

PD-ABF-814
82197



REACH

RESOURCES
FOR CHILD
HEALTH

TECHNICAL SUPPORT FOR THE MEASLES INITIATIVE AND FOR THE REACH BUY-IN TO KENYA

Nairobi, Kenya

27-31 January, 1992

**TECHNICAL SUPPORT FOR THE MEASLES INITIATIVE
AND FOR THE REACH BUY-IN TO KENYA**

Nairobi, Kenya

**Robert Steinglass
Acting Technical Director**

27-31 January 1992

**The Resources for Child Health Project
1616 N. Fort Myer Drive, Suite 1100
Arlington, VA 22209**

**USAID Contract No.: DPE-5982-Z-00-9034-00
Project No.: 936-5982
Activity Nos: 1717-014, 1717-027**

TABLE OF CONTENTS

ACRONYMS ii

I. EXECUTIVE SUMMARY 1

II. BACKGROUND 3

III. PURPOSE OF VISIT 4

IV. TRIP ACTIVITIES 4

V. RESULTS AND CONCLUSIONS 5

VI. FOLLOW-UP ACTIONS 10

APPENDICES

- 1 Persons Contacted**
- 2 Proposed Job Description, Qualifications, Method of Recruitment, Terms of Appointment, and Working Relationships of Measles Technical Officer for the Measles Initiative**

ACRONYMS

A.I.D.	Agency for International Development
AFRO	WHO Africa Regional Office
ARI	Acute Respiratory Infections
CEIS	Computerized EPI Information System
COSAS	Coverage Survey Analysis System
DANIDA	Danish International Development Agency
DFH	Division of Family Health
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DMOH	District Medical Officer of Health
DPHN	District Public Health Nurse
EPI	Expanded Program on Immunization
GOK	Government of Kenya
HC	HealthCom Project
IEC	Information, Education and Communication
IRC	Institute for Resource Development
KEPI	Kenya Expanded Program on Immunization
MI	Measles Initiative
MOH	Ministry of Health
MTO	Measles Technical Officer
NGO	Non-governmental Organizations
NNT	Neonatal Tetanus
QAP	Quality Assurance Project
REACH	Resources for Child Health Project
SOW	Scope of Work
UNICEF	United Nations Children's Fund
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Measles in Kenya is a serious problem and Kenya qualifies as one of the Measles Initiative (MI) countries in Africa being identified by A.I.D./W. There is support within Kenya for the MI, and it has been agreed that REACH will serve as the lead A.I.D. contractor for the Initiative in Kenya. The writer visited Kenya again from 27-31 January, 1992, one week after an earlier visit by a broader MI team, to initiate follow-up actions and keep up the momentum.

KEY FINDINGS

One outcome of the visit was an agreement that two districts in Nyanza Province - Siaya and Kisumu - will be selected as the intervention area for the MI. These districts were chosen due to their high population, high population density, low measles coverage and high drop-out rates relative to the rest of Kenya. The organization of health services, availability and interest of staff, logistic considerations, and potential resource support from the MOH, external donors and the private sector also contributed to their selection.

Planning must begin immediately for a standard 30-cluster immunization coverage survey to be conducted in each of the two districts with the technical assistance of a REACH survey specialist during February and early Month 1992. The surveys will establish baseline coverage levels and generate community information which will be programmatically useful for executing the MI.

Planning for a MI program design mission scheduled for early March will also need to begin at once.

Staffing levels for the Measles Initiative and the REACH buy-in were discussed at length. The document prepared by the earlier MI team on the proposed job description, qualifications, method of recruitment, terms of appointment, and working relationships of the Measles Technical Officer (MTO) was revised. Recruitment can begin once the document is finalized by KEPI, USAID/Nairobi, A.I.D./W and REACH. Recruitment of a REACH Technical Coordinator and REACH Administrative Assistant, who will be involved part-time in the MI and part-time in the REACH buy-in continued on track.

