by the Contractor or for the Government's account) shall remain in the Government regardless of its incorporation or attachment to any property not owned by the Government.

D. The Government-furnished property shall, unless otherwise provided, be used only for the performance of this Agreement.

E. The Contractor shall maintain and administer, in accordance with sound business practice, a program for the maintenance, repair, protection, and preservation of Government-furnished property, until the property is returned to the Government or the project ends.

F. Except for loss, destruction, or damage resulting from willful misconduct of a Contractor employee or a failure of any of the Contractor's personnel in a supervisory capacity to administer the program for the maintenance, repair, protection, and preservation of Government-furnished property, and except as specifically provided elsewhere in this Agreement, the Contractor shall not be liable for loss or destruction of, or damage to, the Government-furnished property.

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G. If there is any loss or destruction, or damage to, any Government-furnished property, not chargeable to the Contractor, the Contractor shall notify the Government and the Government shall instruct the Contractor whether to dispose of or repair such property. If such loss or destruction is chargeable to the Contractor, the Contractor shall take immediate steps to repair or replace such property at his own expense.

H. Except for the extent of any loss or destruction of, or damage to, Government-furnished property for which the Contractor is relieved of liability under this Section, and except for the reasonable wear and tear or depreciation, or the utilization of the Government-furnished property in accordance with the provisions of this Agreement, the Government-furnished property shall be returned to the Government in as good condition as when received by the Contractor.

I. Where the Government of Kenya does not meet its overall commitment to provide the logistic support and/or local currency necessary to provide such support the parties agree that further action will be taken as follows:

If the Contractor advises the Government of a material change in the conditions which substantially interferes with or impedes the performance of the Agreement in accordance with its terms or with sound professional standards, the parties will mutually consider appropriate action to be taken, which might include, but not be limited to, modification of the Agreement or its termination in whole or part pursuant to this Section entitled "Termination by the Government for Convenience". Failure of the parties to agree on the existence of such circumstances and consequent refusal of the Government to terminate after receipt of a specific written request to do so will be a dispute concerning a question of fact within the meaning of the Section entitled "Disputes and Appeals".

J. The Contractor's employees will be required to work the standard Government work week as it applies to the senior officers. The employees will be entitled to observe all official Government of Kenya holidays as well as the U.S. holidays of Thanksgiving and Independence Day (July 4th).

13. Budgeting and Payment Procedures: Government of Kenya Budget

A. The Government will provide one-way airfare for a M.A., seminar and tour participants selected for the program. The Contractor is responsible for the return one-way airfare for these participants.

B. The authority to incur expenditure as related to the Government contribution to the project will reside with the Permanent Secretary in accordance with prevailing Government regulations and procedures.

C. With the advance written approval of the Permanent Secretary, the Project Director may procure logistic support, including in-country travel, vehicle maintenance and petrol, subsistence per diem and secretarial services to be reimbursed in shillings on presentation of such accounting and certificates as the Permanent Secretary may require subject to Kenya Government regulations.

14. Budgeting and Payment Procedures: AID Budget

A. The Contractor shall submit budgets and revisions on an annual basis. These budgets, which will present data for the project year beginning July 1 of each year, shall be submitted to Government/AID for their review and approval no later than May of each project year. These submissions will establish a firm project budget for the following project year, state actual/projected expenditures for the previous fiscal year(s) and present estimates of project costs for all remaining project years. Within the firm budget for each year, the Contractor may adjust line item amounts as reasonably necessary for the performance of this Agreement, not to exceed 15 percent without prior Government/AID approval, but Contractor cannot exceed the total amount under the Agreement.

B. Total Budget

Based upon the estimated budget in Appendix III, the maximum amount payable under this Agreement may not be exceeded unless the Agreement is amended to increase the maximum amount. The maximum amount of this Agreement is U.S.\$1,712,000.

C. Payment Method

- Payments due the Contractor under this contract shall be made upon the Contractor's written request accompanied by the following documentation:

1. The Contractor's invoice.
2. Contractor's Certificate of Agreement with the Agency for International Development (Form AID 1440-3)

The Contractor shall submit the request and documentation to the Government official specified in Section 10, "Relationship of Parties, General Responsibilities". The official shall provide a "Certification of Performance" or a "Certification of Non-performance of Specific Items" to AID within thirty days after receipt of the request. If neither certification is provided within thirty days, the Contractor shall be paid by AID. If the Government provides "Certification of Non-performance with Respect to Specific Items", payment with respect to such items shall be withheld. Any disputes regarding payment which cannot be informally resolved will be handled in accordance with Section 25, "Disputes and Appeals".

D. Billing Schedule

The Contractor shall submit quarterly invoices for reimbursable costs incurred in the performance of this Contract.

E. Retentions

Invoices shall be paid in full with no retentions.

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F. Advances

The Government will authorize that payments be made by AID on behalf of the Government. AID, acting as the Disbursing Agent, may make monthly payments to the Contractor based on the Contractor's estimate of costs to be incurred in the current month in the performance of the Agreement. The initial payment will be based on estimated expenditures for the month of July, 1980.

The estimate of costs to be incurred during the next month will be submitted to AID and the Government on or about the fifth of each preceding month. Payment will be made to the Contractor prior to the final day of the current month. Any amounts paid to the Contractor in excess of actual costs for the quarter will be deducted from the next succeeding month's request for payment. Any costs the Contractor may incur in addition to those for which payment has been requested may be included in the subsequent month's estimate of costs incurred.

Payments thus received shall be considered advances pending approval of the request and documentation presented by Contractor as required in Section 14C, "Payment Method".

G. The Contractor shall be paid the amount for overhead (indirect costs) in monthly amounts which are determined by applying the approved indirect cost rates to direct salary expense (provisionally 48% and 35%, respectively, for home and field offices).

H. Final Payment

Final payment of all amounts due the Contractor will be promptly made upon submission of the documentation required by the "Agreement Amount and Payment" Section and after all services specified in this Agreement have been completed, all required inspections have been made, all required certifications have been received, and a release of all claims against the Government has been furnished to the Government.

15. Cost Provisions

A. General

All reimbursable costs under this Agreement shall be allowable and reasonable as defined in AID Handbook II, Country Contracting, Chapter 4, Cost Principles for Borrower/Grantee Contracts.

B. Indirect (Overhead) Costs

The charge for indirect costs (general administrative support) is calculated on the basis of the Contractor's negotiated rate with the U.S. Department of Health, Education and Welfare (HEW), (cognizant agency). The current provisional rates are 48% and 35% of home and field office direct salaries, respectively. The provisional rates will be subject to retroactive adjustment if the final negotiated rate for each fiscal year (July 1 - June 30) varies from the provisional rate.

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16. Limitation of Costs

A. If at any time, the Contractor has reason to believe that the total cost which it expects to incur in the performance of this Agreement in the next succeeding sixty days, when added to all costs previously incurred, will exceed 75 percent of the maximum amount payable or if, at any time, the Contractor has reason to believe that the total cost to the Government for the performance of this Agreement will be greater than the maximum amount payable, the Contractor shall notify the Government in writing to that effect, giving the revised estimate of the total cost for the performance of this Agreement.

B. The Government is not obligated to reimburse the Contractor for costs in excess of the maximum amount payable, nor is the Contractor obligated to continue performance and incur costs in excess of the maximum amount payable unless the Agreement is amended in accordance with the "Amendments" Section.

17. Audit and Records

A. The Contractor shall maintain books, records, documents, and other evidence and shall apply consistent accounting procedures and practices sufficient to reflect properly all transactions under or in connection with the Agreement. The foregoing constitute "records" for the purpose of this section.

B. The Contractor shall maintain such records during the Agreement term and for a period of three years after final payment. However, records which relate to appeals under the "Disputes and Appeals" Section or litigation or the settlement of claims arising out of the performance of this contract shall be retained until such appeals, litigation, or claims have been finally settled.

C. All records shall be subject to inspection and audit by the Government and/or AID (or their authorized agents) at all reasonable times. The Contractor shall afford the Government and/or AID proper facilities for such inspection and audit.

D. The Contractor further agrees to include in all its sub-contracts hereunder a provision that the sub-contractor agrees that the Government and/or AID, or any of their authorized agents, shall, until the expiration of three years

after final payment under the sub-contract, have access to and the right to examine any records of such sub-contractor involving transactions related to the sub-contract.

E. Contractor agrees to continue to have its records audited by an Independent Public Accounting firm (IPA). The Contractor will arrange to include in the IPA's scope of audit a provision that all Contractor billings under this contract be examined and that the IPA formally advise the Government of the results of the examination through a letter with copy to AID/Kenya.

18. Assignment

No contractual assignments will be made without the written approval of the Government. Before giving such approval or otherwise, the Government will consult with AID.

19. Host Country Taxes

A. The Contractor and those of his employees who are not citizens or permanent residents of the Host Country shall be free of all taxes, fees, levies, or impositions imposed under laws in effect in the Host Country with respect to all work and services performed under this contract.

B. The personal effects (including vehicles for long-term employees) of the Contractor and those of his employees who are not citizens or permanent residents of the Host Country shall be free of all taxes imposed under laws in effect in the Host Country with respect to such personal effects. This provision applies to initial arrival and applies within three months of arrival or such further period as may be approved by the Treasury in specific cases provided that Customs duty at appropriate rate will be payable if any of the goods referred to are disposed of locally, unless they are sold to persons or a body entitled to purchase such goods without the payment of duty.

20. Nationality and Source

A. Unless otherwise specified in Paragraph C, D, E, or F below, or in Section 21, "Air Travel and Transportation", all goods and services provided under this Agreement shall have their nationality, source and origin in those countries listed in AID Geographic Code 000 in effect on the date of acquisition and/or in Kenya.

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B. Definitions

1. Source

"Source" means the country from which a commodity is shipped to the Cooperating Country or the Cooperating Country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "Source" means the country from which the commodity was shipped to the free port or bonded warehouse.

2. Origin

The "Origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when through manufacturing, processing, or substantial and major assembling of components of a commercially recognized new commodity results in substantially different basic characteristics or in purpose or utility from its components.

3. Componentry

"Components" are the goods that go directly into the production of a produced commodity. AID componentry rules for commodities produced in eligible countries are as follows:

(a) If the commodity contains no imported component, it is eligible for financing of the Agreement.

(b) Components from the U.S. and other countries included in AID Geographic Code 941 may always be utilized in unlimited amounts regardless of the Geographic Code authorized.

(c) Unless procurements are authorized from countries included in AID Geographic Code 899, components from free countries not included in AID Geographic Code 941 are limited according to the following rules:

(i) They are limited only if they are acquired by the producer in the form in which they were imported.

(ii) The total cost to the producer of such components (delivered at the point of production of the commodity) may not exceed

fifty percent of the lowest price (excluding the cost of ocean transportation and marine insurance) at which the supplier makes the commodity available for export sale (whether or not financed by AID).

(iii) AID may prescribe percentages other than fifty percent for specific commodities.

(d) Any component from a non-free World country makes the commodity ineligible for financing under this Agreement.

4. Nationality

All sub-contractors must be of U.S. or Kenyan nationality as defined in AID Handbook 11, Chapter 1, Paragraph 5.22B.4.

5. Beneficial Ownership

"Beneficial Ownership" of a firm is presumptively established by the bona fide certification of a duly authorized officer of the supplier as to the citizenship of the supplier's owners. In the case of corporations, the Corporate Secretary shall certify as to the beneficial ownership. He/she may presume citizenship on the basis of the stockholder's record address, provided he/she certifies, regarding any stockholder whose holdings are material to the corporation's eligibility, that he/she knows of no fact which might rebut that presumption.

6. Nationality of Employees

Contractor and Sub-contractor employees providing services under this contract must be citizens of countries included in AID Geographic Code 935. The "Nationality" requirement in Paragraph (4) above does not apply.

C. Source of Delivery Service

1. With respect to ocean or air freight, "Source" means the flag of the carrier vessel or aircraft.

2. Ocean Freight

(a) No less than fifty percent of the gross tonnage of all goods transported to the Host Country on ocean vessels for use in connection with this Agreement shall be transported on privately-owned United States flag commercial vessels, computed separately for dry bulk

carriers, dry cargo liners, and tankers, to the extent such vessels are available at fair and reasonable rates for United States flag commercial vessels. In addition, at least fifty percent of the gross freight revenue generated by all shipments and transported to the Host Country on dry cargo liners shall be paid to or for the benefit of privately-owned United States flag commercial vessels. The equipment and materials to which this requirement applies do not include (i) goods which were owned or leased by the Contractor prior to award of the Agreement; (ii) any other goods the procurement of which was not directly or indirectly financed by AID; or (iii) shelf items or consumables purchased in the Host Country. This requirement applies whether or not AID finances transportation.

(b) Goods which are not required to be transported on U.S. flag commercial vessels shall be transported on Cooperating Country flag carriers when Code 941 is the authorized source. If the Host Country does not have its own flag carrier or access to U.S. flag service, AID will authorize, in advance, the use of Code 941 carriers.

3. Air Freight

The Contractor will use U.S. flag air carriers to the extent they are available as set forth in Section 21 of this Agreement, entitled "Air Travel and Transportation". The Contractor will endeavor to utilize Kenyan air carriers where U.S. flag air carriers are not available.

D. Source of Marine Insurance

1. In the case of insurance, "Source" means the country in which such insurance is placed. Insurance is placed in a country if payment of the insurance premium is made to and the insurance policy is issued by an office located in the country.

2. Marine insurance must be obtained on a competitive basis. Insurers of any Eligible Country and the Host Country if the authorized Geographic Code is other than Code 000, may compete if the government of the country in which the insurance

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is placed does not discriminate against the United States marine insurance carriers by statute, decree, or regulation.

If at any time, AID determines that the Government of the Host Country by statute, decree, rule or regulation discriminates, with respect to AID-financed procurement, against any marine insurance company authorized to do business in the United States, then AID shall require that any AID-financed goods thereafter shipped to the Host Country shall be insured against marine risks, and that such insurance shall be placed in the United States with a company or companies authorized to do insurance business in the United States. "Discrimination" may be found to exist whenever the effect of governmental action by the Host Country is to hinder an importer in entering into a C.I.F. contract with a United States supplier or in instructing a United States supplier to place marine insurance with a company authorized to do a marine insurance business in the United States.

E. Local Currency Procurement

1. Indigenous Goods

Goods which have been mined, grown, or procured in the Cooperating Country through manufacture, processing, or assembly are eligible for financing under this Agreement. Goods produced with imported components must result in a commercially recognized new commodity that is substantially different in basic characteristics or in purpose or utility from its components in order to qualify as indigenous.

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20. E. (2) Shelf Item Procurement

Goods which are normally imported into the host country and kept in stock in the form in which imported for commercial resale to meet a general demand in the host country shall be deemed of Host Country source for purposes of financing under this Agreement, subject to the following:

(a) Shelf Items Imported from Eligible Countries

Shelf items are eligible for financing under this Agreement if they have their source and origin in a country included in Code 941.

(b) Shelf Items Imported from Other Free-World Sources

Shelf items having their source and origin in countries in Geographic Code 899 but not in Geographic Code 941 are eligible for financing if the price of one unit does not exceed \$2,500. For goods sold by units of quantity, e.g. tons, barrels, etc. the unit to which the local currency equivalent of \$2,500. is applied is that which is customarily used in quoting prices. The total amount of imported shelf item purchases from free-world countries other than Code 941 may not exceed 10 percent of total local costs or \$10,000 whichever is higher.

(c) Shelf Items Imported from Non-Free World

Imported shelf items produced or imported from countries not included in Geographic Code 899 are ineligible for AID financing.

21. Air Travel and Transportation

A. The Contractor shall be reimbursed for the costs of economy class commercially scheduled air travel as follows:

21. (Cont'd) (1) from place of origin in the U.S. to Nairobi at the beginning of assignment and return at the end of assignment for advisors, their authorized dependents and consultants.

(2) From Nairobi to college or university in the U.S. and return once a year for dependents of specialists in accordance with Appendix II.

(3) Up to two round trips a year for the Contractor's home office staff to inspect work or consult with field staff and USAID and Ministry personnel.

(4) Such other international travel as may be authorized under the terms of this contract.

Per diem during such travel shall be paid in accordance with the Contractor's usual practice. (Reference: U.S. Standardized Regulations (Government Civilians, Foreign Areas.)

B. Use of U.S. Flag Air Carriers

(1) The Contractor shall utilize U.S. flag air carriers for international air transportation of personnel (and their personal effects) or property to the extent service by such carrier is available, in accordance with the following criteria.

(a) Passenger or freight service by a U.S. flag air carrier is considered available even though:

(i) Comparable or a different kind of service by a non-U.S. flag carrier costs less, or

(ii) Service by a non-U.S. flag air carrier can be paid for in excess foreign currency, or

(iii) Service by a non-U.S. flag air carrier is preferred by the Contractor or traveler needing air transportation, or

21. B. (Cont'd)

(iv) Service by a non-U.S. flag carrier is more convenient for the Contractor or traveler needing air transportation.

(b) Passenger service by a U.S. flag carrier will be considered to be unavailable:

(i) When the traveler, while en route, has to wait 6 hours or more to transfer to a U.S. flag air carrier to proceed to the intended destination, or

(ii) When any flight by a U.S. flag air carrier is interrupted by a stop anticipated to be 6 hours or more for refueling, reloading, repairs, etc. - and no other flight by a U.S. flag air carrier is available during the 6 hours period, or

(iii) When by itself or in combination with other U.S. flag or non-U.S. flag air carriers (if U.S. flag air carriers are unavailable) it takes 12 or more hours longer from the origin airport to the destination airport to accomplish the mission than would service by a non-U.S. flag air carrier or carriers or

(iv) When the elapsed travel time on a scheduled flight from origin to destination airports by non-U.S. flag air carrier(s) is 3 hours or less, and service by U.S. flag air carrier(s) would involve twice such scheduled travel time.

(2) In the event that the Contractor selects a carrier other than a U.S flag air carrier for international air transportation, it will include a certification on vouchers involving such transportation which is essentially as follows:

CERTIFICATION OF UNAVAILABILITY OF US. FLAG AIR CARRIERS

I hereby certify that transportation service for personnel (and their personal effects) or property by U.S. flag air carrier was unavailable for the following reasons: (state reasons)

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21.B. (Cont'd) (3) The terms used in this section have the following meanings:

(a) "International air transportation" means transportation of persons (and their personal effects) or property by air between a place in the United States and a place outside thereof or between two places both of which are outside the United States.

(b) "U.S. flag carrier" means one of a class of air carriers holding a certificate of public convenience and necessity issued by the Civil Aeronautics Board, approved by the President, authorizing operations between the United States and/or its territories and one or more foreign countries.

(4) The Contractor shall include the substance of this section, including this paragraph (4), in each subcontract or purchase order hereunder, which may involve international air transportation.

C. At least one week prior to the commencement of any international travel, the Contractor shall notify the AID Mission identifying the traveler and date of arrival.

D.
22. Subcontracts

Subcontracts must comply with the nationality, source, origin, and componentry requirements of this Agreement. The Contractor agrees to include the following provisions of this Agreement in all subcontracts hereunder:

- "Audit and Records";
- "Host Country Taxes";
- "Paragraph B. of "Air Travel and Transportation";
- "Nationality and Source";
- "Workmen's Compensation and Insurance"

All subcontracts and purchase orders in excess of \$20,000 shall only be awarded with the prior written consent of the Government and AID and such consent, if given, shall not relieve the Contractor from any liability or obligation under this Agreement. Cost-plus-percentage-of-cost subcontracts shall not be utilized for performance of any work.

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23. Change Orders

The Government may at any time in consultation with AID by a written order, make changes within the scope of work and schedule under this contract. If any change causes an increase or decrease in the work or the time required for performance of this Agreement, an equitable adjustment shall be made in:

- A. The Agreement price or completion date, or both, and
- B. in any other affected provisions, and the Agreement shall reflect the change.

24. Amendments

Modification of the terms of this Agreement shall be made by amendment signed by both parties. Any amendments, including letter amendments, which increase the Agreement amount or extend the completion date of the Agreement must be approved by AID.

25. Disputes and Appeals

A. In the event of a disagreement under this Agreement, the Contractor shall submit a written statement to the Government briefly describing the nature of the problem, the position of the Contractor regarding the issue and a narrative of facts in support of the Contractor's position.

B. Within 15 days after receipt of the Contractor's statement, the Government shall decide the issue and deliver a written statement of the decision to the Contractor, including the reasons supporting the decision, if adverse to the Contractor.

C. Within 30 days after receipt of the Government's decision or the date such decision was due, the Contractor may submit to the Government a written Notice of Appeal including a detailed description of the facts or the dispute with the dates of events, names of persons involved, references to documentation bearing on the matter (with copies attached), the relevant Agreement provision(s), the Contractor's contentions and conclusions, and a statement of why the Government's decision is being questioned.

D. Within 30 days after delivery of a Notice of Appeal, each party shall appoint a member to the three person panel. The two members so appointed shall within 10 days agree upon a third member who shall chair the panel. If the panel is not fully constituted within 20 days, either party may apply to the High Court of Kenya to select the third person. Such court may fill the vacancy and, in its discretion, charge all costs of the court proceeding to either party.

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25. E. The panel shall examine the claims and all documentation or witnesses offered in support of the positions of the parties and shall resolve the issue by a written decision which may include a monetary award (but not a penalty), as appropriate.

F. Judgment upon the award rendered may be entered in any court having jurisdiction or application may be made to such court for a judicial acceptance of the award and an order of enforcement.

G. An appeal against the award shall be finally settled by arbitration in accordance with the UNCITRAL arbitration rules (promulgated by the United Nations Commission on International Trade Laws) then in force, or, if no such rules are then in force, in accordance with the rules of conciliation and arbitration of the International Chamber of Commerce then in force. Such arbitration shall be by three arbitrators appointed in accordance with the applicable rules and shall take place in Nairobi, Kenya unless the parties agree on some other place acceptable to the arbitrators. The language to be used in the arbitral proceedings shall be English. Any resulting arbitration awards shall be final and binding on the parties and shall be in lieu of any other remedy and judgment thereon may be entered in any court having jurisdiction thereof.

H. Notwithstanding the existence of a dispute, the Contractor shall continue to undertake and perform the duties set forth in this Agreement.

26. Marking

The Contractor shall insure that all USAID-financed project equipment and materials (commodities) and their shipping containers, if any, carry the official AID (red, white, and blue clasped hand) emblem. Emblems shall be affixed by metal plate, decal, stencil, label, tag, or other means, depending upon the type of commodity or shipping container and the nature of the surface to be marked. The emblem placed on the commodities shall be as durable as the trademark, company, or brand name affixed by the producer. The emblem on each shipping container must remain legible until the container reaches the consignee. The last set of digits of the AID identification number of the pertinent agreement or other document shall be marked in characters at least equal in height to the shipper's marks on each shipping container. The appropriate emblems will be supplied by USAID.

27. Inspection

The Contractor agrees to permit authorized representatives of the Government and AID at all reasonable times to inspect the facilities, activities, and work pertinent to this Agreement, to take measurements of work in place, and to conduct tests.

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28. Report of Delays

The Contractor shall report in writing to the Government any event or condition which might delay progress or prevent completion of the work under this Agreement as soon as the facts are known to the Contractor.

29. Force Majeure

A. The term "Force Majeure" means any cause beyond the control of the Contractor, which the Contractor could not foresee and/or reasonably provide against, and which prevents the Contractor from wholly or partly performing the duties under the Agreement. Force Majeure includes, but is not limited to, any of the following:

- War, revolution, insurrection or hostilities (whether declared or not);
- Riot, civil commotion or civil uprising (other than among the Contractor's employees);
- Earthquake, flood, tempest, lightning or other natural disaster;
- Any fire of major proportions, or explosion;
- Epidemic;
- Strike or lockout; or
- Act of the Government

B. If any event occurs constituting Force Majeure, the Contractor shall give written notice to the Government as soon as possible after the occurrence, but within 15 days, including a statement describing the Force Majeure and its effect upon performance of this Agreement. The parties shall, within 10 days after such notice, consult regarding action to be taken.

C. In the event of a Force Majeure, the Contractor, unless otherwise directed by the Government in writing, shall continue to undertake and perform the duties set forth in this Agreement as far as is reasonably practicable.