The return of the writer was also an occasion to review the status of the USAID buy-in to the REACH Project, for which an amendment to the original SOW and a possible no-cost extension may need to be prepared to reflect recent and proposed re-programming of activities. The nature and requirements for upcoming REACH activities were discussed. These included the Cost Benefit, Financing and Sustainability Study of KEPI, social marketing plans, measles control workshop, and a tetanus toxoid serological study.

KEPI and USAID identified some additional areas of technical assistance for REACH, such as further work on computerized EPI information systems (CEIS), neonatal tetanus elimination, and social marketing. These discussions must be put "on hold" for the time being, until such time as A.I.D./W and REACH can determine future directions within the remaining budgetary resources.

KEY RECOMMENDATIONS

1. KEPI will need to take the lead in coordinating donor involvement, so as not to be overwhelmed in responding to ad hoc requests. Donor coordination meetings will need to become a regular event, even more so now given the financially precarious position in which KEPI currently finds itself.
2. Given the expected timing of the MI program design visit scheduled for March, planning for the coverage surveys in Kisumu and Siaya Districts must begin **urgently**.

- REACH will prepare a scope of work and seek KEPI and USAID concurrence for a two-week visit by a REACH staff member to provide technical assistance for the surveys in the training, implementation, analysis (using COSAS) and reporting of findings.
- The data collection instrument normally used by KEPI will need to be revised in order to generate community information programmatically important for the MI. The three MI contractors should jointly develop a modified questionnaire to be shared in draft with KEPI.
- KEPI can expedite selection of survey clusters by collecting the recently-released 1989 census data for Kisumu and Siaya Districts. KEPI staff will need to desegregate the population data by sub-location, if possible, or by location. To save valuable time, KEPI staff can list the individual populations and cumulative populations alongside each sub-location (or location).
- The clusters will be selected with the full participation of the technical advisor being sent from REACH.
- KEPI needs to finalize plans for the logistic aspects of the surveys now. Vehicles, surveyors and supervisors need to be identified. Per diem rates should be consistent with those paid during other recent coverage surveys. The surveys should be executed concurrently in the two districts.
- Training of surveyors should be for two full days, one of which involves field practice. The training should be combined for surveyors and supervisors from both districts. To ensure quality and reduce inter-team variation, no more than 6 two-person teams of surveyors should be involved in each district. The ratio of experienced supervisors to survey teams should be 1:2 or 1:3. Surveyors should be recruited locally and be fluent in the vernacular.

3. The revised version of the proposed job description, qualifications, method of recruitment, terms of appointment, and working relationships of the Measles Technical Officer (MTO) needs to be reviewed rapidly and finalized by the principal players - DFH, KEPI, A.I.D./W, USAID/Nairobi, and REACH - so that recruitment can proceed.

4. The function of a REACH Technical Coordinator has been identified as one which is important to fill. Because REACH/Kenya activities are primarily supported through a USAID buy in, it would be necessary for the scope of work in the delivery order to be amended to accommodate this staffing change. A REACH Technical Coordinator will be hired part-time (20%) to spend up to 40% of his/her time on the MI and 60% on the REACH buy-in until the end of the buy-in, at which time the MI will occupy closer to 80% of his/her time. In terms of person days, 32 days would be available until 30 September 1992 (13 for the MI and 19 for the buy-in). In FY 1993, 52 person days would be available (up to 40 for the MI and 12 for other activities).

5. The REACH Communications Specialist should continue with her national responsibilities in addition to her intended involvement in the MI. She will continue to be funded until September 1992 by the buy-in at 100% of her level of effort. Afterwards, up to 60% of her time and effort will be covered by the MI funds, while REACH central funds will cover her remaining time.

6. REACH will hire an Administrative Assistant by mid-February from among the finalists who have been identified. REACH will share the successful candidate's c.v. with USAID before her hiring is finalized. The Administrative Assistant will spend 40% of her time on the MI and 60% on other REACH activities until the end of the REACH buy-in, at which time (September 1992) the portion devoted to the MI would increase up to 80%. Funds will be allocated from the MI and buy-in budgets accordingly.