D. In the event of a Force Majeure resulting in a suspension of work, this Agreement shall be extended by a period equal to that for which the Contractor was prevented from performing.

E. The Contractor shall be entitled to reasonable costs incurred as a consequence of a Force Majeure.

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29. (Cont'd) F. If the Contractor's inability to perform by reason of the Force Majeure lasts for more than 45 days after notice has been given to the Government, either party may terminate this Agreement and the Contractor shall be entitled to any sums which would be payable in case of termination of this Agreement for convenience of the Government.

30. Suspension of Work

A. The Government may, at any time, by written order to the Contractor (Suspension of Work Order) require the Contractor to stop all, or any part, of the work required by the Agreement for a period of up to 90 days from the specified effective date.

B. Upon receipt of such an order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order.

C. Within the period of the Suspension of Work Order, the Government shall either:

- (1) Cancel the Suspension of Work Order; or
- (2) Terminate the work covered by such Order as provided in the Termination section of the Agreement.

D. If the Suspension of Work Order is cancelled or the Order expires, the Contractor shall resume work. An equitable adjustment shall be made as necessary in the time schedule, the budget, or a combination thereof, or any other provisions of the Agreement that may be affected, and the Agreement shall be amended accordingly, if the Contractor asserts a claim for such adjustment within 30 days after the end of the period of work suspension. Failure to agree to any adjustment shall be a dispute under Section 25, "Disputes and Appeals."

31. Termination by the Government for Default

A. The performance of work under this Agreement may be terminated by the Government in whole, or from time to time in part, in accordance with this section, whenever the Contractor defaults in performance of this Agreement and shall fail to cure such default within a period of 60 days after receipt from the Government of a written notice specifying the default. For the purposes of this section, "default" means:

- 31(Cont.)
- (1) Failure to perform the work within the time(s) specified or an extension thereof, or
 - (2) Failure to perform any of the other provisions of this Agreement or
 - (3) Failure to prosecute the work so as to endanger performance of this Agreement in accordance with its terms.

B. Termination shall be effected by a Notice of Termination to the Contractor specifying that termination is for the default of the Contractor, the extent to which performance of work under the Agreement is terminated, and the date upon which such termination becomes effective.

C. After receipt of a Notice of Termination and except as otherwise directed by the Government, the Contractor shall:

- (1) Stop work under the Agreement on the date and to the extent specified in the Notice of Termination; and place no further orders or subcontracts except as may be necessary for completion of the portion of the work under the Agreement which is not terminated;
- (2) Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the Notice of Termination;
- (3) Assign to the Government as it may direct, all of the right, title, and interest of the Contractor under the orders and subcontracts so terminated, in which case the Government shall have the right to settle or pay any claims arising out of the termination of such orders and subcontracts;
- (4) With the approval of ratification of the Government, to the extent the Government may require, which approval or ratification shall be final and conclusive for all purposes of this section, settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, the cost of which would be reimbursable in whole or in part in accordance with the provisions of this Agreement;
- (5) Transfer title to the Government and deliver as directed by the Government the completed or partially completed plans, drawings, information and other property which would be required to be furnished to the Government under the Agreement

31 (Cont.) except that this requirement shall not apply to goods for which the Contractor has not been reimbursed;

(6) Complete performance of the part of the work which has not been terminated by the Notice of Termination; and

(7) Take such action as may be necessary for the protection of the property related to this Agreement which is in the possession of the Contractor and to which the Government has title.

D. The Contractor shall submit to the Government its written claim promptly but not later than three months from the effective date of termination, except as the Government may agree in writing.

E. The Contractor and the Government shall consult within 30 days of the submission of the claim concerning the whole or any part of the amount to be paid (including any allowance for the fee) to the Contractor by reason of the termination of work. The Agreement shall be amended accordingly, and the Contractor shall be paid the agreed amount.

F. If the Contractor and the Government fail to agree to the amounts to be paid to the Contractor pursuant to this section, the Government shall pay the amount, if any, it determines to be due the Contractor considering:

(1) Costs and expenses reimbursable in accordance with this Agreement, not previously paid, for the performance of this Agreement prior to the effective date of the Notice of Termination, and such costs as may continue for a reasonable time thereafter with approval of or as directed by the Government.

(2) The costs incurred by the Contractor in settling and paying claims arising out of the termination of work under subcontracts or orders which are properly chargeable to the terminated portion of the Agreement. Any amount for preparation of the Contractor's settlement claim shall not be included.

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31. (Cont'd) G. In deciding the amount due the Contractor, all unliquidated advance or other payments made to the Contractor applicable to the terminated portion of this Agreement; all settled claims which the Government may have against the Contractor in connection with this Agreement; and the agreed price for, or the proceeds of sale of property acquired by the Contractor or sold and not otherwise recovered by or credited to the Government, shall be deducted.

H. If the total of payments in connection with the terminated portion of the Agreement exceeds the amount determined to be due under this section, such excess shall be payable by the Contractor to the Government upon demand, together with interest computed at the current rate of U.S. Treasury bills, for the period from the date such excess payment was received by the Contractor to the date on which such excess is repaid to the Government.

I. Any disagreement regarding termination amounts or procedures shall be settled under section 25, "Disputes and Appeals."

J. Should the award of "Disputes and Appeals" be in favor of the Contractor, then section 31 F (2) shall be amended to include the payment of costs associated with the preparation of Contractor's settlement claims.

32. Termination by the Government for Convenience

A. The performance of work under the Agreement may be terminated by the Government in whole, or from time to time in part, in accordance with this section whenever the Government shall determine that such termination is in the best interest of the Government.

B. Termination shall be effected by a Notice of Termination to the Contractor, specifying that termination is for the convenience of the Government, the extent to which performance of work under the Agreement is terminated and the date upon which such termination becomes effective.

C. After receipt of a Notice of Termination and except as otherwise directed by the Government, the Contractor shall:

- (1) Stop work under the Agreement on the date and to the extent specified in the Notice of Termination, and place no further orders or subcontracts except as may be necessary for completion of the portion of the work under the Agreement which is not terminated;

APPENDIX I: Scope of Work

- A. Assist MOH executives and other Kenya agencies in the establishment of the new Division of Planning and Implementation in the MOH. While a tentative organizational structure and staffing pattern has been developed, this is subject to continuous review, revision and consequent evolution, particularly as it concerns relationships with other administrative units within the MOH.
- B. Assist in the establishment of the Planning and Policy Coordination Committee composition, charge and duties, and authorities and reporting responsibilities.
- C. Assist in developing, refining and establishing health planning, implementation, evaluation, and policy analysis procedures.
- D. Assist in the preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial and district levels.
- E. Assist in the revision or development of a scheme of service appropriate for health planning personnel, both medical and non-medical, in the MOH and MOEPD. [This will be completed as evidenced by written recommendations by June 1, 1981.]
- F. Provide technical assistance in appraising health sector policies and programs in the form of written memoranda as required by senior officers.
- G. Assist in the identification and assembly, from primary and secondary sources, of a minimum base of data needed to support health sector planning, implementation and evaluation activities.
- H. Assist the MOH/MOEPD in developing a list of research priorities and in developing appropriate procedures and guidelines for the solicitation, review, and approval of research contracts.
- I. Assist the MOH/MOEPD in identifying the need for baseline studies, and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis and health program evaluation.
- J. Assist in evaluating the results of action-oriented research studies and in developing procedures for the appropriate distribution of research and findings.
- K. Assist the MOH in identifying consultant needs to assist in

the design of specific projects and assist in preparing appropriate scopes of work for these consultant activities, which will be funded from other sources.

L. Assist in identifying the need for consultant services to implement discrete portions of the projects; develop appropriate scopes of work in consultation with MOH officials and assist in recruiting appropriate experts. [Note: In addition to 18 person-months of consultant services to be fielded by the Contractor, the project will fund approximately 26 person-months of services from the Health Resources Administration in the follow-on project design category and 6 person-months of AID evaluators. The Contractor will work closely with these other consultants.]

M. Assist in the selection of five [5] M.A. and 15 short-course training candidates, and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. [AID will effect and fund actual placement of an additional 7 M.A. training candidates through its own procedures.]

~~N. Help organize and make arrangements for observational tour training on behalf of 10 Kenyan officers. This will involve training in other African countries.~~

O. Assist in seeing that M.A. Kenyan Planners [returned participants] are functioning effectively in appropriate positions on the MOH and MOEPD.

P. Assist in organizing, conducting and evaluating eight [8] health planning, policy and information seminars.

Q. Assist in developing an appropriate list of equipment [vehicles, office equipment, commodities] needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be in accordance with AID regulations.

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APPENDIX II
IMPLEMENTATION PLAN

GOK/AID/K	May 31, 1980	Contract negotiations completed for HPIP
HPIP	October 1, 1980	HPIP Contract commences
HPIP	December 1, 1980	HPIP COP arrives in Kenya
MOH/HPIP	January 15, 1981	Project COP holds meeting with MOH to formally review guidelines for selection of Health Information Specialist
HPIP	January 31, 1981	Quarterly Report Due
MOH/HPIP	March 15, 1981	Project Planning Conference MOH/Drew Officials
HPIP	April 1, 1981	HPIP submits tentative Detailed 3-year Implementation Plan
MOH/HPIP	April 15, 1981	MOH nominates five M.A. candidates for placement in U.S.
MOH/HPIP	April 15, 1981	HPIP makes request to MOH/MOF to facilitate duty free waiver on project vehicles
HPIP	April 15, 1981	Consultant hired to assist Project in development of MOH Annual Report
HPIP	April 31, 1981	Quarterly Report Due
HPIP	June 15, 1981	Drew submits official recommendations for contract modifications based on March 1981 meeting
MOH/AID/W	June 30, 1981	Three Health planning trainees return to Kenya
MOH/HPIP	July 15, 1981	MOH submits documentation for five candidates for Master's training in U.S.
HPIP	July 31, 1981	Quarterly Report Due
MOH/HPIP	August 31, 1981	Five Master's candidates depart for training in U.S.

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PIIP	September 5, 1981	HIS Consultant arrives in Kenya
MOH/HPIP	September 15, 1981	Three returned Master's candidates seconded to HPIP
HPIP	October 20, 1981	HPIP COP arrives Los Angeles for internal project review
HPIP	October 31, 1981	Quarterly and Annual Reports Due
MOH/HPIP	November 1, 1981	HPIP receives duty free waiver on project vehicles
MOH/HPIP	December 15, 1981	HPIP submits request to MOH for approval of Modification to Project Year I budget and projection for Year II
MOH/HPIP	January 15, 1982	MOH nominates four MOH officials for observation tours
HPIP	January 31, 1982	Quarterly Report Due
MOH/HPIP	February 12, 1982	MOH officials depart for 5-country tour
MOH/HPIP	March 15, 1982	MOH officials depart for 2-country tour
MOH/HPIP	March 31, 1982	MOH nominates five MOH officials for Short-term training in U.S.
US/AID/K	April 15, 1982	AID and MOH meet to discuss plans for mid-term project evaluation
HPIP	April 22-23, 1981	National Planning Conference
HPIP	April 31, 1981	Quarterly Report Due
HPIP	May 5, 1982	Project Year I and II budgets approved and submitted to AID
HPIP	May 5-6, 1982	Provincial Planning Conference
HPIP	May 26-27, 1982	District Planning Workshop
HPIP	June 7, 1982	District Planning Workshop
HPIP	June 9, 1982	District Planning Workshop

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APPENDIX II

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HPIP	June 11, 1982	Five Short-term Trainees arrive in U.S. for 7-week course
HPIP	June 11, 1982	District Planning Workshop
HPIP	June 14, 1982	District Planning Workshop
HPIP	June 16, 1982	District Planning Workshop
MOH/HPIP	June 17, 1982	MOH official arrives in U.S. to open Short-term Training Progress and observation tour
HPIP	June 25, 1982	District Planning Workshop
HPIP	June 30, 1982	District Planning Workshop
HPIP	June 30, 1982	Three project vehicles released for shipment to Kenya
HPIP	July 5, 1982	District Planning Workshop
HPIP	July 7, 1982	District Planning Workshop
MOH/HPIP	July 8, 1982	Project COP arrives in U.S. to assist Short-term Training Course
AID/MOH/HPIP	July 12, 1982	Mid-term Project Evaluation Team arrives Drew/Los Angeles
AID/MOH/HPIP	July 19, 1982	Mid-term Project Evaluation Team arrives in Kenya
HPIP	July 28, 1982	District Planning Workshop
HPIP	July 31, 1982	Quarterly Report Due
HPIP	August 18, 1982	District Planning Workshop
AID/MOH/HPIP	August 19, 1982	Mid-term Project Evaluation Team completes site visits
MOH/HPIP	August 7, 1982	Five Short-term Trainees return to Kenya
HPIP	September 2, 1982	District Planning Workshop

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MOH/HPIP	December 7, 1982	MOH/HPIP officials meet to review Contract Modifications
AID/MOH/HPIP	December 8, 1982	AID/MOH/HPIP meet to review Contract Modifications
HPIP	December 9, 1982	Drew Official and Project Staff on TDY depart Kenya
HPIP	December 11, 1982	Annual Report Due
HPIP	December 20-22, 1982	Workshop Follow-up
HPIP	December 20, 1982 to January 10, 1983	COP on vacation
HPIP	February 15, 1983	Project vehicles licensed, registered and insured
AID/MOH	February 15, 1983	Contract Modifications Approved
HPIP	March 1, 1983	Project long-term technicians Health Planning/Management Information Specialist and Management Training/Organizational Development Specialist arrive in Kenya. MOH counterparts appointed.
MOH/HPIP	March 15, 1983	Permanent Training Resource Team appointed. Training of Trainers begins.
HPIP	April 1, 1983	Work Plans for long-term technicians due
HPIP	April 15, 1983	Draft of Comprehensive Training curriculum due
HPIP	April 15, 1983	Two Master's Participant Trainees return to Kenya
HPIP	April 15, 1983	Drew official in Kenya. Project Review
HPIP	April 29, 1983	Quarterly Report Due
HPIP	May 13, 1983	Report on Health Research Priorities Due

HPIP/MOH

May 20, 1983

BEST
AVAILABLESteering Committee Meeting
to review draft Five Year
Health Development Plan

HPIP

June 6-10, 1983

District Planning and Eval-
uation Workshop

HPIP/MOH

June 10, 1983

Submission of the Ministry's
Five Year Health Development
Plan to the Ministry of
Economic Planning and Develop-
ment

HPIP

June 13-17, 1983

District Planning and Eval-
uation Workshop

HPIP

June 20-24, 1983

District Planning and Eval-
uation Workshop

AID/MOH/HPIP

July 15, 1983

Drew Official in Kenya. Project
Review

HPIP

July 29, 1983

Quarterly Report Due

HPIP

July 18-22, 1983

District Planning and Eval-
uation Workshop

HPIP

August 15-19, 1983

District Planning and Eval-
uation Workshop

HPIP

August 30, 1983

Assessment on existing pro-
cedures and guidelines for the
solicitation and approval
of research contracts due

HPIP

September 7-9, 1983

Workshop Follow-up

HPIP

September 14-16, 1983

Workshop Follow-up

HPIP

September 15, 1983

Procedures and guidelines
for gathering data to support
planning, implementation and
evaluation of health programs
due

HPIP

September 19-23, 1983

District Planning and Eval-
uation Workshop

HPIP

September 28-30, 1983

Workshop Follow-up

HPIP

October 5, 1983

Pilot test guidelines for
data gathering

HPIP

October 10-14, 1983

District Planning and Eval-
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HPIP	October 19-21, 1983	Workshop Follow-up
HPIP	October 31, 1983	Quarterly and Annual Reports due
HPIP	November 16-18, 1983	Workshop Follow-up
HPIP	November 21-25	District Planning and Evaluation Workshop
HPIP	December 5, 1983	Evaluate Pilot test for data gathering
HPIP	December 7-9, 1983	Workshop Follow-up
HPIP/MOH/AID	January 16, 1984	Drew official in Kenya. Project Review
HPIP	January 20, 1984	Report of computer procurement due
HPIP	January 23-27, 1984	Workshop Follow-up
HPIP	January 31, 1984	Quarterly Report due
HPIP	February 13, 1984	Computer procurement process initiated
HPIP	February 15-17, 1984	Workshop Follow-up
HPIP	March 10, 1984	Design of data processing programs due
HPIP	March 12-16, 1984	District Planning and Evaluation Workshop
HPIP	March 21-23, 1984	Workshop Follow-up
HPIP	March 26-30, 1984	District Planning and Evaluation Workshop
HPIP	April 16, 1984	Computer equipment delivered
HPIP/MOH/AID	April 16, 1984	Drew official in Kenya. Project Review
HPIP	April 16-20, 1984	District Planning and Evaluation Workshop
HPIP	April 30, 1984	Quarterly report due
HPIP	May 14, 1984	Go live with computer and computer training program beginning

HPIP	June 4-8, 1984	District Planning and Evaluation Workshop
HPIP	June 11-13, 1984	Workshop Follow-up
HPIP	June 20-22, 1984	Workshop Follow-up
HPIP	June 20, 1984	COP on home leave
AID/MOH/HPIP	July 16, 1984	Drew official in Kenya. Project Review
HPIP	July 18-20, 1984	Workshop Follow-up
HPIP	July 22-27, 1984	District Planning and Evaluation Workshop
HPIP	July 31, 1984	Quarterly report due
HPIP	August 15-17, 1984	Workshop Follow-up
HPIP	August 20-24, 1984	District Planning and Evaluation Workshop
HPIP	September 12-14, 1984	Workshop Follow-up
HPIP	September 15, 1984	Computer training complete
HPIP	September 17-24, 1984	District Planning and Evaluation Workshop
HPIP	October 10-12, 1984	Workshop Follow-up
HPIP/MOH/AID	October 15, 1984	Drew official in Kenya. Project Review
HPIP	October 31, 1984	Quarterly and Annual reports due
HPIP	November 1, 1984	First of on-going series of computerized statistical reports published
HPIP	November 14-16, 1984	Workshop Follow-up
HPIP	December 5-7, 1984	Workshop Follow-up
HPIP	January 1, 1985	Project long-term technician Health Planning/Management Information Specialist departs
HPIP/MOH/AID	January 15, 1985	Drew official in Kenya. Project Review

APPENDIX II

HPIP	February 15, 1985	Final report from Manager, Training/Organizational Development Specialist due
HPIP	March 1, 1985	Project long-term technical Management Training/Organizational Development Specialist departs
MOH/AID/HPIP	April 15, 1985	Drew official in Kenya. Pre review
HPIP	April 30, 1985	Quarterly report due
HPIP	May 1, 1985	COP begins phase-out activities
MOH/AID/HPIP	July 15, 1985	Drew official in Kenya. Pre review. Participation in close-out conference
HPIP	July 31, 1985	Quarterly report due
HPIP	September 1, 1985	COP departs
HPIP	October 31, 1985	Final Project report due

APPENDIX III

BUDGET SUMMARY

July 1, 1980 - June 30, 1983

	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
* Salaries and Wages	\$122,422	\$ 288,533	\$ 410,955
Consultants	-	81,000	81,000
Fringe Benefits	24,484	57,707	82,191
Overhead (Indirect Costs)	58,762	100,987	159,749
Travel and Transport	8,800	165,100	173,900
Allowances	3,420	210,550	213,970
Equipment and Vehicles	2,850	141,385	144,235
Materials and Supplies	9,000	31,764	40,764
Participant Training	-	302,955	302,955
Other Direct Costs	34,700	67,580	102,280
	<u>\$264,438</u> =====	<u>\$1,447,562</u> =====	<u>\$1,712,000</u> =====

*NOTE: Salaries charged to this project will not exceed the larger of the regular established salary or the maximum allowed by AID.

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APPENDIX IV

DETAIL BUDGET

July 1, 1980 - June 30, 1983

	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Salaries</u>			
Project Director (35.5 mos.)	\$ -	\$167,663	
Information Specialist (34.5 mos.)	-	126,870	
Admin. & Trng. Coordinator (36.0 mos.)	77,925		
Secretary (36.0 mos.)	44,497		
TOTALS	<u>122,422</u>	<u>288,533</u>	\$410,955
<u>Consultants</u>			
18 mos. x 30 days x \$150	-	81,000	81,000
<u>Fringe Benefits</u>			
20% x Gross Salaries	24,484	57,707	82,191
<u>Overhead (Provisional)</u>			
(H.O. - 48%) (F.O. - 35%) Sal.	58,762	100,987	159,749
<u>Travel and Transportation</u>			
AID Orientation - Wash., D.C.	700	1,400	
Project Review - 3 x \$2700	8,100		
Post & Return - 9 x \$2700		24,300	
Home Visit - 9 x \$2700		24,300	
P.O.V. - 2 x \$2000		4,000	
Unaccompanied Baggage - 700 lbs. x 2 people x 2 trips x \$2.75/lb.	-	7,700	
Household Effects - 7500 lbs. x 2 people x 2 trips x \$150/c	-	45,000	
Insurance on Shipments	-	4,000	
Consultants - 20 x \$2720	-	54,400	
TOTALS	<u>8,800</u>	<u>165,100</u>	173,900
<u>Allowances</u>			
Post - 1830 x 2 x 3			
Temporary Lodging 62((4 x 36) + (5 X 18))	-	14,508	
Quarters:			
Gipson - 33 x \$1412	-	46,596	
Woide-Tsadik - 32 x \$1412	-	45,184	

	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Allowances (cont'd)</u>			
<u>Education</u>			
5 Children - (K - 8) \$3150 x 5 x 3 yrs.	-	47,250	
<u>Per Diem</u>			
AID Orientation - Wash., D.C. (H.O. - 7 days)(F.O. - 28 days) x \$53	371	1,484	
Consultants - 18 x 30 x \$66		35,640	
Project Review - Nairobi: 14 days x 3 trips x \$66	2,772		
Travel to Post and Return - one stopover ((4 x 60) + (5 x 30)) x 2	-	780	
Subtotal	3,143	191,442	
15% Inf. Allow. - (02 - 03 yrs.)	277	19,108	
TOTALS	<u>3,420</u>	<u>210,550</u>	213,970

Equipment & Vehicles

Office Furniture & Typewriter	2,850	-	
Office Furniture & Eqpt., Computer Facility, XOX & Other Items	-	96,386	
Vehicles	-	45,000	
TOTALS	<u>2,850</u>	<u>141,386</u>	144,236

Materials and Supplies

Consumable Supplies	9,000	19,800	
Expendable Equipment	-	4,964	
Library Materials	-	7,000	
TOTALS	<u>9,000</u>	<u>31,764</u>	40,764

Participant Training

<u>M.A. Program</u>			
5 x \$2200/mo. x 12 mos.	-	132,000	
5 one-way travel x \$1400	-	5,500	
<u>Seminars - Short-Term</u>			
5 x \$3000/mo. x 2 mos.	-	30,000	
5 one-way travel x \$1400	-	7,000	
10 Kenya-based Training		40,000	
<u>Tours</u>			
10 x \$1850	-	18,500	
10 one-way travel @ \$500		5,000	

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	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Participant Training (cont'd)</u>			
Conferences: 8 x \$8,120	-	64,955	
TOTALS	-	<u>302,955</u>	302,955
<u>Other Direct Costs :</u>			
Telephone	21,500	-	
Postage	6,000	9,000	
Duplication	3,600	-	
Publications	600	-	
Printing/Binding	-	23,750	
Equipment Maintenance	-	10,800	
Security Guard Services	-	15,480	
Passports, Visas, Physical Examinations, Inoculations, etc.	-	2,250	
Miscellaneous	3,000	6,300	
TOTALS	<u>34,700</u>	<u>67,580</u>	102,280
GRAND TOTALS	<u>\$264,438</u>	<u>\$1,447,562</u>	<u>\$1,712,000</u>

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APPENDIX V

BUDGET SUMMARY

July 1, 1980 - June 30, 1981

	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
Salaries	\$36,251	\$ 86,686	\$122,937
Consultants	-	18,000	18,000
Fringe Benefits	7,250	17,337	24,587
Overhead (Indirect Costs)	17,400	30,340	47,740
Travel and Transport	3,400	56,780	60,180
Allowances	1,295	64,056	65,351
Equipment and Vehicles	2,850	141,386	144,236
Materials & Supplies	3,000	14,964	17,964
Participant Training	-	68,410	68,410
Other Direct Costs	11,900	22,510	34,410
TOTALS	<u>\$83,346</u> =====	<u>\$520,469</u> =====	<u>\$603,815</u> =====

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APPENDIX VI

BUDGET DETAILS

July 1, 1980 - June 30, 1981

	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Salaries</u>			
Admin. & Trng. Coordinator (12 mos.)	\$23,064	\$ -	
Secretary (12 mos.)	13,187	-	
Project Director (11½ mos.)	-	49,856	
Information Specialist (10½ mos.)	-	36,830	
TOTALS	<u>36,251</u>	<u>86,686</u>	\$ 122,937

<u>Consultants - (4)</u>			
120 days @ \$150	-	18,000	18,000

<u>Fringe Benefits</u>			
20% of Salary	7,250	17,337	24,587

<u>Overhead</u>			
(H.O. - 48%)(F.O. - 35%) x Sal.	17,400	30,340	47,740

<u>Travel & Transportation</u>			
AID Orientation - Wash., D.C.	700	-	
Project Review - one trip	2,700	-	
Travel to Post - 9 @ \$1350	-	12,150	
Consultants - 4 @ \$2720	-	10,880	
Transport - Household Effects: 7500 lbs x 2 x \$150/c	-	22,500	
P.O.V. Allowance: 2 x \$2000	-	4,000	
Insurance on Shipment	-	2,000	
AID Orientation - Wash., D.C.: 2 @ 700	-	1,400	
Unaccompanied Baggage - 700 lbs. x 2 @ \$2.75/lb.	-	3,850	
TOTALS	<u>3,400</u>	<u>56,780</u>	60,180

<u>Allowances</u>			
Temporary Lodging 62((4 x 36) + (5 x 18))	-	14,508	
Quarters			
Gipson - 9 x \$1412	-	12,708	
Wolde-Tsadik - 8 x \$1412	-	11,296	

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	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Allowances (cont'd)</u>			
<u>Education</u>			
\$3150 x 5		15,750	
<u>Per Diem</u>			
AID Orientation - Wash., D.C. (H.O. - 7 days)(F.O. - 28 days) @ \$53	371	1,484	
Project Review - Nairobi: 14 days x \$66	924		
Consultants - 120 x \$66		7,920	
Travel to Post - One Day stop- over (4 x 60) + (5 x 30)	-	390	
TOTALS	<u>1,295</u>	<u>64,056</u>	65,351
<u>Equipment & Vehicles</u>			
Office Furniture & Typewriter.	2,850	-	
Vehicles	-	45,000	
Computer, XOX & Other Items	-	96,386	
TOTALS	<u>2,850</u>	<u>141,386</u>	144,236
<u>Materials & Supplies</u>			
Consumable Supplies	3,000	7,000	
Expendable Equipment	-	4,964	
Library Materials	-	3,000	
TOTALS	<u>3,000</u>	<u>14,964</u>	17,964
<u>Participant Training</u>			
<u>Seminars - (Short-Term):</u>			
5 x \$3000/mo. x 2 months	-	30,000	
5 one-way travel @ \$1400	-	7,000	
<u>Tours</u>			
3 @ \$1850/mo. x 1 month	-	5,550	
3 one-way travel x \$500	-	1,500	
<u>Conferences</u>			
3 @ \$8120	-	24,360	
TOTAL		<u>68,410</u>	68,410

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	<u>Home Office</u>	<u>Field Office</u>	<u>Total</u>
<u>Other Direct Costs</u>			
Telephone	7,500	-	
Postage	2,000	3,000	
Duplication	1,200	-	
Publications	200		
Printing/Binding	-	6,850	
Equipment Maintenance	-	3,600	
Passports, Visas, Physical Exams, Innoculations, etc.	-	1,800	
Security Guard Services	-	5,160	
Miscellaneous	<u>1,000</u>	<u>2,100</u>	
TOTALS	<u>11,900</u>	<u>22,510</u>	<u>34,410</u>
GRAND TOTALS	<u>\$83,346</u> =====	<u>\$520,469</u> =====	<u>\$603,815</u> =====

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APPENDIX VII

QUALIFICATIONS AND DUTIES -
LONG-TERM TECHNICIANS

The Contractor will provide two (2) long-term technicians, one Senior Health Planner (Project Director) and one Health Information Specialist. The qualifications and experiences, working relationships and specific duties of each individual are specified below.

1. Senior Health Planner (Project Director)

A. Qualifications

The incumbent possesses an M.D. with an MPH, with substantial experience in the health field beyond dissertation and purely academic research activity. The incumbent has a broad understanding of health care organization; health programming, health system policy analysis and health planning.

B. Experience

The incumbent has six (6) years' experience beyond the completion of graduate study. This includes successful experience in working in sensitive settings in Kenya and in working with government health agencies.

The incumbent has demonstrated leadership capabilities through the management of organizational units in the health sector. He also has demonstrated the ability to be sensitive to political constraints within a developing country context.

The incumbent is experienced in the coordination of foreign technicians with host-country counterparts and in working co-operatively with technical assistance personnel from various agencies. He is willing to accept direction and supervision from host-country senior officials.

C. Relationships

The incumbent will act as the technical leader and as the administrative head of a two-member long-term technical assistance team which will

*including community-based health systems

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also coordinate the efforts of 18 person-months of expert consultant activity. The officer will report directly to the Permanent Secretary, Ministry of Health, or designee, and will also serve on numerous technical task forces and committees during his tour of duty. Such committees will involve senior host-country officials and senior technical representatives of other donor agencies. The officer will be sensitive to professional differences of opinion and be able to integrate the resources available to the project into a complex technical and political setting.

D. Duties and Responsibilities

The incumbent will have responsibility, in conjunction with MOH senior executives, for the overall direction of the project, including the delegation of significant responsibility to the other member of the long-term technical assistance team and to short-term consultants. The complexity of the project requires a major division of labor among all technical assistance components. Thus it will be necessary to develop individual work programs and scopes of work as well as to organize components into an overall integrated program of activity. Individual work programs and the overall project work program will be developed collaboratively with senior Kenyan officials and receive their approval prior to the substantial initiation of project activity.

Duties and responsibilities of the Senior Health Planner will include the following, which are subject to minor refinement during project implementation:

1. Be responsible for the overall direction of the project; preparation of project documents, reports, and records; and the coordination of all technical activities.
 2. Work with the second member of the long-term team in formulating individual work programs and the overall work program for the project.
 3. Assist senior Kenyan officials and representatives of other donor agencies in establishing and revising relationships involving the new Division of Planning and Implementation in the MOH.
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- 3
4. Assist senior MOH officials in establishing the composition, requisite authorities, and schedule of activities of the Planning Policy and Coordination Committee.
 5. Work with the Health Information Specialist in drafting a research protocol acceptable to the MOH/MOEPD and AID that will facilitate the award of research contracts from the research fund jointly administered by their agencies.
 6. Work with the Health Information Specialist in drawing up a list of research priorities and information needs.
 7. Work with senior Kenyan officials in drafting a revised or new scheme of service appropriate for professional health planners and non-medical professionals in the MOH and elsewhere as appropriate.
 8. Assist senior Kenyan officials in drafting guidelines for decentralizing health planning activities from the MOH headquarters to provincial and district levels.
 9. Assist in making arrangements for the selection, recruitment and placement of all training candidates under the project, with the exception of the 7 M.A. training candidates that will be placed by September, 1980.
 10. Work with the Health Information Specialist in drawing up specifications and procuring all needed commodities, vehicles and services that may be purchased with project resources.
 11. Work with the Health Information Specialist and MOH officials in identifying the needs for, and preparing appropriate scopes of work for, expert consultants available to the project.
 12. Work with the Health Information Specialist in the planning and conduct of conferences and workshops in co-operation with senior Kenyan officials.
 13. Assist MOH officers in developing health planning, implementation, and policy analysis procedures and systems.
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Home Office and the Project Director. He/She will be responsible for the day-to-day management of Home Office operations. The incumbent will be responsible for arranging and managing all aspects of training programs for which the Contractor is responsible, arranging for the contracting with and support of all short-term consultants, coordinating all project procurement activity, and all other required administrative support functions.

Major duties and responsibilities of the Administrative Coordinator will include, but not be limited to:

1. Maintenance of project budgetary controls.
2. Awareness of AID regulations regarding all aspects of activity required of the Contractor with this Agreement.
3. Coordination of all U.S.-Kenya activities.
4. Coordinate the production of documents, reports, memoranda and similar items required by the project.
5. Assist in the identification of training prerequisites, training sites and other requirements for the effective placement of all training candidates.
6. Preparation of all required training documents for processing participant training candidates (long- and short-term).
7. Arrange special certificated programs as required.
8. Organize and coordinate participant travel and housing arrangements.
9. Prepare all project level procurement documents for U.S. initiated commodity acquisition.
10. Generate consultant agreements and arrange travel for all short-term consultants. Initiate appropriate documents for compensation for services.
11. All other administrative duties as required.

SECRETARY

A full-time secretary will be provided for the secretarial support of the Administrative and Training Coordinator.

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14. Draft health policy and health program analyses upon the request of senior Kenyan officials.
15. Assist in coordinating project activities with those of other donor agencies in the MOH and elsewhere in consultation with senior Kenyan officials.
16. Otherwise assist MOH/MOEPD, as requested, in furtherance of project objectives.

II. Health Information Specialist

A. Qualifications

The incumbent possesses a Ph.D. degree in Biostatistics. The incumbent has a broad understanding of the use of health data as these are needed for health sector planning; policy analysis, implementation and health program evaluation.

B. Experience

The incumbent has seven (7) years of experience beyond the completion of educational studies. Prior to completion of educational studies, the incumbent had successful experience in working in Ethiopia. The incumbent has substantial experience in health planning, field trial studies, data system development, and health program evaluation. The incumbent has demonstrated a capacity to undertake independent activity and the ability to work collaboratively with host-country colleagues in sensitive settings.

C. Relationships

The incumbent will act as a member of the long-term technical assistance team under the general direction of the Senior Health Planner (Project Director). He shall also report directly to the Permanent Secretary, Ministry of Health, or designee but will be under the administrative supervision of the Senior Health Planner (Project Director). He will represent the Contractor on various task forces and committees dealing with health information, program evaluation and research. The officer is experienced in working as a member of multidisciplinary teams of

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professionals and is sensitive to professional differences of opinion. The officer is willing to accept direction and supervision from host-country senior officials.

D. Duties and Responsibilities

The officer will develop an individual work program that is consistent with the overall scope of project responsibilities and activities. This work program will be developed co-operatively with the Senior Health Planner and senior Kenyan officials. The officer will be principally responsible for developing the minimum base of data and information needed to support health planning, policy analysis, implementation and program evaluation. In connection with these activities, the officer will have substantial responsibility in connection with identifying research needs, drafting research protocols and with evaluating and distributing research results. While specific tasks will be developed more definitively in consultation with the Senior Health Planner and senior Kenyan officials in connection with the development of an appropriate work program, the following duties and responsibilities currently appear necessary:

1. Work with the Senior Health Planner in administering the project.
2. Work with the Senior Health Planner in developing an individual and overall project work program in consultation with senior Kenyan officials.
3. Work with the Senior Health Planner and Kenyan officials in identifying research and information needs, drafting research protocols and awarding research contracts, as appropriate.
4. Develop an appropriate list of library reference materials and facilitate their acquisition and placement.
5. Develop and implement a procedure for evaluating health programs, subject to the direction of senior Kenyan officials in consultation with the Senior Health Planner.
6. Evaluate research results and develop and implement a procedure for their timely distribution.

APPENDIX VIII

HOME OFFICE

ADMINISTRATIVE AND TRAINING COORDINATOR

The Contract will provide funds for the support of an appropriate level of Home Office activity to assure quality performance by the Contractor. (See Appendix III and IV) The budgeted level of support for the Home office will be evaluated at the end of one year's experience and may be adjusted with the concurrence of the Government, the Contractor and AID.

The wide spectrum of professional support tasks necessary to assure and facilitate the timely occurrence of essential tasks at the Home Office level requires a person with a variety of administrative and coordinating skills. The Kenya-based long-term technician will not be burdened with administrative details that will interfere with the accomplishment of programmatic goals for which they are responsible.

ADMINISTRATIVE AND TRAINING COORDINATOR

A. Qualifications

The incumbent will possess a Master's Degree in educational administration, business administration or an allied field and experience in project development sciences.

B. Relationships

This person will act as the administrator and coordinator of all Home Office activity related to this project. This person will be responsible to both the Project Director and the Director of the Contractor's Program of International Health and Development.

C. Duties and Responsibilities

The incumbent will have responsibility for assisting in the coordination of project resources and will act as facilitator and primary contact between the

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Final Quarterly Progress Report

(for the period January - March 1986)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles. California

Contractor's Project Director (Chief of Party)

Mildred P. Howard

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QUARTERLY PROJECT REVIEW SUMMARY

January - March 1986

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I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As Scheduled</u>	<u>Status</u>
January, 1986	Finance/Close-out visit Drew officials	Completed March, 1986
January, 1986	DHMT Training, Eastern Province	Rescheduled May, 1986
January, 1986	JFAHR review meeting	Discussion; no formal meetings, internal audit scheduled April - September, 1986
January, 1986	Task Force Report on Continuing Education	Report in draft form; not released
January, 1986	Task Force Meeting on Recommendations Report	Postponed (UNICEF funding under review with MOH)
January, 1986	Systems Analysis Teams organized	Done; work in progress.
February, 1986	HIS Consultant hired	Delayed with GOK, Paper work now in- progress; to be finalized shortly
February, 1986	DHMT Training, Rift Valley	Rescheduled, to commence 20 April 1986.
Feb. - March, 1986	Quarterly Reports up to Date	Completed March, 1986
March, 1986	Final Project Report Completed	In-progress; to be submitted prior to 30 April, 1986
March 1986	Project close-out visit (Haynes)	Substituted by King - Completed.

March, 1986	National Conference on Health Planning/ Information Systems Developemnts	Scheduled 18-19 March 1986 postponed by request of MOH
March, 1986	Project filing systems overhauled and prepared for archives.	Completed
March, 1986	District Management Training Manual Published	In-production; for release prior to 30 April 1986

SUMMARY - PROJECT END

The major general and specific Health Planning and Information Project objectives and Terms of Reference have been achieved during the five-year term, (October 1980 - March 1986). The GOK/MOH and USAID, with support of an independent evaluation completed in April, 1984, concluded that overall progress made during the period, and the institutional development within the GOK/MOH, warranted serious consideration of a follow-on Project of a similar nature for the period 1986 - 1988. That follow-on project is currently under development.

The discussion which follows provides a brief overview of Achievements and Current Direction of planning and information systems developments at the conclusion of the Health Planning and Information Project. This information will be more fully elaborated in the Project's Final Report, due prior to 30 April 1986.

I. PLANNING, MANAGEMENT, AND INFORMATION SYSTEMS DEVELOPMENT - GENERAL

A. Achievements To-date

The consultants have had major responsibility for design and administration of the Ministry's Continuing Education Programmes aimed at strengthening the managerial performance of district officers. The concept of team management and formation of provincial and district management teams is now universally accepted within the system. Most districts are now

taking their own initiatives to further define the composition, roles and functions of hospital and sub-district management teams. These teams are increasingly being included in management training activities.

Recent accomplishments are as follows:

1. A more customized, third edition of district management training curricula for 85/86 was designed and learning materials developed in draft form. The design emphasizes district focus for rural development, and concentrates on the DHMT's role in annual planning/budgeting and supervisory methods/coordination, as well as other subjects of special concern such as "delegation", "discipline", as requested by provincial/district teams.
2. Three 5-day DHMT workshops conducted in,
 - North Eastern Province: three districts, reaching 30 officers (approximately 150 persons-days of training contact).
 - Central Province I: two district and sub-district teams (approximately 140 person-days of training contact).
 - Central Province II: three district and sub-district teams (approximately 200 person-days of training contact).
3. Conducted a national survey of district Hospital Secretaries and prepared analysis of their views on problems related to the role and performance of DHMTs in planning/budgeting exercises. (Preparation for future curricula design).
4. An interdisciplinary Task Force on "Refinement of Comprehensive District Management Training Curricula", met regularly over a two month period, developed a detailed recommended outline for a District Management Training Series (writing in-progress), and assisted in writing various training units. Officers were drawn from the areas of planning, management training and budgeting in the Ministry of Health and from the College of Health Professions.

This working group has formed an informal core of resource persons, a number of whom continue to be available for participation in district workshops, follow-ups and, future related Ministry of Health training programmes.

5. Three volumes of a planned six-volume District Management Training Series are in the phase of editing, review and production.
6. Two three-day meetings of a district-level Task Force on "Strengthening the Managerial Components of Continuing Education programs at the PHC/CBHC level", were organized and conducted. The Task Force included 15 members drawn from districts and Rural Health Training Centres. A final report and recommendations are in draft form.
7. Provided substantial input to preliminary design of a pilot programme on strengthening the implementation of PHC at the district/sub-district level (WHO 3-district pilot programme).
8. Completed formation of an administrative mechanism for applied health research (creation of the Joint Fund for Applied Health Research, JFAHR).
9. Established a coordinative linkage with the Ministry of National Planning and Development, (Health Estimates Working Group and Rural Planning Division), and provided input, as appropriate, to Ministry of Health officers on approaches to strengthening of MOH planning functions.
10. Initiated contact and established routine working relationships with Ministry of Health officers in the budgeting area, in an effort to improve internal linkages between district and headquarters planning/budgeting functions, and utilization of the MOH Data Centre (HIS).

11. Initiated and supported coordination of overall district management development programmes through contacts, meetings, co-operation in the field and frequent follow-up with agencies including, AMREF, Institute for Child Health, London, WHO, and the College of Health Professions.

B. Current Directions

A variety of issues related to further strengthening of the Ministry of Health's planning, management development and information systems, are currently receiving close attention from Ministry of Health decision-makers (review, re-structuring, re-definition of policy and programme directions, etc). The following can be noted:

1. Planning - a structure for more coordinated, consolidated and clearly defined health service and physical planning and programme development functions is under review at the P.S. level, and efforts are underway to place more senior level specialists in this area. The role of central planners as technical resources to policy and operational levels is being more heavily emphasized. The role of central planners in strengthening the decentralized planning network is also being reviewed.

These internal considerations on planning structures and functions represent a major step forward, and are to be formalized within the foreseeable future. In the interim, several existing donor-assisted opportunities within the Division of Administration and Planning and other offices warrant follow-up.

2. District Management Training - more pressure is being placed on district/sub-district managers, and workers at all levels for action and increased efficiency. Management principles already introduced widely in prior years, through short-course training, must begin to show pay-off by increased efficiencies in the field.

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Thus, future approaches include encouraging greater initiative by district officers in undertaking their own projects for managerial improvements, innovations in PHC/CBHC, strengthened supervision, in-service training in PHC/CBHC, programme design/administration, and increased provincial management development/training capacity.

Emphasis is shifting away from extensive workshop training (although annual DHMT workshops serve a legitimate purpose of periodic self-evaluation, re-inforcement and information sharing, and should not be overlooked as an important management development tool).

In addition, specialized short-course training such as "DMOH Administration", and "Fiscal Management for Hospital Secretaries" seems to be indicated and is likely to receive more attention and support.

3. Information Systems - strengthening of a decentralized system for treatment of vital health statistics at the district and PHC/CBHC levels, and implementation of user-based procedures is a high priority.

The skills of the existing, trained cadre of statistical clerks, data processors and programmers, etc., can now figure prominently in further structuring, development and expansion of the HIS. More efficient processing of vital health statistics, development of a management information data base, special processing services and analytical programmes, are now possible.

Structural linkages with the Ministry of Health's planning and budgeting functions will receive increased attention.

4. Applied Research - a basic mechanism for funding/administration is in-place. An approach to more diversified funding, closer monitoring of grantee progress, and methods for wider dissemination and (utilization) of research findings is indicated.

The HIS area has continued to be of particular concern because of slow progress during the earlier phases of the HPIP and HIS's integral relationship to future planning/ budgeting and management systems developments within the Ministry.

The status of HIS is thus discussed in further more specific detail below.

A. Achievements To-date and Current Directions

The range of concerns in HIS must be separated into two distinct albeit interrelated areas:

- (1) Management, administration and resources constraints;
- (2) Technical design, development and training requirements.

The consultants have provided a considerable amount of advice and backup support (as appropriate), to the Ministry in addressing problems falling into the first category. These concerns, however, are mainly within the domain of Ministry decision-makers.

The consultants have therefore concentrated major efforts on design, development and training activities. Accomplishments are outlined as follows:

1. Facilitated appointment of an HIS Director (Senior MOH Official, appropriate to the charge and responsibility of the office).
2. Gained government authorization, designed and constructed computer facility (Data Centre).
3. Procured and installed MOH computers.
 - 1 IBM/36 Minicomputer (arranged funding by USAID and UNICEF)
 - 5 IBM PC Microcomputers (arranged donation by IBM)
4. Established computer section within the Ministry of Health (11 staff).

5. Trained Ministry of Health personnel in computer operation and programming.

a. Computer Section

- 4 attending 2 year diploma course in Computer Science at the Kenya Polytechnic.
- 2 to U.S.A. for one (1) month course "Micro-Computers in Health".
- 10 attended IBM course at IBM on minicomputers
- 13 attended micro-computer training at IBM Africa Institute.

b. Ministry of Health Staff - users

- 116 attended micro-computer course

c. College of Health Professions

- 1 micro-computer donated to College (arranged donation)
- Technical assistance provided to medical education staff
- 37 Medical Records Technician students each received 9.5 hours of instruction on micro-computers.

6. Vital Health Statistics Reporting

a. Micro-computer programmes developed

b. Out-patient, family planning, infectious disease and immunization data entered on micro-computers and reported for 1981-1984.

c. Staff computer section trained to perform programming, data entry and analysis.

7. Management Information System Development

a. FACILITIES INVENTORY

- Programming completed
- Baseline data collected (districts) and entered
- Additional data verification and entry in-progress

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b. BUDGETS

Facilitated cooperation between Ministry of Health and Ministry of Finance. Budget Programms developed by MOF are now in use on MOH microcomputers.

c. DRUGS MONITORING

Systems Analysis is in-progress under general guidance of the offices of the Permanent Secretary and Director of Medical Services and in cooperation with various ralted officers within the Ministry.

d. PERSONNEL

Arrangements have been made for DPM to cooperate with Ministry of Health to gain access to computer files at the Government Computer Services Centre. Two staff from Ministry of Health personnel section have been assigned to assist the Computer Section. A system to satisfy the requirements of key Ministry of Health users is under development on the minicomputer.

8. Research Support

- a. Computer staff have been trained to use statistical packages on the micro-computer
- b. The following surveys have been analyzed by the Data Centre:

Primary Health Care

Kilifi Immunization

Dental Survey

Mathari Mental Hospital Surevey

Psychiatric Assessment Survey

9. Technical Advisory Services

The computer section has provided consultancy to:

- Ministry of Health: PS, DMS, PF & EO, CPO, Chief Supplies Officer, Planning Officers
- University of Nairobi: Postgraduate students in the Faculty of Psychiatry
- Office of the Vice President: Officers from the National Council for Population and Development
- Donor Agency Consultants: WHO, World Bank, DANIDA

B. Immediate Priorities

1. Training of computer staff and other Ministry staff in specific technical methods, and familiarization training for a significant number of other Ministry of Health personnel has gained momentum, and is being well received throughout. These activities have two purposes: (1) to prepare a pool of Ministry of Health staff capable of assuming a wide range of operational and programming functions as the HIS system expands and develops, and; (2) to sensitize Ministry of Health Managers (and other users who may wish to subscribe), to the availability and utility of converting manually maintained information (inefficient and fragmented at this time) to automated systems.

It is highly desirable that this type of training and preparation be continued. In the absence of these on-going activities, the Data Centre could within a very short period of time, become dormant, with the additional strong possibility that equipment could be confiscated (particularly PCs) for inappropriate use, and/or damaged.