7. The measles workshop planned for Mombasa in early April will include on the agenda presentations on the process and findings of the district assessments in Kisumu and Siaya. The workshop organizers should consider including a few appropriate members of the DHMT at the workshop, who can participate in presenting their findings.

8. The KEPI Manager may wish to inform WHO in Nairobi that WHO/EPI in the WHO Regional Office in Brazzaville are invited at their expense to send one observer to the measles workshop.

9. KEPI and USAID will need to assist in setting up appointments for the first two days of Dr. Jack Fiedler's consultancy on Cost Benefit, Financing and Sustainability of KEPI. Dr. Fiedler must send his requirements as soon as possible so that the appointments can be made. As agreed, KEPI will start collecting data which may be required concerning, for example, recurrent and investment allocations and expenditures by GOK and donor for the past five years. Dr. Fiedler will prepare a matrix so that the data can be entered most easily. Dr. Fiedler will provide KEPI and the donor community with an update on his activities and findings mid-way through his assignment. REACH must re-send the SOW for Fiedler's assignment with the new dates. USAID will be requested to share the SOW with the other donors, as well as with KEPI.

10. Both KEPI and USAID will provide comments on a "think piece" prepared by the REACH/W Communications Advisor Mike Favin, as well as on a proposed SOW for him to visit Kenya to provide Ms. Grace Kagondi with technical support.

11. The TT serological study should begin as soon as the filter papers are received and other supplies are purchased locally. Drs. Mutie and Muu expressed interest in REACH assistance in guiding KEPI on neonatal tetanus (NNT) elimination strategies and policies. This must be put on hold, despite intense REACH interest in providing such assistance, until such time as A.I.D./W and REACH can determine future directions within the remaining budget. In the meantime, based on past REACH work in Kenya and in conformity with the practice in nearly all other countries, this writer strongly encourages the MOH to consider the reporting of neonatal tetanus as a separate category from tetanus at other ages.

12. KEPI, USAID and REACH need to decide whether national coverage surveys will be conducted during 1992 and whether or not REACH technical assistance will be required. If not, the USAID buy-in to REACH will need to be amended and the funds re-programmed for other activities mutually-agreeable to all parties. USAID expects REACH to send a summary soon of all the changes to the buy-in which are indicated, so that a single amendment can cover them all.

13. USAID/Nairobi has requested REACH to provide some comments on how the DHS survey planned for 1993 can be designed to collect immunization coverage data in a conventional format. REACH will pursue this request with A.I.D./W and IRC and reply to USAID.

14. The DFH may like to consider creating a KEPI Technical Steering Group consisting of a diverse group of local disease control experts, pediatricians, and public health specialists. The group would provide technical advice and authoritative support to the KEPI Management Unit regarding policy formulation and strategic directions.

15. KEPI staff members should carry CEIS data with them on any supervisory visit to the districts, as the feedback will itself result in improved reporting and the data are a useful management tool to stimulate discussion on problems and solutions. Continued technical assistance in CEIS in the intervention districts has already been identified as one important area of activity under the MI.

II. BACKGROUND

The need for the current technical visit was conceived during the visit to Kenya two weeks earlier of the Measles Initiative Team from 13 - 17 January 1992. During their planning visit, the Measles Initiative (MI) team had concluded that measles in Kenya is a serious problem, Kenya qualifies as one of the MI countries being identified by A.I.D./W, that there is support within Kenya for the MI, and that REACH will be the lead A.I.D. contractor for the Initiative in Kenya. The MI team recommended that a follow-up visit take place by the REACH Acting Technical Director, who had also been a member of the MI planning visit, as soon as possible to keep up the momentum.

Specifically, the geographic focus of the MI needed to be defined, as well as the scope of work and working relationships of a Measles Technical Officer required for the Initiative. The return of the writer was also an occasion to review the status of the USAID buy-in to the REACH Project.