2. After several years of promotion and approximately six (6) months of very careful discussions and internal organizing, interest and subscription to development of MANAGEMENT INFORMATION APPLICATIONS have finally begun to move. Focus in this area is extremely important to development of a fully

articulated Health Information System. Increased ability and provision of services in this area are also a key to improvement of managerial support and resources which are critical to further strengthening of the HIS unit.

Basic user requirements are now being defined and procedures for building a data base and analytical programs are underway. This area also requires fairly extensive technical systems analysis. Systems analysis is here defined as an investigative method by which data criteria are objectively evaluated in terms of their impact on various "decision points". Further training of computer staff and other technical officers within the Ministry to perform this type of analysis should begin now, while interest and support are high. Maintenance of activities in this area are critical to ensure that data treatments are moving toward long-range functional objectives of the management information system. If facilitation of this process ceases abruptly at this time, the very tediously laid development advances will be lost, requiring a completely new start-up with the prospect of another 1 - 2 years before appropriate dialogue and cooperation can be revitalized.

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period October - December 1985)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles. California

Contractor's Project Director (Chief of Party)

Mildred P. Howard

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QUARTERLY PROJECT REVIEW SUMMARY

October - December 1985

I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As Scheduled</u>	<u>Status</u>
September 1, 1985	Project Director begins Project administration phase-out	Done
September 15-21, 1985	District Management Training Workshops (As scheduled)	Done
October 31, 1985	Four month Management Systems Consultancy ends	Delayed
November 30, 1985	Management Systems consultant report due	Delayed
December 31, 1985	HIS consultancy completed	Extended

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

1.	2 staff in U.S.A. during September for USAID sponsored course in computers in health planning.	Ongoing
2.	5 staff go for IBM training courses in Nairobi 26 person/days of training	Ongoing
3.	Kilifi Immunisation Survey	Completed
4.	WHO Cost/Benefit Analysis	Ongoing
5.	1981 In-patient processing	Completed
6.	Master file of facilities	completed
7.	District Management Workshop, North Eastern Province 7 - 11 October, 1985	Done
8.	District Management Workshops, Central Province 21-25 October 1985	Done

- | | | |
|-----|---|------|
| 9. | District Management Workshops, Central Province 28 October - 1 November 1985. | Done |
| 10. | Ministry of Health nominates 5 staff for 3 year diploma course in computer studies at Kenya Polytechnic. 4 staff are invited to apply | Done |
| 11. | Family Planning 1981 - 1st quarter 1985 data entered and printed. | Done |
| 12. | Out-patient Morbidity data 1983 and 1984 entered and printed. | Done |
| 13. | Immunization 1982-1983 data entered except a few districts and response rates. | Done |
| 14. | Immunization 1984 data ready | Done |
| 15. | Infectious diseases 1981 and 1984 data completed. | Done |
| 16. | Task Force meeting on Continuing Education (UNICEF) 11-14 November, 1985. | Done |
| 17. | Interim Task Force Report Completed 20 November 1985 | Done |
| 18. | Task Force meeting on Continuing Education 2-6 December 1985. | Done |
| 19. | Assist in Processing of Documents to extend HPIP for 3-month period January-March 1986. | Done |

III. PLANNED IMPLEMENTATION ACTIONS DURING UP COMING QUARTER (3-MONTH HPIP EXTENSION)

PROPOSED IMPLEMENTATION ACTIVITIES

January - March 1986

- | | | |
|----|--|---------------|
| 1. | Project close-out visit, Leonard Patterson, Finance Director, Drew (commodities transfer, internal field audit, etc.). | January, 1986 |
| 2. | 1 District Management Training Workshop 5 District/Sub-district Teams - Eastern Province. | January, 1986 |
| 3. | Review meeting JFAHR (plan seminar on interim findings, February - March | January, 1986 |
| 4. | Prepare and distribute "Recommendations of the Task Force" on Continuing Education. | January, 1986 |

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5. Task Force Meeting to Review Document (15 members, Nairobi) January, 1986
6. Organize systems analysis teams for development of analytical computer programs (as requested by P.S). January, 1986
7. Complete hiring of HIS consultant (as proposed previously, if approved by USAID). February, 1986
8. 2 District Management Training Workshops
4 District/Sub-district Teams -
Rift Valley. February, 1986
9. Complete Final Project Report (and Bring Quarterly Reports up to date) February - March 1986
10. Project close-out visit, Dr. M. Alfred Haynes, Dean, Drew March, 1986
11. National Conference, "Mid-decade Review of Health Planning and Information Systems Developments in Kenya". March, 1986
12. Complete total overhaul of Project filing system and box documents March, 1986.

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period July - September 1985)

Contractor

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Contractor's Project Director (Chief of Party)

QUARTERLY PROJECT REVIEW SUMMARY

July - September 1985

I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As Scheduled</u>	<u>Status</u>
July 1, 1985	MT/OD Specialist assumes Project Directorship	Done
July 1, 1985	Four-month consultancy in Management systems analysis begins	Delayed*
July 14-20, 1985	District Management Training workshop	Delayed*
July 31, 1985	Quarterly Report due.	Delayed*
August 5, 1985	Management Training manuals Published	Ongoing
August 11-17, 1985	District Management Training work workshop	Delayed*
August 5, 1985	Quarterly Review Meeting	Done

*Project and Ministry of Health internal reviews and rescheduling were in progress during this Quarter due to change of project management.

BEST
AVAILABLE

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

	<u>As Scheduled</u>	<u>Status</u>
July 1, 1985	MT/OD Specialist assumes Project Directorship	Done
July 1, 1985	Four-month Consultancy in Management Systems analysis begins	Delayed
July 1-15, 1985	Project Director holds status review meetings with Ministry of Health officials.	Done
July 30, 1985	Project Director completes internal administrative Project analyses and establishes scope of work for account's internal audit	Done
July 30, 1985	Authorization to establish Management Training Curricula Task Force secured from Division of Administration and Planning and from PF & EO	Done
July 30, 1985	Authorization and assignment of Budgeting officers to assist in HIS applications on fiscal/budgeting programs	Done
August 7, 1985	First of weekly series of meetings of the Management Training Curricula Task Force begins	Done
August 26, 1985	Detailed Schedule for District Management Training Workshops 85/86 submitted for approval.	Done
August 30, 1985	Meetings to plan Continuing Education workshops began	Done

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II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES (CONT'D)

	<u>As Scheduled</u>	<u>Status</u>
August 30, 1985	Arrangements completed for two HIS staff for on computer training course in U.S.A.	Done
September 23-27, 1985	Working session of Task Force on Management Curricula Development held in Kericho	Done

III. PLANNED IMPLEMENTATION ACTIONS DURING UPCOMING QUARTER

1. Conduct District Management Training Workshops as Scheduled DREW/MOH
2. Complete three Task Force meetings on strengthening management components in Continuing Education. DREW/MOH
3. Complete writing of revised District Management Training Curricula DREW/MOH
4. Complete re-orientation of HIS statistical staff and decentralization (reporting) DREW/MOH
5. Schedule and begin comprehensive training of Ministry of Health Staff on micro-computers DREW/MOH
6. Continue discussions with Ministry of Health officials on development of management information systems applications on mini-computer DREW/MOH
7. Monitor progress on contracting of IPS and review possible requirement for further short-term extension of Health Planning and Information Project. DREW/MOH
AID

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period April - June 1985)

Contractor

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Contractor's Project Director (Chief of Party)

Reginald F. Gipson, M.D., M.P.H.

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QUARTERLY PROJECT REVIEW SUMMARY

April - June 1985

BEST
AVAILABLE

I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As scheduled</u>	<u>Status</u>
January 14, 1985*	3 Province evaluation of district management training begins	Done
January 20, 1985*	District Management Training Workshop	Done
February 4, 1985*	Eleven month HIS consultancy begins	Done
February 20, 1985*	HPWG/HPIP Joint Staff Seminar	Done
March 31, 1985*	Long-term HIS position Terminated	Done
April 15, 1985	Senior MOH meeting held on budgeting	Delayed
April 28-29, 1985	HPWG/HPIP Joint Staff Seminar	Delayed
April 30, 1985	Quarterly Report Due	Delayed
May 15, 1985	1984 HIS data reports completed and published	Done
June 3-7, 1985	Outgoing and incoming Projector Directors hold financial review with Drew Officials in Los Angeles	Done
June 30, 1985	Senior Health Planner departs	Done

*Revised Activities Added and achieved during previous Quarter January - March 1985

II. PROGRESS AGAINST LAST QUARTERS PLANNED ACTIVITIES

1. Continue discussions on extension and expansion of Health Planning and Information Project Ongoing
2. Identify and begin developing inventory files for (manpower facilities, transport, etc) the Health Information System Ongoing (facilities)
3. Develop computer program for district financial expenditure Delayed
4. Develop budgetary analysis program for computer Delayed
5. Revise Planning/management training modules Ongoing
6. Establish training schedules and commence district management training workshops Ongoing
7. Piloting and pre-testing of MCH/FP services reporting systems Ongoing
8. Other Activities. Prepared and delivered paper on Kenya Health Planning Systems, NCIH Conference, Washington D.C.
9. Other Activities. Assisted in completion of PID-like document for development of follow-on to Health Planning and Information Project
10. Other Activities. Began administrative turn over of responsibilities (change of Chiefs - of-Party)

III. PLANNED IMPLEMENTATION ACTIONS DURING UPCOMING QUARTER

1. Project Director to follow-up Drew financial turn over (resolution of internal administrative matters i.e., replacement of stolen landrover, reconciliation of petty cash balances as of 30 June 1985, etc). DREW
2. Project Director to hold review meetings with individual MOH Senior officials on status of planning, management training and HIS DREW/MOH
3. Organize and schedule 3 workshops on Continuing Education (Management components) DREW/MOH/ UNICEF.
4. Organize internal MOH committees to evaluate requirements for HIS applications (management information on manpower, facilities, transport, budgeting) DREW/MOH
5. Organize internal MOH committees on development of revised district management training curricula DREW/MOH
6. Complete schedules for District Management Training Workshops DREW/MOH
7. Arrange four month consultancy on management systems analysis DREW/MOH/A.
8. Quarterly Report DREW

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period January - March 1985)

Contractor

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Contractor's Project Director (Chief of Party)

Reginald F. Gipson, M.D., M.P.H.

QUARTERLY PROJECT REVIEW SUMMARY

January - March 1985

1. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As Scheduled</u>	<u>Status</u>
January 1, 1985	Project long-term technician Health Planning/Management Information Specialist departs	Delayed
January 15, 1985	Drew Official in Kenya. Project Review	Postponed
January 31, 1985	Quarterly report due	Delayed
February 15, 1985	Final report from Management Training/Organizational Development Specialist Due	Delayed
March 1, 1985	Project long-term technician Management Training/Organizational Development Specialist departs	Delayed

PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

1. Continue discussions on extension and expansion - Ongoing
2. Identify and begin developing inventory files for manpower, facilities, transport, etc) the Health Information System - Ongoing
3. Develop computer program for district financial expenditure - Ongoing
4. Develop budgetary analysis programme for computer - Ongoing
5. Revise Planning/management training modules - Ongoing
6. Establish training schedules and commence district management training workshops - Ongoing
7. Piloting and pre-testing of MCH/FP services reporting systems - Ongoing

III. PLANNED IMPLEMENTATION ACTIONS DURING UPCOMING QUARTER:

1. Continue discussions on extension and expansion - MOH/DREW/USA
2. Identify and begin developing inventory files for (manpower facilities, transport, etc) the Health Information System -- DREW/MOH
3. Develop computer program for district financial expenditure -- DREW/MOH
4. Develop budgetary analysis programme for computer -- DREW/MOH
5. Revise Planning/Management training modules -- DREW/MOH
6. Establish training schedules and continue district management training workshops -- DREW/MOH

7. Piloting and pre-testing of MCH/FP services reporting systems -- DREW/MOH

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period October - December 1984)

Contractor

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Office of the Dean
INTERNATIONAL HEALTH / ECONOMIC DEVELOPMENT
HEALTH PLANNING & INFORMATION PROJECT

13 March 1985

Mr. Charles Mantione
USAID/Kenya
P.O. Box 30261
NAIROBI

RE: HEALTH PLANNING AND INFORMATION PROJECT QUARTERLY PROGRESS
REPORTS FOR OCTOBER - DECEMBER 1984 AND JANUARY - MARCH 1985

Please find transmitted herewith a copy of the Quaterly Progress Reports for project activities for the last two quarters, October - December 1984 and January - March 1985.

Sincerely,

Dr. R. Gipson
Senior Health Planner
HEALTH PLANNING & INFORMATION PROJECT

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QUARTERLY PROJECT REVIEW SUMMARY

October - December 1984

BEST
AVAILABLE

1. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS

	<u>As Scheduled</u>	<u>Status</u>
October 10-12, 1984	Workshop Follow-up	Completed
October 15, 1984	Drew Official in Kenya. Project Review	"
November 1, 1984	First of on-going series of computerized statistical reports published	Completed
November 14-16, 1984	Workshop Follow-up	Completed
December 5-7, 1984	Workshop Follow-up	Completed

11. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

1. Review research proposals and award research grants
four proposal reviewed and approved - Done
2. Continue discussions on extension and expansion
Ministry officially requested three months Project extension - Ongoing
3. Install Computer - Done
4. Identify and begin developing inventory files for
(manpower facilities, transport, etc) the Health Information System - Ongoing
5. Develop computer program for district financial expenditure - Ongoing
6. Develop budgetary analysis programme for computer - Ongoing
7. Revise planning/management training modules - Ongoing
8. Establish training schedules and commence district management training workshops - Ongoing
9. Assist in designing a monitoring system for the Integrated Rural Health/Family Planning Project - Ongoing
10. Continue review of research proposals and awarding research grants - Done
11. Continue discussions on extension and expansion - Ongoing

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- 12. Install computer and implement logistical operations systems - Done
- 13. Continue operations system development of inventory files for (manpower, facilities, transport, etc) the Health Information System - Ongoing
- 14. Continue the development of computer program for district financial expenditure - Ongoing
- 15. Continue development of budgetary analysis programme for computer - Ongoing
- 16. Continue revision of planning/management training modules - Ongoing
- 17. Commence district management training workshops - Done
- 18. Continue assistant in designing a monitoring system for the Intergrated Rural Health/Family Planning Project - Done
- 19. Piloting and pre-testing of MCH/FP services reporting systems - Ongoing
- 20. Commencement of planning/management course at University of Nairobi - Done
- 21. Planning of Planning management course at MEC and Karen College - Done

III. PLANNED IMPLEMENTATION ACTIONS DURING UPCOMING QUARTER:

- 1. Continue discussions on extension and expansion - MOH/DREW USAID
- 2. Identify and begin developing inventory files for (manpower facilities, transport, etc) the Health Information System - DREW/MOH
- 3. Develop computer program for district financial expenditure - DREW/MOH
- 4. Develop budgetary analysis programme for computer - DREW/MOH
- 5. Revise Planning/management training modules - DREW/MOH
- 6. Establish training schedules and commence district management training workshops - DREW/MOH
- 7. Piloting and pre-testing of MCH/FP services reporting systems - DREW/MOH

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period July - September 1984)

Contractor

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Reginald F. Gipson, M.D., M.P.H.

QUARTERLY PROJECT REVIEW SUMMARY

BEST
AVAILABLE

JULY - SEPTEMBER 1984

I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REPORT, FOR MAJOR INPUTS.

	<u>As Scheduled</u>	<u>Status</u>
July 16, 1984	Drew Official in Kenya, Project Review	Postponed
July 18-20, 1984	Workshop Follow-up	Rescheduled for October-December, 1984
July 22-27, 1984	District Planning and Evaluation Workshop	Rescheduled for October-December, 1984
July 31, 1984	Quarterly Report due	
August 15-17, 1984	Workshop Follow-up	Rescheduled for October-December, 1984
August 20-24, 1984	District Planning and Evaluation Workshop	Rescheduled for October-December, 1984
September 12-14, 1984	Workshop Follow-up	Rescheduled for October-December, 1984
September 15, 1984	Computer training complete	First round completed
September 17-24, 1984	District and Evaluation Workshop	Rescheduled for October-December, 1984

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

1. Review research proposals and award research grants
One proposal reviewed and approved - Ongoing
- Ongoing
2. Continue discussions on extension and expansion
Ministry officially requested three months Project extension - Delayed
3. Install computer - Delayed to October
4. Identify and begin developing inventory files for (manpower facilities, transport, etc) the Health Information System - Ongoing
5. Develop computer program for district financial expenditure - Ongoing
6. Develop budgetary analysis programme for computer - Ongoing
7. Revise planning/management training modules - Ongoing
8. Establish training schedules and commence district management training workshops - Ongoing

- 9. Assist in designing a monitoring system for the integrated Rural Health/Family Planning Project - Ongoing
- 10. Complete review of all district 5 year plan and provide written feedback to Districts - Done
- 11. Finalize 4th Year Contract budget - Done

III. PLANNED IMPLEMENTATION ACTIONS DURING UPCOMING QUARTER:

ACTION AGENT(S)

- 1. Continue review of research proposals and awarding research grants DREW/NCST/MOH/IEI
- 2. Continue discussions on extension and expansion MOH/IEP
- 3. Install computer and implement logistical operations systems DREW/MOH
- 4. Continue operations system development of inventory files for (manpower, facilities, transport, etc) the Health Information System DREW/MOH
- 5. Continue the development of computer program for district financial expenditures DREW/MOH
- 6. Continue development of budgetary analysis programs for computer DREW/MOH
- 7. Continue revision of planning/management training modules DREW/MOH
- 8. Commence district management training workshops DREW/MOH
- 9. Continue assistant in designing a monitoring system for the Integrated Rural Health/Family Planning Project DREW/MOH
- 10. Piloting and pre-testing of MOH/FP services reporting systems DREW/MOH
- 11. Commencement of planning/management course at University of Nairobi DREW/MOH
- 12. Planning of Planning management course at NIC and Karen College DREW/MOH

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period April - June 1984)

Contractor

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QUARTERLY PROJECT REVIEW SUMMARY

APRIL - JUNE 1984

I. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (AS REVISED), AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSE SINCE LAST REF NO., FOR MAJOR INPUTS:

<u>As Scheduled</u>	<u>Status</u>
April 16, 1984 Computer Equipment Delivered	Scheduled for delivery September, 1984
April 16, 1984 Drew Official in Kenya. Project Review	Postponed due to Project Evaluation and Re-design (April - June, 1984)
April 16-20, 1984 District Workshops	*
April 30, 1984 Quarterly Report	Submitted 6 April 1984
May 14, 1984 go live with computer and computer-training program begins	Computer scheduled for delivery, September, 1984. Seven computer operators received three day training by IBK 6, 7, 8 June 1984
May 14-18, 1984 District Workshop	*
June 4-8, 1984 District Workshop	*
June 11-13 Workshop Follow-up	*
June 20, 1984 Chief of Party on home leave	Chief of Party departed 25 June 1984

* Substituted by Field visits by headquarters team to re-assess District management Training needs (24 and 30 May, 1984, 13 June, 1984 and 4 July 1984).

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES

1. Complete review all district 5-Year Plans - Done
2. Complete financial arrangements on research and solicit proposals - Done
3. Finalize 4th Year contract budget - Not done
4. Complete computer procurement and delivery date - Done
5. Prepare recommendantions to MOH on HIS - In progress
6. Complete field work on district management training needs - Done
7. Complete Agreement on Joint Fund for Applied Health Research (JFAHR) - Done
8. Begin Research solicitations - Done
9. Complete outline new planning/management training modules - Done
10. One field trial on a training module - Done
11. Complete mid-term Project Evaluation - Done
12. Complete Project Evaluation Summary and forward to AID/W - Done

III. CURRENT QUARTER'S PLANNED ACTIVITIES

- | | |
|--|-------------------|
| 1. Review research proposals and let research grants | DREW/NCST/HNP/MOH |
| 2. Complete and forward PID-like cable and PP Supplement | MOH/HNP |
| 3. Install computer | DREW/MOH |
| 4. Identify and begin developing inventory files (manpower, facilities, transport etc.) for computer | DREW/MOH |
| 5. Develop district financial expenditure program for computer | DREW/MOH |
| 6. Develop budgetary analysis programme for computer | DREW/MOH |
| 7. Complete new planning/management training modules | DREW/MOH |
| 8. Establish training schedules and commence district management training workshops | DREW/MOH |
| 9. Assist in designing a status monitoring system for the IRH/FP | DREW/MOH |

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
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BEST
AVAILABLE

QUARTELY PROJECT REVIEW SUMMARY

January - March 1984

1. CONFORMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (OR AS REVISED) AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSES SINCE LAST REPORT FOR MAJOR INPUTS:

<u>As Scheduled</u>	<u>Status</u>
January 16, 1984 Drew Project Review	Project Review held 13 - 17 February 1984
January 20, 1984 Report on Computer Procurement	Complete Proposal received from IBM 3 February 1984
January 23 - 27, 1984 Workshop Follow-up	Field visit, Kwale District 5 - 9 March 1984
January 31, 1984 Quarterly Report Due	Submitted 10 January 1984
February 13, 1984 Computer Procurement initiated	Purchase Agreement signed with IBM 16 February 1984. Needs Assessment.
February 15 - 17, 1984 Workshop Follow-up	Field visit, Siaya District 12 - 17 March 1984
March 10, 1984 Data Processing Program Due	50 - hours of computer sharing time authorized; selected programs in design phase.
March 12 - 16, 1984 District Workshop	Postponed for further refinement of Training curriculum
March 21 - 23, 1984 Workshop Follow-up	Field visit, Muranga District 5 April 1984
March 26 - 30 District Workshop	Postponed for further refinement of Training curriculum.

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES:

1. Begin procurement procedures, computer equipment - in process.
2. Begin discussions on structural arrangements for Health Information System - Done.
3. Begin MOH Headquarters review of discrete administrative sub-system - Initiated; on-going
4. Complete field work (needs assessment) in four districts - Initiated; on-going (two visits completed).
5. Complete review of all district 5-year plans and provide written feedback to districts - In process. (Seven reviews completed)
6. Complete financial arrangements for project research studies and commerce solicitation of proposals - Near completion
7. Finalize 4th Year Contract Budget - Still Under Review.
8. Hold project review meeting (annual and quarter) - Completed.
9. Complete orientation of new HPWG/HP1P staff - Done.
10. Complete arrangements on MOH's long-term support for district management training activities - Under review and discussion.

III. CURRENT QUARTER'S PLANNED ACTIVITIES

1. Follow-up on computer procurement; establish estimated date of delivery (DRM).
 2. Begin rearrangements of space to accommodate computer equipment (DREW/MOH).
 3. Prepare recommendations to MOH on developmental strategy for implementation of HIS activities; secure MOH agreement (DREW/MOH).
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4. Complete field work (needs assessments) in two-four districts (DREW/MOH).
5. Complete review of district 5- year plans (DREW/MOH).
6. Complete final signatures on Joint Fund for Applied Health Research(JFAHR). (MOH/NCST/AID)
7. Generate funds for JFAHR to NCST. (MOH/MFEP).
8. Begin research grant solicitation. (MOH/NCST).
9. Complete outline of new Planning/Management Training modularized series; begin development of selected modules. (DREW/MOH)
10. Complete at least one field trial of a selected training module with a district which is participating in the training needs assessment/design. (DREW/MOH)

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report.

(for period October-December 1983)

Contractor

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N O T E

This report presents a new format which will be used for quarterly project reporting in the future. A detailed monthly narrative and analysis is now being forwarded to Drew Headquarters. The briefer format presented here is for summary purposes only, consistent with AID's quarterly "Project Review Summary".

QUARTERLY PROJECT REVIEW SUMMARY

October-December 1983

- I. CONFIRMANCE OF PROJECT ACTIVITIES WITH THE IMPLEMENTATION SCHEDULE IN THE PROJECT PAPER (OR AS REVISED) AND PROGRESS TOWARDS ACHIEVING PROJECT PURPOSES SINCE LAST REPORT FOR MAJOR PROJECT INPUT:

See Attached

II. PROGRESS AGAINST LAST QUARTER'S PLANNED ACTIVITIES:

1. Finalize computer procurement proposal - on-going
2. Assist in District Level Management Training - Current phase completed
3. Assist in further revision of District Level Training Material-
on-going
4. Assist MOH in decentralizing guidelines and procedures - on-going
5. Formal internal review of training approaches/content - on-going
6. Complete arrangement of project research studies - near completion
7. Review and approve 4th Year Contract Budget - in process
8. Develop curricula for Budget Training by December - (related to
Items 3,4 and 9); on-going
9. Develop and field test prototype planning management and evaluation
system including the Health Information System in four District -on-going.

III. CURRENT QUARTER'S PLANNED ACTIVITIES:

1. Began procurement procedures, computer equipment. (DREW)
2. Begin discussions on structural arrangements for Health Information
System (DREW/MOH)
3. Begin MOH headquarters review of discrete administrative sub-systems
(i.e., transport, drug management, budgeting, etc) with view
toward refinement of management training content and data gathering/
processing procedures (DREW/MOH)
4. Complete field work in four districts with view toward refinement of
management training content and Health Information Systems procedures.
(DREW/MOH)
5. Complete review of all district 5-Year Plans and provide written feed-
back to districts (DREW/MOH)
6. Complete financial arrangements for project research studies and
commence solicitation of proposals (REW/MOH/HNP)
7. Finalize 4th Year Contract Budget. (DREW/MOH/HNP)

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8. Hold project review meeting (annual and quarter). (DREW/MOH/HNP)
9. Complete orientation of two new Economist/Planners assigned to the HPWG/HPIP (DPW/MOH)
10. Complete arrangements on MOH's long-term support for district management training activities (DREW/MOH)

Comments on Conformance to
Implementation Schedule
October-December, 1984

<u>As Scheduled</u>		<u>Comments</u>
October 5, 1983	Pilot Test guidelines for data gathering	HIS Assessment completed December 1983. Pilot testing to begin Jan., 1984.
October 31, 1983	Quarterly Report Due Annual Report Due	Quarterly Report Submitted. Annual Report in preparation.
November 10, 1983	Quarterly Meeting Annual Meeting	Informal meeting DREW/AID held meeting during period. Annual meeting will be scheduled in conjunction with release of Annual Report.
November 20, 1983	Planning and Evaluation Workshop	Workshop held Northeastern Province 7-11 November, 1983.
December 5, 1983	Evaluate pilot test for data gathering	Pilot testing to begin January, 1984.

AW

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for period July-September 1983)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

I Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with the primary emphasis on expanding health services delivery to rural population.

II Summary of Work Performed During the Period Covered by this Report

The following represents a summary of progress in relation to activities planned for this quarter:

A. Complete Detailed Work Plans for all Project staff

Workplans were completed by HPIP Staff

B. Participate in Project Audit

HPIP staff participated in the audit by meeting with auditors and providing all project documents which were requested.

C. Assist in District Level Training in management/planning

Training workshops were conducted in Mombasa 4-8 July and 18-22 July and in Eldoret 8-19 August.

D. Assist in MOH internal curriculum review of Management/Planning Training Programme.

Several activities were completed related to further development of the District Management/Planning Training Programme. Attachments 1 and 2 provide a summary of these activities.

E. Assist in development of operational research agendas and contracting of research studies.

A preliminary strategy, discussions, and a concept paper were completed jointly by the MOH and the National Council on Science and Technology with facilitation by HPIP.

JAG

- F. Assist in development of health information protocols to support Management/planning at district level, and:
- G. Complete investigation and begin steps for requisition of computer.
L. Werner replaced M. McCoy as the Health Information Specialist in Mid-September, 1983. This change of staff during the quarter delayed development in these areas.

- H. Complete relocation of library books and materials in Ministry of Health library facilities,
All HPIP library books were relocated to MOH library facilities for cataloging and shelving.

- I. Assist MOH in the development of guidelines and procedure for decentralization plan
The MOH's committee on district focus completed its general plan for decentralization.

- J. Assist MOH in writing of draft 5-year plan and development District plan.
The draft Health chapter was completely revised, reformatted, edited and circulated for internal MOH review during August, 1983, with assistance from HPIP. HPIP staff also participated in several related review meetings between the MOH and MOEPD.

III. Analysis of Work

Overriding considerations during the quarter related to staffing of the HJS position and the impending Project Audit.

M. McCoy assumed his duties in early July, 1983, and relocated to Kenya shortly thereafter. His performance was found to be deficient in a number of areas and the decision was made jointly by MOH/Drew to terminate his services and the end of his 3-month probationary period. Thus the processes of relocation, job orientation termination,

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repatriation and further staff recruitment, placed heavy burdens on the Project July- September.

Likewise, the impending Project Audit required considerable efforts in terms of clarifying the possible Audit terms of reference, establishing protocols and internal preparation of files and other summary data as initially requested. The Audit was subsequently suspended in September, 1983 until further notice. With completion of the district management/planning workshop in Eldoret (Rift Valley) during August, HPIP has successfully completed this programme with all districts with the exception of Wajir, Mandera and Garissa (Northeastern).

These districts are scheduled for next quarter. The MOH is now strongly desirous of assessing the effectiveness of the entire programme with a view toward determining a systematic approach to revising the training curricula.

In spite of the staff changes mentioned above, excellent progress was made on establishing an approach to implementation of the joint MOH/AID joint applied research fund. It is anticipated that this sub-programme will be finalized during the next quarter with no major difficulties, and be ready to commence in January, 1984.

A highlight of this quarter was the Project Review visit by President Haynes of Drew. A variety of issues related to joint responsibilities of MOH, Drew and USAID, were reviewed and resolved. Discussions during this period were extremely useful in reinforcing productive relationships among the parties.

IV Activities Planned Next Quarter

1. Finalize computer procurement proposal
 2. Assist in District Level Management Training
 3. Assist in further Revision of District Level Training Material
 4. Assist MOH in decentralizing guidelines and procedures
 5. Formal internal review of training approaches/content
 6. Complete arrangement of project research studies
 7. Review and approve 4th Year Contract Budget
 8. Develop curricula for Budget Training by December
 9. Develop and field test prototype planning management and evaluation system including the Health Information System in four districts
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FORWARD PLAN FOR STRENGTHENING
OF MANAGEMENT/PLANNING
TRAINING PROGRAMME

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1. Development of District Level Management Protocol:

The training curriculum used up to now has been mainly concerned with an introduction to health services planning and management, problem solving, and assistance to teams in drafting of their District Level Plans. The training materials were considered to be in draft form and now require further refinement in both their content and instructional methods.

Also, the next phase of district management training is envisaged as moving district teams from a long-range focus (5-10 years) to a more detailed annual implementation/evaluation focus, while at the same time introducing a variety of new subject matter to make the curriculum more comprehensive. For instance this next phase of training will include assistance in installing district level information systems to support long and short range planning, management control systems, monitoring and evaluation of outputs and outcomes; strengthening district capability to monitor development (construction) projects; and procedures for better control of resources, etc.

Furthermore, strategies for strengthening other district level teams need to be explored in collaboration with the relevant departments. The district management team components (District Health Management Team - DHMT, Health Management Team - HMT, and Hospital Management Team - HMT) specified in the LRH Implementation Plan, together with the functions of the District Health Management Team, with the exception of the Health Maintenance Team, are now being implemented. The need for further team building of this type is not felt. The sub-district coordinative concepts and strategies for health service delivery are now being implemented or contemplated. The District Health Management Team (DHMT), Service Delivery Points (SDPs), and Health Units (HUs),

identify in terms of how these various coordinative functions and related ones can be supported and supervised more effectively.

To facilitate development of curricula related to these various concepts, it has been determined that a Curriculum Development Team will work (initially) in a selected number of districts in order to develop related standard management operating procedures; to more clearly determine training needs for particular management skills up-grading, and; and to identify the most effective instructional formats and methods.

During the course of this training needs assessment, the Curriculum Development Team will also provide the participating districts with on-site technical assistance in implementing various systems improvements as determined by the collaborative process. As the districts begin to implement these various procedures, The Curriculum Development Team will go forth to evaluate the effectiveness of these various management approaches. This information will be the basis for design of a training curriculum which will be directly practical and related to the realities of district level operations.

It is expected that the curriculum development process, from design to delivery, December, 1983, will require a total of 6 - 8 months. It is also anticipated that all district management training activities will be completed during this developmental phase.

Some districts have been identified for participation in this process. They are: Kilifi, Kirinyaga, Handi or Handi/Hakuru. Some work has already been made to Handi/Hakuru and it is anticipated that the entire process will be completed by April, 1984 and the results will be reported.

11. Management Training:

In helping with the concern for practicality, every effort will be made to synchronize district level planning (and evaluation) with the planning cycle of MOH Headquarters and the Ministry of Health. It is anticipated that district training will be conducted in the following periods: April - September 1984, 85, 86, and 87, with a final evaluation in 1988.

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and districts to submit annual work plans in support of their development estimates. Planning exercises during 1984 will be affected by budgeting for 1985.

Financial constraints within the government will limit the impact of district inputs will have on development estimates. However, it is also anticipated that unprecedented emphasis will be placed on district recurrent estimates, and district level expenditures on recurrent allocations.

Increased emphasis will also be placed on the strengthening of DHMT's supervisory control over sub-district operations. In those areas where the need is identified, DHMTs will be assisted in organizing workshops geared toward strengthening the coordination and performance of their units. This type of training would be coordinated with existing and/or continuing education activities when possible.

III. Institutionalization of Management Training Capacity:

During 1981 - 83, district management training activities were primarily supported by MOH officials and specialists, staff of the Provincial Health Support Unit (ASU), Health Planning Working Group (HPWG), Health Planning and Information Project (HPIP), a special MOH District Development Team, and Provincial Health Management Teams. Structure of the training team has more or less followed the concept of Support and Training Teams as described in the IPH Implementation Plan. However, staffing has not been finalized.

Up to now, training activities have been adequately supported by these training resources. In particular, the HPIP has contributed significantly to the coordination and maintaining the momentum of these activities, owing to the fact that its Terms of Reference closely parallel IPH objectives for district management strengthening. However, the HPIP must be considered as an interim resource inasmuch as the HPIP operates under a limited budget and will not be able to provide staff for the long-term.

Therefore, it is to establish a permanent training team.

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feasibility within the MOH. This concept of permanency is justified because of the substantial progress that is expected to occur in the health activities planned during 1983 - 88, MOH management staff expansion and the fact that will necessitate some type of on-going management development.

The organizational position of such a unit within the MOH structure will ultimately need to be determined by MOH decision makers. At the interim, the function sits within the Division of Administration & Personnel, working closely with the ASU, carries out the objectives of the TDR. It is situated at the National level with one full-time specialist (MOP), and an MOH counterpart.

Headquarters staff needs to be supplemented with one additional MOH curriculum development management training specialist.

Selected individuals on various Provincial Teams have, in the past, proved themselves to be valuable district management training resources. It is recommended that these individuals (1-3 each province, drawn from the MOH) be designated to make up the composition of a Support Unit (SU) (MOH), similar to the approach described in the IBI Tools of Change. Although their relevant activities would be carried out at the provincial headquarters level, they would continue to work in close contact with the MOH at the district level, and under the specific direction of their provincial counterparts.

The SU, made up of 10-15 individuals would undergo training, participate as key training resources, conduct the major district level follow-up technical assistance and training evaluation, and be available for the MOH (e.g., during 1985-86), for assisting headquarters staff in the conduct of selected periodic in-service training for district and sub-district staff.

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Telegrams: "MINHEALTH", Nairobi
 Telephone: Nairobi 27331
 When replying please quote
 Ref. No.
 and date



AFYA HOUSE
 CATHEDRAL ROAD
 P.O. Box 30016, NAIROBI
 6th July, 1983

Dr. J. Maneno (ADMS)

REF: PLAN FOR INTERNAL REVIEW OF MGT/PLANNING PROGRAMME

Following your suggestion, a brief meeting was held with Ongayo, Gipson, myself on 24 June 1983, reference above. The purpose of that meeting was to determine: (1) What are the current issues and concerns that need to be addressed in internal review, and tentative agenda; (2) Who should be involved; (3) When should these discussions on series of meetings take place. The following conclusions were drawn:

1. The priority of the HPWG should be on ensuring that all districts submit draft Plans by a specified date. The time of headquarters staff should not be directed from this task, and therefore no formal sit-down review of curricula should be attempted until after training for the remaining districts of Coast, Rift Valley and North Eastern has been completed.
2. An initial review of both the management and planning components should be confined to HPWG/HPIP/ASU. A second round of discussions might involve PMOs and/or selected PHMT members who are particularly inclined or interested. At some future date, outside resources such as AMREF and KIA might be brought in. However, this would be done only on the assumption that these groups would be willing to consider further adjustment and consolidation of their content and approaches to match our own. Their interest in doing this would need to be discussed, in principle, beforehand.

3. Issues to be covered in a first meeting (of HPWG/HPIP/ASU) to be scheduled August-September 1983:

The future long-term thrust of Mgt/Planning Training follow ups:-

- (1) Role of PHMTs (?)
- (2) Frequency (?)
- (3) On-site or workshops (?)

Move to 2nd round (all districts) more detailed

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- Review of Mgt training objectives, sequence, content and rewrite as needed.
- Analyze quality of plans as produced; determine gaps in current planning training and revise as needed.
- Determine how training skills of PMTs can be further improved and develop a complete, detailed Trainer's Manual.

M. Pollard

M. Pollard
Management Training Specialist
HPIP

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for period April - June 1983)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

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1. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural population.

11. Summary of Work Performed During the Period Covered by This Report

The following represents a summary of progress in relation to activities planned for this quarter:

A. Assist in revision of Draft Introductory Five Year Health Chapter.

Two complete rewrites of the Health Chapter have been done with the assistance of HPIP staff. A departmental review of one draft was conducted, within the MOH, an additional review was done by the MOEPD.

The draft is now receiving final writing by the Administrative Support Unit.

B. Assist in District level training in management/planning

The Management Training Specialist and the Chief of Party assisted in the planning, scheduling and logistic coordination of workshops. (See Annex A for details)

C. Assist in orientation and organizing of work schedules of designated Project Counterparts.

I. Training: MOH Training Counterpart (Ongayo) has been actively involved with Training Activities over the past two years. Since the arrival of the HPIP-Management Training Specialist (29 March 1983) a detailed Plan of Work has been developed (See Annex B-1). Coordination with the MOH Training Counterpart has begun and working/sharing relationships established. A formal internal review of training approaches/content is now planned for the next quarter. (See Annex B-2).

2. HIS: MOH-HIS counterpart (Keyonzo) has been actively involved with Training activities over the past year, concentrating on assisting district teams in area of demographic and epidemiological data needed for planning, management and evaluation. With the arrival of the HPIP-HIS Specialist (27 June 1983), a more concentrated effort on formulating the specific areas of assistance to districts will now be undertaken. A work plan for the HIS position has been drafted (See Annex B-3). The MOH-HIS counterpart has begun to coordinate with the HIS Specialist on specific sharing of responsibilities.

3. Senior Health Planner MOH- Planning counterpart (Rae) arrived back in Kenya, and assumed his duties at MOH headquarters during the absence of HPIP-COP (who was on official leave from 16 May - 22 June 1983). During this period several general overview discussions were held regarding HPWG/HPIP activities. In addition, the MOH-Planning counterpart has concentrated on finalizing the Five Year Development Plan, picking up from the earlier efforts of PWG/HPIP staff. His immediate additional assignments include strengthening MOH manpower planning procedures. Work Plan for the Senior Health Planner is shown as Annex B-4.

D. Assist in establishing permanent MOH Management/Planning library.

Work has begun on cataloging of existing volumes. Arrangements have been made for shipment of additional

JB

E. Additional Work Performed during the Period covered by this Report.

- (1) Three project vehicles were registered, insured and prepared for road use. Arrangements were finalized with the MOH on proper utilization and control of the vehicles.
- (2) All negotiations and paper work on contract modifications were completed. Necessary assistance was provided to the MOH and MOEPD to ensure that the GOK's contributions (in-kind and local currency) were established within the GOK/MOH's forward planning and budgeting.
- (3) Received Mr. Mack Mc Coy in Kenya for job interview regarding HIS position. Introductions were made with both MOH and AID officials.
- (4) Two remaining HPIP staff positions were filled and project staff relocated to Kenya.

III. Analysis of Work

During this quarter, major contractual and project Management milestones were achieved.

Modification to the basic contract agreement (the need for which was recognized as early on as March, 1981), were finally culminated.

As an outgrowth of the contract re-negotiation, documentation related to the GOK's requirements under the terms of the bilateral agreement (including covenants and contributions), was put in order.

The contract now authorizes a desirable complement of three long-term technical consultants, and span a realistic time frame to September, 1985. The potential for realizing overall Projects objectives has thus been substantially enhanced.

A Management Training Specialist and an HIS Specialist were hired and relocated to Kenya. MOH counterparts were designated, and development of specific working relationships between Project staff and MOH counterparts is now well underway.

Project vehicles were registered and made available for Project use.

During this quarter also, significant progress was observed in institutionalization of the MOH's capacity to plan and to train personnel in the planning process. The MOH has been active in its own initiatives as well as in support of the HPWG and HPWP. Provincial Health Management Teams are now assuming increasingly more independent responsibility for training of District Health Management Teams (DHMTs), and DHMTs are demonstrating considerable interest and cooperation in implementation of decentralising management/planning approaches.

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The Chart which follows abstracts relevant sections of the Contract Implementation Plan, and shows progress made against scheduled activities.

CONTRACT IMPLEMENTATION PLAN

PROGRESS TO-DATE

IP/MOH	May 20, 1983	Steering Committee Meeting to review draft Five Year Health Development Plan	May 24, 1983. Follow-up meetings with Department Heads and MOEPD also scheduled.
HPIP	June 6-10, 1983	District Planning and Evaluation Workshop	9-13 May 1983, Nyanza; 23-27 May, Central; 23-27 May 1983, Western
HPIP/MOH	June 10, 1983	Submission of the Ministry's Five Year Health Development Plan to the Ministry of Economic Planning and Development.	June 3, 1983.
HPIP	June 13-17, 1983	District Planning and Evaluation Workshop	6-17 June 1983 Eastern
HPIP	June 20-24, 1983	District Planning and Evaluation Workshop	6-17 June 1983 Rift Valley
HPIP	April 1, 1983	Work Plans for long-term technicians due	HIS Sp. on-board last week June 1983. Mgt. Trng. Sp. plan completed 20 May 1983. CCP on leave 16 May - 22 June. Due date rescheduled to 15 July 1983.
HPIP	April 15, 1983	Draft of Comprehensive Training curriculum due	Rescheduled to Aug.-Sept. 1983
HPIP	April 15, 1983	Two Master's Participant Trainees return to Kenya	Arrived as scheduled.
HPIP	April 15, 1983	Drew official in Kenya. Project Review	Visit rescheduled to 16 Aug. 1983
HPIP	April 29, 1983	Quarterly Report Due	Submitted as scheduled.
HPIP	May 13, 1983	Report on Health Research Priorities Due	Postponed for arrival of HIS Sp.

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IV. Activities Planned for Next Quarter

- A. Complete Detailed Work Plans at all Project staff
- B. Participate in Project Audit
- C. Assist in District level training in management/planning
- D. Assist in MOH internal curriculum review of Management/ Planning Training Programme
- E. Assist in development of operational research agendas and contracting of research studies
- F. Assist in development of health information protocols to support management/planning at district level.
- G. Complete investigation and begin steps for requisition of computer.
- H. Complete relocation of library books and materials in Ministry of Health library facilities.
- I. Assist MOH in the development of guidelines and procedure for decentralization plan.
- J. Assist MOH in writing of draft 5-year plan and development of District plans.

Annex A

Summary of Training Activities

APRIL - JUNE 1983

Dates	Province	Districts	Hqs. resource	Report Filed
25-29 April	COAST	Voi Wesu Kilifi Msambweni	Gipson Ongayo Keyonzo	
9-13 May	NYANZA	Kisumu Kisii	Pollard Gipson Keyonzo Ongayo	YES
23-27 May	CENTRAL	Nyandarua Kirinyanga Kiambu Nyeri	(1st follow run by Provincial Team)	YES
23-27 May	WESTERN	Kakamega Busia Bugoma	Pollard Keyonzao	YES
6-17 June	EASTERN	Marsabit Isiolo Machakos Kitui Embu Meru	Pollard Mworia Chege Kanani M'Mwirichia	YES
6-17 June	RIFT VALLEY	Uasin-Gishu Trans-Nzoia Elgeyo-Marakwet Turkana West-Pokot	Ongayo Keyonzo	

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DEBRIEFING SUMMARY
DISTRICT TRAINING WORKSHOPS

PROVINCE: Nyanza PMO: Dr. Kayo
DISTRICT(s): Kisii MOH(s): Dr. Kulundu
Kisumu (Rural) Dr. Amisi
Kisumu (Urban)
VENUE: Golf Hotel DATE: 4 - 6 May 1983 (AMREF)
Kakamega 9 - 13 May 1983 (MCH)

1. GENERAL OBSERVATIONS:

- Excellent support and attentiveness on part of PMO to the entire decentralization/training thrust. Wants as many of staff as possible exposed.
- Kisii team appears cohesive and productive.
- Kisumu Team not so well organized; appears to be suffering from some lack of leadership; has lagged behind with plan development from the beginning; structural questions raised regarding rural-urban (provincial hospital) leadership and role.
- D.C. Kakamega gave excellent, inspiring closing.
- Overall climate of week was positive and well orchestrated with continuous input of PMO and Provincial Team.
- Although there was almost 100% attrition among Team members between initial planning exercises and now, groups appeared to grasp basic concepts well and adequately organized themselves for follow-up.
- Planning week agenda was overburdened with coverage and review of background Management review (such as personnel, budgeting and supplies issues) which might have better been covered during AMREF's management segment. Time was detracted away from reinforcing planning skills.

2. RECOMMENDATIONS:

A. Re Trainee Group

- If possible, MCH representative should arrange to accompany Provincial Supervisor at at least one of the follow-ups while DMF (Kisumu rural and urban) plan to meet. Significant technical support is needed for both Teams.
- Structural questions related to role and leadership of Kisumu urban need to be resolved.

B. Training/Organizational Development

- Coordination of AMREF/MCH curricula needs to be strengthened and reconciled.
- In planning invitee list as well as in establishing components (structural units) within each District, PMOs need some guidance from organizers to resolve/clarify roles and relationships of units having provincial, regional

from PMT(s) for input on personnel, supplies, budgets/finance.

- Planning Roles of units having provincial regional, or material functions should be clarified ASAP. (There is tendency to want to include them with District in which located so their input will not be lost)

3. TO BE FOLLOWED-UP:

- attend interim plan review (name/date to be scheduled)
- Plans review scheduled for 22 - 26 August 1983
- Internal (MCH) course structuring meetings to be scheduled after 17 June 1983.

G. Pallad

Signed

31 May 83

Date

ADD

DEBRIEFING SUMMARY

DISTRICT TRAINING WORKSHOPS

PROVINCE: Western PMO: Dr. L.W. Akombo
DISTRICT(s): Kakamega MCH(s): Dr. G.W.S. Odongo
- Mbale H.C. Mr. Dishon Odawa
Busia Dr. Were Malaba
- Alupe Leprosy Hospital Mr. C.Y. Onaya
- Port Victoria Dr. Atieno Abwao
Bungoma Dr. C.M. Maundu

VENUE: Golf Hotel DATE: 18 - 20 May 1983 (AMREF)
Kakamega 23 - 27 May 1983 (MCH)

1. GENERAL OBSERVATIONS:

- Good support, presence and involvement of PMO.
- Excellent indepth monitoring of workshop programme by PMT/AMREF/MCH.
- In spite of above, some periodic confusions, time overruns, on-the-spot shifting of agenda occurred.
- Some lack of cohesiveness in flow of presentations; most notable problems on Thursday when outside resources used for personnel and supplies segments.
- Healthy amount of competition among District Team; frequent lively critique was observed.
- In spite of prior exposure to plan development, groups had unexpected difficulties with certain concepts - particularly "Goals, Objectives, Targets" (which was repeated later in the week). Also, group frequently misinterpreted general instructions on group task.
- Presence of AMREF Team during Planning Week was positive. Good input from Dr. Migwe and Mr. Thiuri (new Management Training Officer formerly with KIA). MCH/AMREF relationships strengthened; way eased for more involvement of AMREF in MCH curricula design in future.
- Kakamega Team too large and structural organization (inclusion of units having provincial or national functions) caused continuous difficulties.
- Work Plan for Bungoma and Busia basically O.K.; Kakamega not totally organized, needs close follow-up/assistance and structural guidance.

2. RECOMMENDATIONS:

A. Re Trainee Group

- Some interim MOH assistance should be provided to PMT in support of Kakamega.

B. Training/Organizational Development

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3. TO BE FOLLOWED UP:

- Plans review scheduled for 8 - 12 August 1983
- Interim MOH site follow up with P&T, if feasible
- MOH/AMREF curriculum coordination on future shared programmes
- Try introducing joint evaluation of MOH/AMREF programmes to further substantiate need for better design.
- MOH - careful review of structural organization of future workshops. Decide on guidance to P&T's and DMs on how to treat units located within District which coordinate with District by which additionally have provincial, regional or national functions.

M. Pallard
Signed

31 May 83
Date

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DEBRIEFING SUMMARY

DISTRICT TRAINING WORKSHOPS

PROVINCE : Eastern PMO : Dr. A. Oyoo
DISTRICTS: Marsabit MOH(s): Dr. R. Kabugi
Isiolo Dr. Ajuang
Machakos Dr. H. Waiyaki
Kitui Dr. R.O. Genga
Embu Dr. R. Nabwana
Meru Dr. Apondo

VENUE: Meru County Hotel DATE: 6 - 17 June 1983

1. GENERAL OBSERVATIONS:

Instruction was provided by the PMO and four provincial staff, two of whom had attended the Training of Trainers session at the Silver Spring Hotel in February - March 1983. Sessions were generally handled adequately, but knowledge of certain topics as well as delivery styles could have been improved.

Teams had some difficulty with the Management Problem-Solving exercise. (New training format used for the first time in Meru). Possible reasons:

The Manual has some design faults.

Groups were very inclined to shift responsibility for their management problems to headquarters thus making it difficult for them to view problems objectively.

Groups seemed to have difficulty examining situations analytically and in detail.

Although participants ultimately carried out all assignments, there was a general feeling that the subject matter of the workshop was difficult and that the workload was too heavy.

There were periods of adequate participation during plenaries but there were many occasions when participants were not "with it".

There were consistent incidents of tardiness which delayed start of morning and afternoon sessions by as much as 30 - 45 minutes.

The provincial resource team adequately impressed upon groups that the problem solving and planning exercises were serious business and that on-site follow-up would occur over the next 8 weeks. This follow-up will be critical since all groups definitely require further monitoring and technical assistance.

Throughout the two weeks, participants engaged in extensive discussions regarding the general inadequacy of funds. Their thinking was ultimately redirected (to a degree) toward their responsibility for better management control over the funds that are available. However, the group did generate a separate committee report on recommended revenue generating practices of the MOH. This paper was presented to the Permanent Secretary during Closing Ceremonies.

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2. RECOMMENDATIONS:

A. Re Trainee Group

All groups require interim technical assistance by the PMT, with headquarters involvement if possible.

B. Training/Organizational Development

Consideration should be given to issuance of "Certificate of Completion" or continuing education credits for participants.

The management week of the program needs to be strengthened technically.

When conducting the full two week course, attendance needs to be limited to 20 - 25 participants to facilitate a more intensive teaching/learning exercise. (This material is complex and even more subject matter on management principles should be covered than is now being done. Participants appear to need more classroom-type individualized instruction which can best be done with smaller groups.)

W. P. Pollard
(Signed)

23 June 1983
(date)

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ANNEX B

Annex B-1 - Plan of Work, Management Training
Specialist *

Annex B-2 - Issues to be discussed in Internal
Review of Ministry of Health Management
Planning Training Programme

Annex B-3 - Plan of Work; HIS Specialist*

Annex B-4 - Plan of Work; Senior Health Planner*

*NOTE: Time-lines for Plans of Work not included in this report.

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HEALTH PLANNING AND INFORMATION PROJECT
WORK PLAN, OCTOBER, 1980 TO SEPTEMBER, 1985
MANAGEMENT TRAINING AND ORGANIZATIONAL
DEVELOPMENT SPECIALIST

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DESCRIPTION OF TASK

- C 1.0. Assist in developing, refining and establishing, health planning, implementation, evaluation and policy analysis procedures.
- 1.1 Assist in developing training materials and stocking a reference library for health administrators related to health planning, implementation, evaluation and policy analysis.
 - 1.2 Determine current problems and training needs of provincial/district administrators reference planning/management procedures.
 - 1.3 Assist in training of provincial/district administrators in health planning/management.
 - 1.4 Determine current problems and needs reference provincial/district level implementation and evaluation of services.
 - 1.5 Assist in developing and refining operational guidelines for the implementation and evaluation of provincial district level services.
 - 1.6 Assist in training of provincial district administration in implementation and evaluation procedures.

S O W	I T E M	DESCRIPTION OF TASK
	1.7	Monitor and evaluate provincial/district level planning, implementation and evaluation capacity.
D	2.0	Assist in preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial/district levels.
	2.1	Determine current training needs in respect to decentralization of health planning, implementation management and evaluation activities to the provincial/district levels.
	2.2	Develop and/or refine training materials which support decentralization to the provincial/district levels.
	2.3	Monitor and evaluate decentralization of health planning, implementation, management and evaluation activities to provincial/district levels.
F	3.0	Provide technical assistance in appraising health sector policies and programs, in the form of written memoranda as required by senior officers.
	3.1	Assist senior officials as required in coordinating inputs, drafting and revisions of health sector 5-year Development Plan.
	3.2	Assist in provincial/district level administrators in the drafting of health sector plans (including decentralized policy, programme and project descriptions.)

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S O M	I T E M	DESCRIPTION OF TASK
	3.3	Assist in analyzing provincial/district level plans with reference to MOH 5-Year Development Plan.
	3.4	Assist the Project COP, Project counterparts and MOH officials as requested in data analysis, program/project design and drafting of health sector policy/program papers and proposals.
	3.5	Participate in MOH discussions related to planning or review of such documents.
6	4.0	Assist in identification and assembly, from primary and secondary sources, a minimum of base line data needed to support health sector planning, implementation and evaluation activities.
	4.1	Assist provincial/district level administrators in identifying their data needs reference planning, implementation and evaluation.
	4.2	Assist HIS (Project) Specialist in developing training materials to improve national, provincial/district level data gathering and analysis, and management decision-making related to such data.
	4.3	Assist in the development of technical papers related to clarification of how data should be used to support health sector planning, implementation and evaluation.

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S O M I T E M	DESCRIPTION OF TASK
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- M 5.0
- Assist in the selection of five (5) M.A. and 15 short-course trainees candidates and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. (Project will effect and fund actual placement of an additional 7 M.A. trainees candidates through its own procedures.)
- 5.1 Assist in identification of appropriate training institutions for MA candidates.
 - 5.2 Arrange and monitor all Drew administrative requirements related to academic and logistical support of M.A. candidates.
 - 5.3 Process all official documents (visas, admission applications, etc) on behalf of M.A. candidates.
 - 5.4 Periodically monitor M.A. candidates' academic progress and keep MOH informed through Project COP.
 - 5.5 Arrange all travel for M.A. candidate during study term and return to Kenya.
 - 5.6 Assist Project COP in design and development of short course training curriculum.
 - 5.7 Draft Terms of Reference for Short-course consultant resource(s), with guidance of the Project COP.

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DESCRIPTION OF TASK

- 6.2 Once placed, assist those M.A. Kenya Planners who are assigned as Project counterparts in executing their job responsibilities in the areas of program/policy analysis, training and development of national, provincial and district decentralized planning, implementation and evaluation procedures.
- P 7.0 Assist in organizing, conducting and evaluating eight (8) health planning policy and information seminars.
- 7.1 Assist Project COP in designing health planning policy and information seminars.
- 7.2 Based on results of earlier approaches and experiences with seminars, assist Project COP in redefining strategy and scope for effectively importing health planning, policy and information principles within the MOH.
- 7.3 Based on MOH's decision to expand eight seminars into smaller, more comprehensive segments which reach wider audience of health administrators, assist in development of training approaches and curricula.
- 7.4 Coordinate and assist in development of short-course training materials which promote decentralized planning, implementation and evaluation skills among provincial/district administrators.

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S O W	I T E M	DESCRIPTION OF TASK
	7.5	Assist in the initial and ongoing evaluation and revision of these training materials.
	7.6	Assist in training of provincial/district administrators.
	7.7	Assist the Project COP and MOH officials in evaluating the results of such training as it impacts upon institutionalization of decentralized health sector planning, implementation and evaluation.
Q	8.0	Assist in developing an appropriate list of equipment (vehicles, office equipment, commodities) needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be accordance with AID regulations.
	8.1	Working in conjunction with Contractor's Purchasing Office, assist in administrative procedures for procurement of Project vehicles.
	8.2	Assist in preparation of vehicles for road use.
	8.3	Assist in establishing procedures and monitoring utilization of vehicles.
	8.4	Assist in evaluation of the administrative and cost factors related to purchase of computer equipment.
	8.5	Assist the Contractor's Finance office in periodic review of annual Project budgets related to projected new requirements for Project equipment.

ISSUES TO BE DISCUSSED IN INTERNAL REVIEW
OF MOH MGI/PLNG TRAINING PROGRAMME

Issues to be covered in a first meeting (of HPWG/HPID/ASU)
to be scheduled August - September, 1983:

- The future long-term thrust of Management/Planning
Training follow-ups

(1) Role of PIMTs(?)

(2) Frequency(?)

(3) On-site or workshops(?)

Move to 2nd round (all districts) more detailed annual
implementation planning(?)

Move to training at sub districts levels(?)

- Review of Management Training objectives, sequence,
CONTENT and rewrite as needed.

- determine gaps in current planning training and
revise as needed.

- Determine how training skills of PIMTs can be further
improved and develop a complete, detailed Trainer's
Manual.

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HEALTH PLANNING AND INFORMATION PROJECT
WORK PLAN, OCTOBER, 1980 TO SEPTEMBER, 1985.
HEALTH INFORMATION SPECIALIST

S O W N	I T E M	DESCRIPTION OF TASK
I	1.0	Assist the MOH/MCEPD in identifying the need for base-line studies and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis and health program evaluation.
G	1.1	Assist in the identification and assembly, from primary and secondary sources, of a minimum base of data needed to support health sector planning, implementation and evaluation activities.
	1.2	Assist in identifying the users of health data on the central/national, provincial and district levels.
	1.3	Assist in assessing the needs of the users.
	1.4	Assist in identifying the forms and information presently required of users and the usefulness of the information generated.
	1.5	Assist in relating these forms to the needs of the users.
	1.6	Assist in developing forms, procedures and guidelines for gathering data to meet informational needs which are not met by the current system.

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S O W	I T E M	DESCRIPTION OF TASK
	1.7	Assist in developing procedures, guidelines and forms for the continuous gathering of a minimum base of data needed to support health planning, implementation, and health program evaluation.
	1.8	Assist in developing a manual which will include forms, procedures and guidelines for a data gathering system at the central, provincial and district levels as follows:
	1.8.1	Assist in developing a manual for data gathering.
	1.8.2	Assist in developing a manual for processing and analysing the data.
	1.8.3	Assist in developing a manual for using the data in the decision-making process for health planning, implementation and program evaluation.
	1.9	Assist in testing the pilot manuals at scheduled workshops and the seminars scheduled in 1.8.
	1.10	Assist in evaluating and modifying the pilot manuals.
	1.11	Assist in preparing final drafts of the health data manuals.
	1.12	Assist in implementing the data gathering procedures and guidelines.

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DESCRIPTION OF TASK

1.13 Assist in monitoring and evaluation the data gathering procedures and guidelines.

1.14 Assist in reviewing the major field trial and baseline data collection studies which have been completed on various levels for the purpose of determining the need for conducting further studies.

H 2.0 Assist the MOH/MOEPD in developing a list of research priorities and in developing appropriate procedures and guidelines for the solicitation, review and approval of research contracts.

2.1 Assist in assessing and revising current research guidelines and procedures for research contracts.

2.2 Assist in identifying research priorities of the Ministry of Health.

2.3 Assist in coordinating (through a committee) the development, selection, and review of research proposals to be funded.

2.4 Assist in developing a request for proposals (RFP) for major priority research activities.

2.5 Assist in soliciting research proposals.

2.6 Assist in monitoring the progress of the research proposals selected.

S O W I T E M	DESCRIPTION OF TASK
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- 2.7) Assist in collecting the final research reports.
- J 2.8 Assist the Committee in evaluating and distributing copies of the final research reports.
- 2.9 Assist in implementing appropriate research findings.
- 2.10 Assist in developing appropriate procedures and or guidelines based on final research findings and integrating these into the institutionalising process of the health information system as it relates to health planning, implementation, and evaluation.
- Q 3.0 Assist in developing an appropriate list of equipment (office equipment, commodities) needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be in accordance with AID regulations.
- 3.1 Assist in reviewing previous assessments of the Ministry's computer requirements.
- 3.2 Assist in updating the Ministry's computer requirements for processing minimum data needed to support health-planning, implementation, policy analysis and health program evaluation.
- 3.3 Assist in soliciting proposals from computer representatives.

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- 3.4 Assist in selecting computer in accordance with USAID regulations.
- 3.5 Assist in selection and training of Ministry personnel in use of computer.
- 3.6 Assist in programming health data into computer.
- 3.7 Assist the users of health data in analysing and using the computerised reports for health planning, implementation and health program evaluation.

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HEALTH PLANNING AND INFORMATION PROJECT
WORK PLAN, OCTOBER, 1980 TO SEPTEMBER, 1985

SENIOR HEALTH PLANNER

S I O T W E M	DESCRIPTION OF TASK
A 1.0	Assist MOH executives and other Kenya agencies in the establishment of the new Division of Planning and Implementation in the MOH. While a tentative organizational structure and operating pattern has been developed, this is subject to continuing review, revision and consequent evolution, particularly concerning relationships with other administrative units within the MOH.
	1.1 Assist in the development of a structure and entity which will develop, support and coordinate planning activities at all levels of the Ministry and with other ministries.
	1.1.1 Assist in assessing the current structure and activities and needs reference planning.
	1.1.2 Assist in strengthening and refining planning structure, mechanism and activities in following areas:
	1.1.2.1 National planning Establishment of Health Planning working group defined by MOH.
	1.1.2.2 Reactivation of Health Sectoral Planning Group with M.E.P.D.
	1.1.2.3 Reactivation of Estimates working group with M.O.F.

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DESCRIPTION OF TASK

1.1.2.4 Establishment of Planning Co-ordination Committee in MOH.

1.1.2.5 Establishment/Formation of Provincial Health Management/Planning Teams.

1.1.2.6 Establishment/Formation of District Health Management/Planning Teams.

1.1.2.7 Assist in monitoring ongoing planning activities.

B 2.0 Assist in the establishment of the Planning and Policy Coordination Committee composition, charge and duties, authorities and reporting responsibilities.

C 3.0 Assist in developing, refining and establishing health plan implementation, evaluation and policy analysis procedures, (especially in relation to the Five Year Health Development Plan).

3.1 Assist in assessing, determining current problems and needs reference the following guidelines and procedures at the National level:

3.1.1 Planning

3.1.2 Implementation

3.1.3 Evaluation

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DESCRIPTION OF TASK

3.2 Assist in strengthening developing guidelines and procedures for the following activities at the national level:

3.2.1 Planning

3.2.2 Implementation

3.2.3 Evaluation

3.3 Assist in implementing National guidelines and procedures for the following areas:

3.3.1 Planning

3.3.2 Implementation

3.3.3 Evaluation

3.4 Assist in monitoring and evaluating the following National level procedures:

3.4.1 Health Planning

3.4.2 Implementation

3.4.3 Evaluation

D 4.0

Assist in the preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial and district levels.

4.1 Assist in assessing and determining current needs in respect to decentralizing to the provincial and especially district level the following activities:

S O W	I T E M	DESCRIPTION OF TASK
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4.1.1 Planning/Management

4.1.2 Implementation

4.1.3 Evaluation

4.2 Assist in developing guidelines for decentralizing to the provincial and district levels the following activities:

4.2.1 Planning/Management

4.2.2 Implementation

4.2.3 Evaluation

4.3 Assist in the implementation of guidelines for the decentralization of the following activities to the provincial and district level:

4.3.1 Planning/Management

4.3.2 Implementation

4.3.3 Evaluation

4.4 Assist in monitoring and evaluating the decentralization of the following activities to the provincial and district level:

4.4.1 Planning/Management

4.4.2 Implementation

4.4.3 Evaluation

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S O W	I T E M	DESCRIPTION OF TASK
E	5.0	Assist in the revision or development of a scheme of service appropriate for health planning personnel, both medical and non-medical, in the MOH and MOEPD. (This will be completed as evidenced by written recommendations by June 1, 1981)
	5.1	Review draft scheme of service (prepared by Dr. J. Jeffers) with MOH and MEPO officials.
	5.2	Assist in development of recommendations for the revision or development of a scheme of service based comments on the draft scheme.
F	6.0	Provide technical assistance in appraising health sector policies and programs, in the form of written memoranda required by senior officers.
K	7.0	Assist the MOH in identifying consultant needs to assist the design of specific projects and assist in preparing appropriate scopes of work for those consultant activities which will be funded from other sources.
	7.1	Assist in assessing major health problems in need of project interventions.
	7.2	Assist in determining priority health problems which require consultants for project design.
	7.3	Assist in identifying areas which require consultant inputs and develop consultant scope of work, including criteria for selection of consultant.

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DESCRIPTION OF TASK

- 8.0 Assist in identifying the need for consultant services to implement discrete portions of the project; develop appropriate scopes of work in consultations with MOH officials and assist in recruiting appropriate experts. (Note: In addition to 18 person-months of consultant services to be fielded by the Contractor, the project will fund approximately 26 person-months of services from the Health Resources Administration in the follow-on project design category and 6 person-months of AID evaluators. The Contractor will work closely with these other consultants.)
- 8.1 Assist in determining project areas which require consultant inputs for implementation.
- 8.2 Assist in identifying the type of skills consultant should have and develop scope of work.
- 8.3 Assist in determining criteria for selection of consultants.
- 8.4 Assist in identifying consultants.
- 8.5 Assist in arranging consultations.
- 9.0 Assist in the selection of 5 M.A. and 15 short-course training candidates and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. (AID will effect and fund actual placement of an additional 7 M.A. training candidates through its own procedures).
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S O W	I T E M	DESCRIPTION OF TASK
	9.1	Assist in the selection of 5 M.A. training candidates and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training.
	9.2	Assist in determining MOH/MOEPD health planning manpower requirements.
	9.3	Assist in identifying areas which require M.A. level training.
	9.4	Assist in developing criteria for selection of trainees.
	9.5	GOK/MOH selects/nominates candidates for Master's training.
	9.6	Submit names, application biodata/forms, transcripts, letters of recommendation to DREW.
	9.7	Assist in the selection of 15 short-term course training candidates to receive training health planning.
	9.8	Develop criteria for selection of short-term course training candidates.
	9.9	GOK/MOH/MOEPD selects candidates for training.
	9.10	Candidates receive training.

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S O W	I T E M	DESCRIPTION OF TASK
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- 10.0 Help organize and make arrangements for observational training on behalf of 10 Kenyan officers. This will involve training in other African countries.
- 10.1 Assist in identifying innovative approaches to health planning, implementation and evaluation, community based primary health care delivery systems and health sector strategies and programmes that have been developed in African countries.
- 10.2 Assist in determining which approaches have potential applicability in Kenya and criteria for selection of countries to be visited.
- 10.3 GOK/MOH selects countries to be visited.
- 10.4 Assist in determining criteria for selection of Kenyan officers to go for observational training.
- 10.5 GOK/MOH selects officers.
- 10.6 Make arrangements for observational training trips.
- 10.7 Officials go for observational training trips.

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S O W M	I T E M	DESCRIPTION OF TASK
O	11.0	Assist in seeing that M.A. Kenyan planners (returned participants) are functioning effectively in appropriate positions in the MOH and MOEPD.
	11.1	Assist in providing general support to returned M.A. Kenyan Planners and specific assistance as required.
	11.2	Assist returned M.A. Kenyan Planners in the application of their planning skills in solving the practical planning implementation, management, and programme evaluation problems in Kenya's health sector.
P	12.0	Assist in organizing, conduction and evaluating health ing, policy and information seminars.
Q	13.0	Assist in developing an appropriate list of equipment (vehicles office equipment, commodities) needed and ef timely acquisition and deployment of all such equipmen Procurement will be in accordance with AID regulations

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for period January - March 1983)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

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The major objectives of the Workshop are as follows:

- Train Provincial Team Members as trainers for District Health Teams in Management
- Provide a standardized, systematic process for identifying and solving management problems
- Identification and ranking of Provincial Health management and supervision problems
- Development of PHT management and supervision workplans
- Review guidelines and procedures for developing Provincial/District Health Plans
- Develop Provincial Health Plan.

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The Workshop evaluation revealed that the majority of the Workshop participants felt that the Workshop objectives had been achieved. Each team selected members to serve as trainers for each component of the management training programme for DHMTs.

The District Workshop for the training of DHMTs from Nyandarua, Kirinyaga, Kiambu and Nyeri in Health Management, was held from the 14th to 25th March 1983 at Nyeri (see Annex D).

The Central Province Health Management Team performed the majority of training for the DHMTs.

C. Assist in revision of District level training materials.

The Chief of Party assisted in the review and revisions of the District level training materials (see Annex E). The revised materials were used (piloted) in the two Workshops noted in C above.

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III. Analysis of Work

Substantive progress was made in reference to this quarters planned activities. All planned activities were completed.

The Health Planning Working Group completed the First Draft Five Year Health Chapter, met with the Health Sectoral Planning Group (MEPD) and the Estimates Working Group (MOF) to review the Draft and develop plans for its revision.

A Country wide Management Training Programme was developed, Provincial Teams were trained as trainers and the training of DHEMTs by Provincial Teams started.

Provincial Teams completed plans for completing their Provincial Five Year Health Plans and assisting the DHEMTs in completing their District Five Year Health Plans.

IV. Short-list of activities planned for next quarter:

- A. Assist in revision of First Draft Health Chapter for the Fifth Development Plan.
- B. Assist in District level training in management/planning.
- C. Assist in Orientation and organizing of work schedules of designated project counterparts.
- D. Assist in collection of all acquired books and materials and establishing permanent repository in Ministry of Health library facilities.

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I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural population.

II. Summary of Work Performed During the Period Covered By This Report

The following represents a summary of progress in relation to activities planned for this quarter:

A. Assist in revision of Draft Introductory Five Year Health Chapter.

The First Draft Health Chapter for the Fifth Development Plan was revised and reviewed by the Health Sectoral Planning Group at the Ministry of Economic Planning and Development (see Annex A).

B. Assist in District level training in management/planning.

The Chief of Party assisted in the planning and scheduling of the Training Programme for District Health Management Teams (see Annex B for Training Schedule).

The Health Planning and Information Project (HPIP) co-sponsored a Provincial and District level Workshop on the training of District Health Management Teams (DHMT) in Health Management.

The Provincial Workshop was held from the 27th February to 11th March 1983 (see Annex C).

The main objective of the Workshop was to provide a two week training of trainers course in Health Management for the Provincial

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HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for period Oct. - Dec. 1982)

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

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I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic, Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural populations.

II. Summary of Work Performed During the Period Covered By This Report

The following represents a summary of progress in relation to activities planned for this quarter:

A. Review and consolidate District Introductory Health Chapters.

A Draft Introductory Health Chapter for the Fifth Health Development Plan (1984 - 88) was completed and presented and reviewed at a Workshop at AMREF on 16th December, 1982 (see Annex A).

B. Develop guidelines for District Budgetary planning.

Several meetings were held with Ministry of Health, Economic Planning and Development and Finance officials with responsibility for budgetary matters and Provincial and District Health Teams. A Consultant assisted in the development of a draft Workbook for Budgeting, which is currently being revised; (see Annex B). This Workbook contains procedures and guidelines for District budgetary planning.

C. Clear vehicles at port; obtain decals and licences.

The project vehicles were cleared by port customs and are now in

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D. 6-week field consultancy by Project Administrator.

The Home Office Project Administrator, Ms. M. Pollard, spent 10 weeks in Kenya on a field office consultancy. During Ms. Pollard's visit she was involved in the following activities:

Co-ordinating and Providing Continuity for P/M Training of Trainers.
Assistances in revision of Training Manuals, P/M Training of Trainers and training of District Health Teams in Planning/Management.
Revamping Administrative Set-up of Office.

E. Consultant A. Neill to assist revision of HP/M Training Manuals.

During the period of 6 October - 16 November 1982 Mr. Neill completed his consultancy (see Annex C for Consultant's Report).

F. Assist in identification of permanent HP/M Training cadre.

The Health Planning and Information Project (HPIP) sponsored a Provincial Level Workshop on the Training of District Health Teams in Health Management/Planning at AMREF on 30th September and 1st October 1982. Prior to this Workshop two HP/M Training cadres (Support Training Teams) (STT) for training District Teams in Health Management/Planning were identified by the Ministry as team members. The five Kenyans who received short-term training as trainers in Health Planning at Drew are included (see last page of Annex D for list of team members). During this period the Ministry identified the HPIP Chief of Party as one of the co-ordinators of the Training Program.

G. Revise instructor's guides and train trainers.

The Health Planning and Evaluation Instructor's Guide was reviewed and two new draft Guides developed. The STT members were previously trained as (Five Drew) trainers therefore HPIP provided a short review of the training materials for District Teams.

During the period of 11 - 22 October 1982 the Ministry and HPIP conducted a short-term training course at Nakuru for five District Health Management Teams in Health Management/Planning (see Annex E for Short-Term Course Report). This satisfied item M of the HPIP Scope of Work.

N. Issues related to planning bodies covenant and non-medical career structures to be resolved by 3-party meeting, November 1982.

During the period of 17 - 24 November 1982 Dr. M.A. Haynes, the President of Drew, visited Kenya and met with Ministry of Health and USAID Officials. Agreement was reached on the above issues by all parties, (see Annex F for Trip Report and Annex G for letter reference Project Covenants).

I. Review of Evaluation and re-negotiation contract terms/budgets.

During Dr. Haynes visit the Project Mid-Term Evaluation was reviewed with the Ministry and USAID.

At the request of the Ministry Mr. J. Fullmore, Drew Fiscal Affairs Officer, visited Kenya. During his visit agreement was reached between the MCH and Drew on Contract amendments (see Annex H).

III. Short Description of Work for Next Period.

1. Assist in revision of Draft Introductory Five Year Health Chapter.
2. Assist in District level training in management/planning.
3. Assist in revision of District level training materials.

HEALTH PLANNING AND INFORMATION PROJECT

PROJECT NO. 615-0187

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH

GOVERNMENT OF KENYA

Quarterly Progress Report

(for period July - September 1982)

Contractor

Charles R. Drew Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

7/81

I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural populations.

II. Summary of Work Performed During the Period Covered by This Report

During this quarter the following activities were achieved:

- Completion of mid-term evaluation.
- Arrival of vehicles in Mombasa Port.
- Completion of third round of District Planning Workshops.

The following seven (7) planning workshops were held:

	DATE	VENUE	SUBJECT
1.	5th July, 1982	Mbale R.H.T.C.	Follow up on Nyanza and Western Provincial & District Teams on Planning Process
2.	7th July, 1982	M.T.C. Nakuru	Follow up on Rift Valley District Teams on Planning Process.
3.	28th July, 1982	Kitui	2nd meeting with the Eastern Province District Teams. Information documents were collected and discussions held on the planning process. Workshop Group requested the planning Working Group to request the Permanent Secretary to assist in amending Treasury Circular issued recently which requires LPO's to be endorsed by the District Accountant before purchases are made. Draft Introductory Chapter to be ready by the end of August, 1982.
4.	25th August, 1982	M.T.C. Nakuru	Third meeting with the Rift Valley District teams. Collection of Introductory Chapters from Districts that have completed.

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5.	18th August, 1982	M.T.C. Nairobi	Met the Central Province District teams for the third time. This time, Nyeri has finished Introductory Chapter and has done an excellent job. No problems experienced. Other teams have also finished, but typing remains to be done. Agreed that all teams will have sent in their bits by August 30th 1982. District maps updated and completed during the same meeting.
6.	2nd September, 1982	M.T.C. Mombasa	<p>This was the third Workshop on planning process for the 5th National Health Plan. In the previous two occasions detailed discussion on the preparation and production of the Health Plan by the District teams were held. At the same time agreement as to the strategy to be adopted were reached.</p> <p>The purpose of this session was to assess progress made especially in completing the Introductory Chapter and to update base line information. Discussion on the continuity of planning activities after the introductory chapter will be made. The role to be played by various programmes like the Integrated Rural Health Project will be stressed.</p>
7.	30th September, 1982	AMREF	Provincial level workshop on the Training of District Teams in Health Management/Planning.

- The Health Planning Working Group submitted two progress reports to the Steering Committee (see Annex A and B).
- Completion of short-term health planning training of 5 Kenyan health officials and development of the Planning and Evaluation manual. (See Annex C and D).
- Completion of HIS consultancy (see consultants report Annex E).

III. Analysis of Work

During this quarter the project's mid-term evaluation was completed.

The project conducted seven Planning Workshops with Provincial and District Health Teams with the assistance of the Health Planning Working Group. All Districts made substantive progress in data collection and the

writing of their five year District Health Development Plans.

The Health Planning Working Group wrote two progress reports which were reviewed by Steering Committee. Several sectoral planning group meetings were held with the Ministry of Economic Planning and Development, the Ministry of Finance, the Ministry of Education and the Ministry of Works. (See Annex F for minutes).

The Health Planning Working Group (HPWG) also participated in Demographic Trends Working Group meetings and Forward Budget 1982/83 - 1985/86 Programme Reviews meetings (see Annex G and H).

The HPWG reviewed Sessional Paper No. 4 of 1982 on Development Prospects and Policies and developed a summary of the major Development Prospects and Policies contained in Sessional Paper No. 4 as they relate to the MOH (see Annex I).

Significant progress has been achieved during this quarter in relation to fulfillment of items A, B, C, D, F, G, I, J, M, O, P and Q.

IV. Short Description of Work for Next Period

1. Review and consolidate District Introductory Health Chapters.
2. Develop guidelines for District Budgetary planning.
3. Clear vehicles at port; obtain decalcs and licences.
4. 6-week field consultancy by Project Administrator.
5. Consultant A. Neill to assist revision of HP/M Training Manuals.
6. Assist in identification of permanent HP/M Training cadre.
7. Revise instructor's guides and train trainers.
8. Issues related to planning bodies covenant and non-medical career structures to be resolved by 3-party meeting, November, 1982.
9. Review of Evaluation and re-negotiation contract terms/budgets.

ANNEX A

HEALTH PLANNING AND INFORMATION PROJECT

PROJECT NO. 615-0187

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH

GOVERNMENT OF KENYA

Quarterly Progress Report

(for period April - June 1982)

Contractor

Charles R. Drew Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural populations.

II. Summary of Work Performed During the Period Covered by This Report

The following represents a summary of project achievement to date in relation to each item of the scope of work:

- A. Assist MOH executives and other Kenya agencies in the establishment of the new Division of Planning and Implementation in the MOH. While a tentative organizational structure and staffing pattern has been developed, this is subject to continuous review, revision and consequent evolution, particularly as concerns relationships with other administrative units within the MOH.

A Health Planning Working Group was appointed on 6 May 1982 by the Permanent Secretary and charged with the responsibility of writing the next five year Health Development Plan. This group was established as a result of two workshops which were sponsored by the Health Planning and Information Project. This Health Planning Working Group will form the basis for coordination of the Ministry's planning and implementation activities. (See attached letter Annex A).

- B. Assist in the establishment of the Planning and Policy Coordination Committee composition, charge and duties, authorities and reporting responsibilities.

A Steering Committee has been formed to deal with policy issues related to the development of the Planning Process for The Health Plan and provides guidance to all major projects. The Planning Working Group reports to this Steering Committee. (See attached letter Annex A).

- C. Assist in developing, refining and establishing health planning, implementation, evaluation and policy analysis procedures.

Current quarter activities have focused on the establishment and strengthening and refining of Health Planning, Implementation and Evaluation activities as well as policy analysis at the Inter and Intra-ministerial (Headquarters), Level, Provincial and District Levels. The current process of reviewing the National Health Planning Process will result in the identification of procedures, guidelines and policies for the Interministerial Planning Process. A Health Sectoral Planning Group and Estimates Working Group have been formed to coordinate planning activities between the Ministry of Health, Finance, Economic Planning and Development, Basic Education and others as required. The Health Planning Working Group serves as a member of these other Groups.

Health Planning Teams have been set up at the Provincial and District Levels as follows:

Provincial Planning Team:

1. Provincial Medical Officer
2. Provincial Hospital Secretary
3. Provincial Health Officer
4. Senior Health Officer

District Planning Team:

1. Medical Officer of Health
2. Public Health Officer
3. Hospital Secretary
4. Public Health Nurse

These teams will work in coordination with the Planning Working Group and respective Provincial and District Development Committees.

- D. Assist in the preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial and district levels.

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As a part of the process of identifying guidelines and procedures for the Planning Process at all levels, the decentralization of the planning and implementation activities will also be considered. There is now a definite policy from the Ministry of Economic Planning and Development to decentralize the Planning Implementation and Evaluation activities to the District Levels. The Ministry of Economic Planning and Development is currently working with the Ministry of Health and Health Planning and Information Project to ensure that the guidelines and procedures developed concur with their current focus. The Provincial Team will coordinate planning activities between the District and Central Level but the main focus will be on District Level Planning. (See Annex F).

- E. Assist in the revision or development of a scheme of service appropriate for health planning personnel, both medical and non-medical, in the MOH and MOEPD. (This will be completed as evidenced by written recommendations by June 1, 1981).

Task (E) has been taken up with the Ministry of Health, Ministry of Economic Planning and Development and the Directorate of Personnel Management but an official reply in reference to this task is still pending.

- F. Provide technical assistance in appraising health sector policies and programs, in the form of written memoranda as required by senior officers.

During this quarter the HPIP was involved in appraising Health Sector Policies and Programs for the Integrated Rural Health and Family Planning Program and the current health sector analysis which is taking place for the writing of the next five year Health Plan.

- G. Assist in the identification and assembly, from primary and secondary sources, of a minimum base of data needed to support health sector planning, implementation and evaluation activities.

During this period the HPIP was involved in the process of identifying the health information needs required for planning, implementation and

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evaluation activities at the Central, Provincial and District Level. This is being done as a part of the process of planning for the 5th National Plan.

- H. Assist the MOH/MOEPD in developing a list of research priorities and in developing appropriate procedures and guidelines for the solicitation review and approval of research contracts.

The Health Planning and Information Project is currently involved in assisting in the planning for a National Research Workshop which will focus on research priorities and procedures and guidelines for research activities.

- I. Assist the MOH/MOEPD in identifying the need for baseline studies, and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis and health program evaluation.

With assistance of a consultant HPIP has identified baseline studies and a process for institutionalizing the continuous gathering of data to support health planning activities. The HPIP is currently involved in the development of a Health Management Information System which also takes into account the continuous gathering and processing by computerization of this data and the feedback and use of this data.

Mr. Henderson completed two H.I.S. consultations during this period. (See reports Annex B).

- J. Assist in evaluating the results of action-oriented research studies and in developing procedures for the appropriate distribution of research findings.

During this quarter the COP met with Mr. Omuse in the Ministry and the Science and Technology Committee to review the current results of research studies being carried out by his section.

- K. Assist the MOH in identifying consultant needs to assist in the design of specific projects and assist in preparing appropriate scopes of work for these consultant activities, which will be funded from other sources.

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The COP assisted the MOH in identifying the consultant needs and in writing the scope of work for a consultancy related to the Integrated Rural Health and Family Planning Project.

- L. Assist in identifying the need for consultant service to implement discrete portions of the projects; develop appropriate scopes of work in consultation with MOH officials and assist in recruiting appropriate experts. (Note: In addition to 18 person-months of consultant services to be fielded by the Contractor, the project will fund approximately 26 person-months of services from the Health Resources Administration in the follow-on project design category and 6 person-months of AID evaluators. The Contractor will work closely with these consultants).

Two consultants have assisted the Health Planning and Information Project this quarter in the development of a Short-Term Training Course in Health Planning at Drew for 5 Kenyans.

- M. Assist in the selection of five (5) M.A. and 15 short-course training candidates and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. (AID will effect and fund actual placement of an additional 7 M.A. training candidates through its own procedures).

The 5 M.P.H. Level Trainees are still in training in Loma Linda University. 5 Short-Term Trainees are currently at Drew receiving training in Health Planning. (See Annex C).

- N. Help organize and make arrangements for observational tour training on behalf of 10 Kenyan officers. This will involve training in other African countries.

Nine Kenyan officers have completed observational training tours to the Regional Management Training Centres in Lagos, Nigeria and Arusha, Tanzania, also to the S.H.D.S. Project in Abidjan and Yaounde, Cameroon. (See Annex D and E).

- O. Assist in seeing that M.A. Kenyan Planners (returned participants) are functioning effectively in appropriate positions on the MOH and MOEPD.

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There are currently three Kenyan Planners who have returned from their M.P.H. Programs at Johns Hopkins. They are currently working as members of the Health Planning Working Group to write the next five year Health Development Plan.

- P. Assist in organizing, conducting and evaluating eight (8) health planning policy and information seminars.

The Health Planning and Information Project has conducted twelve (12) workshops to date that have covered the Health Planning Process and Informations areas. (See Annex C for list of workshops).

- Q. Assist in developing an appropriate list of equipment (vehicles, office equipment, commodities) needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be in accordance with AID regulations.

The Health Planning and Information Project currently has three vehicles which have been purchased and are scheduled for delivery in June/July 1982.

III. Analysis of Work

During this quarter substantive progress was made in the following areas:

- Initiations of a planning mechanism (Health Planning Working Group) which will assist in the development of planning at all levels.
- Formation of the Planning and Policy Coordinations Committee (Steering Committee).
- Development of procedures and guidelines for decentralization of planning at all levels.
- Assessment of health information system by a consultant.
- Identification of health information needs for district level planning.
- Completion of twelve workshops on the planning process at all levels.
- Development of a Short-term course at Drew for 5 Kenyans in Health Planning.

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- Completion of observational tour training for nine Kenyans.
- Three M.P.H. returned participants were included as part of the Health Planning Working Group.
- Project vehicles were ordered and in the process of shipment.
- Meetings were held between the MOH, USAID and the Project Chief of Party in reference to reviewing Project activities.

The MOH is still unable to provide a stenographic secretary.

IV. Short Description of Work Planned For Next Reporting Period.

1. Participate in Project mid-term evaluation.
2. Complete procurement of vehicles.
3. Complete 2nd and 3rd rounds of District Planning Working Group.
4. Continue development of District Introductory Chapters for Five National Plan with Health Planning Working Group.
5. MOH - officials complete short-term training and develop Planning and evaluation manual for District teams.

HEALTH PLANNING AND INFORMATION PROJECT

PROJECT NO. H15-0187

BEST
AVAILABLE

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH
GOVERNMENT OF KENYA

Quarterly Progress Report

{for period January - March 1982}

Contractor

Charles R. Drew Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Director {Chief of Party}
Reginald F. Gipson, M.D., M.P.H.

BEST
AVAILABLE

Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic, Planning and Development of the Government of Kenya with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural populations.

Summary of Work Performed During the Period Covered By This Report

During this quarter, the Project Director visited provincial and district level health facilities in Machakos, Voi, Kilifi and Lamu.

A health information systems specialist completed a consultation to identify the health information needs of the Ministry for developing a health information management system.

Two observational tours for eight Ministry of Health officials arranged and conducted, (see observational training trip report).

The Project Director had many meetings with representatives within the Ministry of Health in reference to reviewing project activities and planning for future project activities. As a result of some of these meetings with Dr. Kanani and Dr. Maneno, it was agreed that a national level workshop would be scheduled on the subject of Health Planning. Participants will include representatives from all departments within the Ministry of Health, representatives from the Ministry of Economic Planning and Development and representatives from the Treasury. Preliminary plans were initiated in reference to this

conference. Meetings were held between the Ministry of Health, the Project Director and USAID in reference to scheduling a mid-project evaluation and reviewing the scope of work for the evaluation.

The Project Director assisted in the workshop for district medical officers and management. The Project Director made a presentation at the workshop on "An Introduction to the Planning Process". This conference was attended by more than 28 district medical officers.

II. Analysis of Work

During this period, substantive progress was made in the following areas:

- A. Identifying the management information needs and requirements for the Ministry of Health for planning purposes.
- B. The development of an assistance plan for collection, processing and utilization of health management information.
- C. The development of a format and outline for preparation of the Ministry's annual report.
- D. Preliminary steps for a national level workshop which will review the national provincial and district level planning process and make recommendations for guidelines, procedures and policies for the planning and implementation process at each level.
- E. Completion of two observational training tours for eight Ministry of Health officials.
- F. Assistance in conducting a management workshop for district medical officers, especially in reference to the planning process at the district, provincial, and national level.

As a result of the consultant's visit in reference to the development of a management information system for the Ministry of Health, a proposal has been received from IBM for the purchase of a computer to assist in the processing of data required for the health management information system. The Consultant is currently writing programs for vital statistics, the expanded program of immunization, and the personnel sections. He will return in April to set up a system for collection of data in a pilot area and demonstrate the utilization of this information after processing by computer.

The Project Director has worked closely with the returned Masters of Public Health participant trainees, and undertaken many planning exercises specially to determine the health information needs for planning purposes within the Ministry, and developing an outline for the writing of the annual report in the Ministry. The Project Director and the three returned Master's level participants are essentially functioning as the MOH Planning Unit.

Dr. Kanani has proposed a format and framework for planning at the national level that is currently being reviewed by the permanent secretary and the deputy secretary. As per his proposal, Mr. Kireeki, the deputy secretary and Dr. Kanani would oversee a planning coordination committee which would have a primary responsibility for planning activities within the Ministry.

The national level workshop on the national planning process will be a major step in reviewing the current policy as far as guidelines and procedures go on the planning and implementation process within the Ministry of Health at the provincial district as well as the

national level. It shall also focus on the interministerial relationship between the Ministry of Health, the Treasury and the Ministry of Economic Planning and Development. Hopefully, it will result in the recommendations for guidelines and procedures for the planning and implementation process at the national, provincial, and district level, which will be coordinated with the process that occurs within the Ministry of Economic Planning and Development and the Treasury. This will also focus on the decentralization of the planning implementation and evaluation process within the Ministry of Health.

From the major workshop, other workshops will be planned at the national, provincial, and district level to implement the findings accepted by the national workshop in the area of planning.

Substantial progress has been made with the consultant, which was assisting in the development of curriculum for short-term courses in health planning and management. The course will initially be held at Drew, in Los Angeles, for five Ministry of Health officials and subsequently, in Kenya for ten Ministry of Health officials. Those trained by Drew will serve as trainers in Kenya for the courses.

The procurement of the vehicles and computer for the project are currently in process. The Project Director is still seeking full-time secretarial support. And a candidate has been identified for the health information specialist position. But no conclusive decision has been made yet on filling that position.

IV. Short Description of Work Planned For Next Reporting Period

- A. Pilot certain components of the management information systems
- B. Complete plans for national level workshop on health planning.

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C. Develop short-term course for training and planning for five MOH officials.

D. Participate in mid-project evaluation.

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HEALTH PLANNING AND INFORMATION PROJECT

PROJECT NO. 615-0187

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH
GOVERNMENT OF KENYA

Quarterly Progress Report

{for period October - December 1981}

Contractor

Charles R. Drew Postgraduate Medical School:
1621 East 120th Street
Los Angeles, California

Contractor's Project Director {Chief of Party}
Reginald F. Gipson, M.D., M.P.H.

I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health and the Ministry of Economic Planning and Development of the Government of Kenya with the major aim of strengthening Kenya's institutional capacity to plan and implement health sector programs and policies with primary emphasis on expanding health services delivery to rural areas.

II. Summary of Work Performed During Period Covered By This Report

During this period, the Project Director completed the project's draft annual report and made a home office consultative visit to review the first year project activities and plan for second year activities. While on the home office project review visit, the Project Director attended a number of sessions at the American Public Health Association annual convention. During this convention, a recruitment effort was conducted through the American Public Health Association's employment recruitment services. As a result, two (2) perspective candidates for the Health Information Specialist position were interviewed. Another perspective candidate was interviewed by the Project Director while in Washington, D.C.

On a stop over in Washington, D.C., the Project Director had substantive meetings and discussions with Dr. Jim Sheppard (AID), and Mr. D. Stephens (HHS). During the home office visit, the Project Director also visited Loma Linda University and met with the five (5) Kenyan MPH students and reviewed their MPH program. At that time, two students expressed an interest in extended training leading to specialization in epidemiology. Upon return to Kenya, Dr. Koinange

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Dr. David Heyman attended the conference from CDC and was interviewed as a perspective person for the position of Health Information Specialist. Subsequently, his office in Atlanta, Georgia was contacted to ascertain his availability. As a result of discussion with CDC, it was determined that he was not available at this time, but he would be working with the Ministry of Health in developing a course for epidemiologists and could coordinate some of his activities with the project's activities. It was stated that he would be in Kenya from March 1982 until June and subsequently, possibly, for a 18-month period.

During this same period, a consultant was hired to assist in identifying the information required at the national level for health planning activities and for the annual report.

III. Analysis of Work

During this quarter, the project's annual report was written and reviewed and activities for the second year of the project were identified and planned. Substantive meetings were held with Dr. Koinange, Dr. Kanani, and Dr. Maneno in reference to further steps in the establishment of the planning unit and coordination of planning activities within the Ministry. In reference to the Planning Unit, some progress has been made in that three (3) MOH staff have been assigned to work directly with the HP/IP. These individuals, in effect, now form the core of the Planning Unit. The Project Director and the Hospital Secretary, Mr. Ndungu, and the two economists, Mr. Thube and Mr. Ongayo who completed their Masters in Public Health programs, worked closely with the Project Director in reviewing all the Ministry of Health departments, identifying their current activities and

identifying their current information requirements for planning, management, and evaluation purposes. They also worked closely in setting up a format and outline for preparing an annual report for the Ministry of Health. This exercise is still currently proceeding. Despite certain constraints encountered, work activities are proceeding at a satisfactory rate.

Again, several proposals have been recommended but no decisions have been made and no further clarification has been noted in reference to who is responsible for the Health Information System in the Ministry of Health.

The issue of duty and tax free importation for project vehicles was resolved; and procedures were initiated for procuring two Peugeot 504 Station Wagons and one Landrover. A secretary was assigned to assist the Project Director as well as three other Ministry of Health officials. Therefore, there is still a need for a full-time stenographic secretary to work directly for the project.

Substantive meetings were held between the Ministry of Health, USAID and the Project Director in reference to reviewing project activities.

IV. Short Description of Work Planned For Next Reporting Period

1. Organize observational tour;
 2. Proceed with procurement of project vehicles;
 3. Develop a management information system;
 4. Conduct an inventory of all operating health facilities in the country;
 5. Assist in conducting a district health offices management workshop.
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HEALTH PLANNING AND INFORMATION PROJECT

(No. 15-0187)

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

SUMMARY

OF

ANNUAL PROGRESS REPORT

(For period Oct. 1980 - Sept. 1981)

CONTRACTOR:

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, California

Contractor's Project Manager
Reginald F. Gipson, M.D., H.P.H.
(Chief of Party)

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ANNUAL PROGRESS REPORT

(For Period Oct., 1980-Sept., 1981)

CONTRACT PURPOSE

The primary purpose of this contract is to provide long and short term technical assistance to the Ministry of Health (MOH) and to a lesser degree the Ministry of Economic Planning and Development (MOEPD) of the Government of Kenya (GOK) with the major aim of strengthening the GOK's Institutional capacity to plan and implement health sector programmes and policies with primary emphasis on expanding Health Services Delivery to rural populations.

PROGRESS OF WORK PERFORMED DURING THE PERIOD COVERED BY THIS REPORT

Scope Of Work

A. Assist MOH executives and other Kenya Agencies in the establishment of the New Division of Planning and Implementation in the MOE. While a tentative Organizational Structure and Staffing Pattern has been developed, this is subject to continuous review, revision and consequent evolution, particularly as concerns relationships with other administrative units within the MOH.

PROGRESS

The Health Planning and Information Project (HPIP) reviewed the Integrated Rural Health/Family Planning document and assisted the Ministry of Health in developing the Implementation Plan and the Pre-Project Activities for the IRH/FP.

This is one of the major programmes for expanding the delivery of health services to the rural populations.

SCOPE OF WORK

BEST
AVAILABLE

B2. Assist in the establishment of the Planning and Policy Coordination Committee composition charged and duties, authorities and reporting responsibilities.

PROGRESS

The HPIP assisted the MOH in developing plans for the IRH/FP Steering Committees.

The HPIP's staff was also identified as part of the Core Project Team for the IRH/FP. This team reports to the Project Steering Committee.

SCOPE OF WORK

C3. Assist in developing, refining and establishing Health Planning, Implementation, Evaluation and Policy Analysis Procedure.

PROGRESS

In the process of assisting in the development of an IRH/FP Implementation Plan, Procedures for Planning and/or Implementing activities were identified and familiarized as guidelines. The process is still at the National (Central) Level, but this will set the stage for procedures to be identified at other levels.

The HPIP assisted the MOH in drawing up plans for the COPE Project Team. In addition, the HPIP was directly involved in designing format for the Implementation Plan of the IRH/FP Programme. The process involved four stages:

1. Listing all activities in the IRH/FP Programme that were planned for each department.
2. Constructing a questionnaire to be completed by each department. The department^s were requested to complete seven major questions for each activity planned.

The Seven Questions Are Listed Below

- (a) How will this activity be implemented?
- (b) How will this activity be managed or supervised, and by whom?
- (c) What other department or individuals will be involved in the implementation of this activity?
- (d) List the activities which must be accomplished before, hand.
- (e) What resources are required to implement this activity?
- (f) What information is required for implementing this activity?
- (g) How much time is required?

3. Processing the information from each department.

4. Drawing up a comprehensive implementation plan.

The HPIP also assisted the MOH in preparing a document on Pre-Project Activities for the purpose of securing funds from the World Bank prior to the signing of the IRH/FP Programme. The Pre-Project Activities were taken primarily from the Implementation Plan, question Number (4): List the activities which must be accomplished before this activity can begin and by whom? and question Number (5): What resources are required to implement this activity?

On the side of Evaluation, the HPIP proposed that the IRH/FP Programme establish an Evaluation Data Feed-Back System to ensure that project objectives are translated into measurable activities and an Information System is set to monitor these activities. The system would provide data needed for an Internal Evaluation of inputs, process and out-puts performance in achievement of IRH/FP objectives. It would also provide the baseline data required for an external evaluation. Thus the objectives of the data system will be: The systematic collection of pertinent information necessary for: (a) managing (b) monitoring (c) evaluating IRH/FP inputs, processes and outputs.

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SCOPE OF WORK

D. Assist in the preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial and district levels.

PROGRESS

The IRH/FP includes an overall strengthening of the Health Management at the Provincial and District Levels in order to enable the implementation of various project components and to improve the management of the Rural Health Services in general. This will include (1) appointment of extra managerial staff, (2) improvement of managerial facilities, (3) reorganization of the management teams and (4) individual and team support and training activities.

The HPIP assisted the MOH in drawing up these plans/^{and} will participate in further development of these guidelines for the provinces and districts. The HPIP will play a major role in the training of district health teams.

As stated for activity "E", the HPIP assisted in the development of the IRH/FP implementation plan and as a part of that assisted in the identification of procedures for planning and implementing activities. These procedures were utilized to develop the plan of implementation for the National Level.

As part of the IRH/FP, a plan will be developed for provincial and district levels. Therefore, planning, implementation and evaluation procedure will be identified and utilized in the process. These procedures will be consistent with procedures at the National Level.

Workshops will be held and used as a tool for Training and Implementation of these procedures at all levels.

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SCOPE OF WORK

E. Assist in revision or development of a scheme of service appropriate for Health Planning Personnel, both Medical and Non-Medical, in the MOH and MOEPD. This will be completed as evidenced by written recommendations by June 1, 1981.

PROGRESS

The HPIP examined the existing scheme of service for planners. The planners with Economic backgrounds fall under the same scheme of service as Economic/Statisticians. Planners with Medical backgrounds (doctors or nurses) have their own scheme of services. Since the scheme of service is controlled by the Directorate of Personnel and not MOH, the MOH and the HPIP does not view taking the matter as appropriate for an external project.

SCOPE OF WORK

F. Provide Technical Assistance in appraising Health Sector Policies and Programmes in the form of written memoranda as required by Senior Officers.

PROGRESS

The HPIP provided technical assistance in appraising Health Sector Policies and Programmes in three major areas.

- (1) Reviewed the IRH/EP Document.
- (2) Assisted in the preparation of the document on the Pre-Project Activities for the IRH/EP Programme.

SCOPE OF WORK

G. Assist in the identification and assembly from primary and secondary sources of a minimum base of data needed to support Health Sector Planning, Implementation and Evaluation Activities

I. Assist the MOH/MOEPD in identifying the need for baseline studies and assembling data and institutionalizing the continuous gathering of minimum base of data needed to support Health Planning, Implementation, Policy Analysis and Health Programme Evaluation.

PROGRESS

1. The HPIP made its major contribution to the MOH in identifying and assembling data needed to support Health Sector Health Sector Planning, Implementation, and Evaluation Activities through the process of preparing the Implementation Plan for IRH/EP. The questionnaire, which was mentioned earlier, was designed to encourage the department/s to think of not only strategies and resources required to implement their activities, but also the type of information required as well. The HPIP compiled this information, together with the other data from the questionnaires.

2. The information requirements received from the various departments will also serve as guidelines in planning the scope of work for the HIS. The HPIP will hold a workshops for the HIS Staff to discuss the information needs of the MOH.

3. During the process of preparing the Implementation Plan, the HPIP was able to identify some areas where baseline studies were needed: (i) The characteristics of all Health Institutions in the country; (ii) The staffing patterns and requirements; (iii) Maintenance and and (iv) Transportation. The first two (i and ii) are ongoing. It was agreed that the MOH would request SIDA to provide Consultants to carry out studies on maintenance and transportation. HPIP assisted the MOH in preparing Term of Reference for these Consultants.

4. HPIP also made assessments of the HIS/^{which} will be mainly responsible for providing the information requirements of the MOH. The assessments

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were done by conducting a Situational Analysis of HIS and through a Consultant from U.S.A.

5. The HPIP assisted the MOH in reviewing previous Annual Reports, made recommendations regarding future Annual Reports and assisted in preparing a "Detailed Outline for the 1980 Annual Report".

SCOPE OF WORK

H. Assist the MOH/MOEPD in developing a list research priorities and in developing appropriate procedures and guidelines for the Solicitation, Review and Approval of research contracts.

J. Assist in evaluating the results of action-oriented research studies and in developing procedures for the appropriate distribution of research findings.

PROGRESS

The HPIP is still in the process of recruiting a Health Information Specialist. During this interim, the Project Director may utilize a Consultant to initiate some of the activities. However, the Project Director did hold a preliminary discussion with the MOH official in charge of this area. It was indicated that the distribution of research findings would be the responsibility of the Health Information System, once a library has been established.

SCOPE OF WORK

K. Assist the MOH in identifying Consultant needs to assist in the design of specific projects and assist in preparing appropriate scopes of work for these Consultant activities, which will be funded from other sources.

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PROGRESS

As was mentioned earlier in Number 3, the HPIP assisted the MOH in identifying areas where baseline studies were needed and prepared scope of work for the two Consultants (Maintenance and Transportation). These Consultants will be funded by SIDA.

SCOPE OF WORK

L. Assist in identifying the need for Consultant Services to implement discrete portions of the project, develop appropriate scopes of work in consultation with MOH officials and assist in recruiting appropriate experts.

PROGRESS

A Consultant, Mr. R. Peterson, was identified and recruited to assist the HPIP in carrying out specific activities. He completed the following scope of work:

- Assisted in the review of the IRH/FP document.
- Designed format for the Implementation Plan of the IRH/FP Programme.
- Assisted in the Collection of Information and the writing of the Implementation Plan.
- Assisted in preparing the document on Pre-Project Activities.
- Prepared objectives for an Evaluation Data Feed-Back System.
- Reviewed previous MOH Annual Reports and made recommendations on how future Annual Reports can be improved.
- Assisted in preparing a Detailed Outline for the 1980 Annual Report.
- Collected Documents and References required for the Computer Consultant.

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SCOPE OF WORK

M. Assist in the selection of 5 M.A.S. and 15 Short-Course Training Candidates and assist USAID and MOH/MOEPD in making all necessary administrative arrangements for their Placement and Training.

PROGRESS

The HPIP assisted in the selection of five doctors and made the necessary administrative arrangements for their Placement and Training last September, 1981. The doctors are enrolled in the MPH Programme at Lomalinda University in California.

Regarding the 15 Short-Term Courses, the HPIP will assist the MOH and other GOK Institutions as requested by MOH in developing the capacity to offer Short-Term Training Programmes in Kenya in Health Planning and Management for GOK/MOH staff. HPIP will also assist in the selection of 15 Short-Term Course Training candidates once the above courses have been developed.

SCOPE OF WORK

N. Help organize and make arrangements for Observational Tour Training on behalf of 10 Kenyan officers. This will involve Training in other African countries.

PROGRESS

The HPIP is arranging an Observational Study Tour to the Major Training Centres for Health Management and Planning in Africa. This Tour will take place in February, 1982 and will include Senior Kenyan officers in the MOH.

SCOPE OF WORK

O. Assist in seeing that K.A. Kenyan Planners (returned graduates) are

functioning effectively in appropriate positions in the MOH and MOEPD.

PROGRESS

The MOH is currently utilizing the three officers in the following way:

- Review the Plan Implementation for the IRH/FP Programme.
- Complete the proposal for establishing a maintenance system in the MOH.
- Participate in Training the Provincial and District Health Teams in Management and Planning including the Management of Out-Patient Services.
- Participate in any other planning activities as members of the Management/Planning and Implementation Team.
- Preparing Annual Reports in the MOH.

SCOPE OF WORK

P. Assist in Organizing, Conducting and Evaluating Health Planning Policy and Information Seminars.

PROGRESS

The FPIP assisted in the Planning of Seminars at Kenya Institute of Administration on Management.

The FPIP also held a workshop with the MOH officials to discuss the pros and cons of "Top-Down vs. Bottom-Up Planning".

SCOPE OF WORK

Q. Assist in developing an appropriate list of equipment (Vehicles, office equipment, commodities) needed and effect timely acquisition and dep-

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH

GOVERNMENT OF KENYA

Quarterly Progress Report

(for the period April - June, 1981)

Contractor

Charles R. Drew

Postgraduate Medical School,

1621 East 130 Street,

Los Angeles, Calif.

Contractor's Project Director (Chief of Party)

Reginald F. Gipson, M.D., M.P.H.

1. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health (MOH) and the Ministry of Economic Planning and Development (MOEPD) of the Government of Kenya (GOK) with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programmes and policies with primary emphasis on expanding health services delivery to rural populations.

(see appendix 1 of contract agreement for scope of work)

11. Summary of Work performed During the Period Covered by this Report

During this quarter the Project Director assisted in the completion of the Plan of Implementation for the Integrated Rural Health/Family Planning Programme (IRH/FP), the Request for funding of the IRH/FP Pre-Project Activities, the Terms of Reference for a Management and Transportation Consultancy and proposal for the IRH/FP Project Implementation Arrangements for Central Coordination. A Request to USAID for Assistance for the Development of Community Health Programme in the Department of Community Health, Faculty of Medicine, University of Nairobi was developed and transmitted to USAID for consideration.

The Project Director had many substantive meetings with representatives within the MOH e.g. Dr. Koinange, Dr. Kanani, Dr. Maneno and Mr. Kariuki. Meetings were also held with Mr. Adigala, Ministry of Finance, Ms. A. Vulsorich - Browne MOEPD, to review the Cabinet paper the formation of the National Council for Population and Development, to review the World Bank's Memorandum on the IRH/FP and to review agenda for a meeting between MOH, MOF, and MOEPD in reference to the IRH/FP.

A letter was written to Mr. Mule, MOF, requesting clarification on Duty Free and Sales tax importation of vehicles for HPIP. A response was ^{received} ~~received~~ from Mr. Kongoro, stating that the Project Director should direct enquiries to the MOH. The MOH is still unable to provide ~~the~~ a project² vehicle. The MOH has not provided a full time secretary. The Project Director forwarded to home office the applications for five Medical Officers who were selected for M.A. Level training

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Implementation Plan and develop a request to the World Bank for funding of pre-project activities, August, 1981 to February, 1982.

Substantive meetings were held with Dr. Kanani and Mr. Kariuki (Dr. Mutuku's replacement) in reference to the coordination of Planning activities within the MOH. Several proposals have been recommended but no decisions have been made. Further clarification is still required as to who is responsible for the Health Information system.

The lack of a full-time secretary has continued to hinder progress. The issue of duty free and tax free importation for Project vehicles is still unresolved. (see copy of letter from Mr. Kongoro).

Despite certain difficulties encountered, work activities are progressing at a very satisfactory rate.

IV. Short Description of Work Plan for Next Reporting Period

1. Assist the MOH in the following activities:
 - (a) Revision of the IRH/FP Implementation Plan.
 - (b) Completion of the Request for funding of the IRH/FP Pre-project activities.
 - (c) Completion of proposal for coordination of planning in the MOH
- ii. Obtain a full time secretary
- iii. Resolve issue of Tax free status for import of project vehicles.
- IV. Visit Provincial and District Level health facilities.

The transcripts and letters of recommendation have not been received from the candidate. The Project Director had numerous meetings, with MOH section heads in reference to the IRH/FP Implementation Plan. The Project Consultant, Mr. Robert Peterson, assisted in the development of the IRH/FP Implementation Plan.

The Project Director assisted Dr. Kanani and Dr. Maneno in developing a tentative draft organizational structure for a Planning and Policy Coordination Committee, the Coordination of Planning and Implementation activities and the relationships between administrative Units within the MOH.

The Project Director met with Two M.A. Training participants who have completed training and now being deployed over in the MOH.

111. Analysis of Work:

During this quarter progress was made in reference to tasks A,B,C,F,G,L,M and O of the scope of work.

The Planning and Policy Coordination Committee and Planning and Implementation Unit are still being discussed. A proposal for both is being developed.

The USAID is processing the request from the MOH for assistance to the University of Nairobi, Faculty of Medicine, for the development of a Master of Community Health Programme. They plan to send a consultant to the University to develop scope of work with the Faculty for two long term consultant professors to come and complete feasibility study, Project identification document and a Project paper so that the Project ^{may be} will be funded.

The MOH met with the World Bank and five donors to review the funding of IRH/FP. During the MOH Donor meeting in June, 1981 it was agreed that the final negotiations for funding of the IRH/FP would take place around late November, 1981, and that the Implementation of the Programme would begin in early February, 1982. In the interim the Project Director is working with the MOH to revise the IRH/FP

HEALTH PLANNING AND INFORMATION PROJECT

TECHNICAL SERVICES TO THE MINISTRY OF HEALTH

GOVERNMENT OF KENYA

Quarterly Progress Report

(for period January - March, 1981)

Contractor

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Los Angeles, Calif.

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

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BEST AVAILABLE

I. Contract Purpose

The primary purpose of this contract is to provide long-term and short-term technical assistance to the Ministry of Health(MOH) and the Ministry of Economic Planning and Development (MOEPD) of the Government of Kenya (GOK) with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programmes and policies with primary emphasis on expanding health services delivery to rural populations.

(See appendix I of contract agreement for scope of work)

II. Summary of Work Performed During Period Covered by This Report

(See attached Field Office Activities Report for detailed account of activities).

During this quarter the Project Director completed the 1st and 2nd draft revision of the scope of work, (terms of reference), for the health planning and information project. The Project Director had numerous substantive meetings with representatives within the MOH e.g. Dr. Koinange, Dr. Kanani, Dr. Mutuku, Dr. Otete and Dr. Maneno to review the revised scope of work, current project activities. Also meetings were held with Prof. Wasunna, Dean of the University of Nairobi Medical School and Prof. Bwibo, Postgraduate Dean, University of Nairobi Medical School and Prof. Kagia, Chairman, Department of Community Health, pertaining to the Department's proposal to request assistance from AID for development of a Master in Community Health Programme. The Project Director also worked with Drs Were and Matovu to complete the draft proposal requesting assistance for the Master in Public Health Programme with the Department of Community Health (see attached proposal). A meeting held between the Project Director, Mr. Munk, Mrs. Gjerdum, Ms. Gores, Dr. Kanani and Dr. Maneno was to review Health Planning and Information project activities and the Integrated Rural Health and Family Planning Programme and to determine specific areas to coordinate activities. The Project Director assisted in the computerization questionnaires and answers on facilities which included health centres and dispensaries within Kenya specifying their renovation and construction requirements, equipment requirements, transportation requirements and staff. An attempt was made to procure project vehicles via Ministry of Health, Mr. Kimuhu's office. After the quotes were received for the vehicles it was noted that the Ministry cannot import them duty free nor tax free. The contract agreement between GOK and USAID states that the purchase of these vehicles is not subject to tax or duty charges. Clarifications from the GOK is required on this issue.

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BEST
AVAILABLE

Consultant from the Department of Health and Human Services, Health Resources Administration, Dr. Darl Stephens visited Kenya from 16th - 21st February. Numerous meetings were held with Dr. Koinange, Dr. Stephens, Dr. Maneno, Prof. Wasunna and Prof. Kagia in reference to the Department of Community Health's current activities and plan proposal. Dr. Stephens recommended that after the proposal was completed by the Medical School it should be submitted to USAID via the MOH.

The Project Director completed field trips and met with the Provincial Health Officer for Coast Province and spoke with the Chief Health Officer in reference to current problems and concerns in management of provincial health activities. Visited Coast General Hospital and Malindi Hospital, talked with Medical Officer of Health at Malindi Hospital and Kilifi Hospital in reference to their health planning and management skills and requirements.

Meetings were held with Dr. Onyango, Country Representative for WHO. Reviewed prospective plans for WHO activities in the area of health planning and management and information systems and explored possible coordination of activities.

The Project Director was informed that the Permanent Secretary and the Director of Medical Services, the Senior Director of Medical Services and the Senior Deputy Director of Medical Services met and identified Dr. Maneno and the Project Director to be responsible for the development of an Integrated Rural Health/Family Planning Programme implementation plan for 1981 - 1985. This assignment was incorporated into revision of the terms of reference.

Project Director had a visit by Dr. Haynes, President of Drew Postgraduate Medical School and Dr. Cannon, Director, Division of International Health and Development for the University. (See trip report for particulars of their activities during their visit). Highlight includes meetings with the Permanent Secretary, DMS, Deputy Director of Medical Services, The Deputy Secretary MOH and other Health officials.

During this period the Project Director met with Mr. Ngugi, Ministry of Economic Planning and Development and discussed coordination of project activities in their Ministry. Made appointment to meet with the Permanent Secretary.

HEALTH PLANNING AND INFORMATION PROJECT

PROJECT NO. G15-0187

TECHNICAL SERVICES TO THE MINISTRY
OF HEALTH, GOVERNMENT OF KENYA

Quarterly Progress Report

(for period Oct. - Dec., 1980).

Contractor

Charles R. Drew
Postgraduate Medical School
1621 East 120th Street
Los Angeles, Calif.

Contractor's Project Director (Chief of Party)
Reginald F. Gipson, M.D., M.P.H.

I. Contract Purpose

The primary purpose of this contract is to provide long and short term technical assistance to the Ministry of Health (MOH) and the Ministry of Economic Planning and Development (MCEPD) of the Government of Kenya (GOK) with the major aim of strengthening the GOK's institutional capacity to plan and implement health sector programmes and policies with primary emphasis on expanding health services delivery to rural populations.

(See appendix I of contract agreement for scope of work).

II. Summary of Work Performed During Period Covered by This Report

(See attached Field Office Activities Report for detailed account of activities).

The Project Director officially began duties on October the 1st at the home office. The period October 1st - 18th was spent in becoming acquainted with the Drew Postgraduate Medical School and assisting in setting up the policies and procedures for the relationship between the home office and the field office. The period of October 19th - 30th was spent at an AID employees and contractors orientation which was held in Washington, D.C. The remainder of the period up to November the 26th was spent setting up administrative and operational procedures between the home and field office and setting up and reviewing financial and accounting procedures. On the 27th and 28th of November the Project Director stopped in Geneva and met with Dr. Tarimo, WHO - Geneva Regional Director for East Africa; Dr. Dulop, Regional Director for East Africa, Health Manpower Development, WHO; and Ms. Susan King-Cole, WHO Project Officer. The main topics of discussions were WHO's proposed District Management Training for Kenya.

The Project Director arrived in Kenya on November 29th. The period of December 1st - 31st was spent on becoming acquainted with the current activities of the MOH and reviewing the scope of work for the Health Planning and Information Project. Substantive meetings and work was done with a number of MOH executive officers which included the following: Dr. Koinange, Director of Medical Services; Dr. Kanani, Senior Deputy Director of Medical Services; Dr. Mutuku, Deputy Secretary; Dr. Olete, Director of Non-Communicable Diseases; Dr. Maneno, Deputy Director of Medical Services; Prof. Kagia, Chairman of the Department of Community Health. Dr. Kanani was appointed as the Project Director's counterpart by Dr. Koinange.

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As per schedule of duties prepared by the Permanent Secretary there was within the MOH a section on Planning and Development of which Dr. Mutuku was Director and a section on Administration and Management of which Dr. Kanani was Director. There was to be a liaison between these two units each of which had a planning function. Dr. Mutuku's section was concerned with financial and physical planning and Dr. Kanani's charge was technical planning. Each department charge felt that the Project Director should act as counterpart and be assigned to this department. That problem remained unresolved during the first quarter. The Project Director was given office space and was supposed to share a secretary. This arrangement was unsuitable and unsatisfactory because the secretary had two other people for which she worked. She was unavailable the majority of time that the Project Director required logistic support from her. Formal request was given to the Director of Personnel, Mr. Arato for assignment of a steno-secretary and copy-typist as per the contract agreement between the Government of Kenya and Drew Postgraduate Medical School. No response to this request has been received as of this date. The absence of a full-time secretary has inhibited progress within the project to a degree. The Project Director expects to receive a permanent steno-secretary in the future. In addition, the MOH has been unable to provide transportation for the project (In the interim until project vehicles are obtained), due to the limited numbers of vehicles available.

There was some concern by Dr. Kanani regarding the contract scope of work (terms of reference), and the Project Director began a first draft revision of the terms of reference of the Project to better conform with the current ideas and needs within the Ministry of Health.

Activities to recruit another Project Health Information Specialist were started. Dr. Oteje stated that they did not require a person with statistical skills for that position but rather preferred an epidemiologist. Therefore the individual that was initially recruited who had a Ph.D., in statistics was not acceptable to the Ministry for that position. A number of curriculum vitae were reviewed by the Project Director and Dr. Oteje who is responsible for the Health Information System to identify an appropriate Health Information Specialist. The delay in filling the Health Information Specialist position has made the task of developing a firm work programme and schedule for the Project, more difficult.

In spite of these various constraints as described above, work activities progressed at a very satisfactory rate.

IV. Short Description of Work Plan for Next Recording Period

During the next quarter the following activities were planned:

- a) Completion of 1st draft revision of scope of work.
- b) Completion of three year work plan and time line.
- c) Undertake field trips to observe health facilities and service points in the rural areas and meet with the MOHs officials in appropriate areas.