III. PURPOSE OF VISIT

USAID/Nairobi requested a one week visit by Robert Steinglass, Acting Technical Director of the REACH Project, to provide technical assistance to the Kenya Expanded Programme on Immunization and to USAID in the following activities:

1. Initiate implementation of follow-up actions recommended by Measles Initiative Team during visit of January 13-17, 1992.
2. Review staffing needs and begin recruitment process for both the Measles Initiative and the current Mission buy-in to REACH.
3. Visit the intervention area selected for the Measles Initiative to introduce its purpose, organization, and requirements.
4. Begin planning for an immunization coverage survey.
5. Provide technical support to REACH resident staff and to REACH consultant Melinda Wilson.
6. Review areas of potential technical involvement, such as a comprehensive social marketing strategy.
7. Finalize plans and SOW for the upcoming REACH consultancy on Cost Benefit, Financing and Sustainability Study of the Kenya Expanded Programme on Immunization.

IV. TRIP ACTIVITIES

The writer spent the first day (Monday) of the one-week assignment in Nairobi meeting with officials of KEPI, USAID/Nairobi and REACH. REACH consultant Melinda Wilson was also contacted. Together with Dr. F. Muu, KEPI Manager, the writer travelled by air to Kisumu and Siaya Districts on Tuesday evening and returned to Nairobi on Thursday morning. In Siaya District, the team discussed the Measles Initiative with the DMOH and DPHN. In Kisumu, discussions on the MI were held individually and then collectively with staff from the Nyanza Provincial and Kisumu District Health Management Teams, as well as with staff from Nyanza Provincial Hospital and Kisumu municipal health team. In Nairobi, Thursday and Friday were spent in discussions with KEPI, USAID, DANIDA, UNICEF and REACH. Parts of Tuesday and Thursday were spent interviewing candidates for the REACH Administrative Assistant position. A de-briefing was organized on Friday in Dr. Mutie's Office at the Division of Family Health (DFH) with the writer, Dr. Mutie, Dr. Muu, Ms. Connie Johnson, Ms. Grace Kagonda and Mr. Per Milde in attendance. A list of persons contacted appears in Appendix 1.

V. RESULTS AND CONCLUSIONS

The writer observed that the KEPI Management Unit is exceedingly busy implementing a wide range of activities and responding to the requests of the various donors. It is essential that KEPI take the lead in coordinating donors, so that it does not become overwhelmed in responding to ad hoc requests. Donor coordination meetings will need to become a regular event.

Careful planning, completion of a multi-year plan of operations, and frequent monitoring of planned activities against targets and objectives will be required. Bearing in mind the potential burden of any new initiative on the KEPI Management Unit, and considering the decentralized focus of health activities in Kenya, the Measles Initiative will permit the mobilization of additional human and financial resources targeted at district level.

GEOGRAPHIC FOCUS OF THE MEASLES INITIATIVE

During the initial planning visit of the Measles Initiative Team in mid-January 1992, available demographic data and immunization data from routine reports and surveys had been analyzed in an attempt to identify an intervention site for the MI. The team had recommended that one or two neighboring districts within Western or Nyanza Provinces be chosen, given their high population, high population density, low measles coverage and high drop-out rates relative to the rest of Kenya. Other factors important to consider in selecting the intervention area included the organization of health services, availability and interest of staff, logistic considerations, and potential resource support from the MOH, external donors and the private sector.

By the conclusion of the initial planning visit, eight districts had been identified by KEPI as possible intervention sites, including Machakos, Kericho, Nyandarua, Laikipia, Kakamega, Bungoma, Kisumu and Siaya. The MI team had expressed considerable interest in the latter two districts. Both have populations of approximately 800,000. Kisumu District includes the town of Kisumu, which has an estimated population of some 400,000 persons and likely plays an important role in seeding rural areas with measles virus. The rest of Kisumu District and all of Siaya District is rural and densely settled. The town of Kisumu serves as the capital of Nyanza Province. Many NGOs are said to be engaged in health care delivery in the area. As Kisumu District is one of UNICEF's focus districts for child survival and urban development, the possibility would exist of UNICEF interest and involvement in the MI there.

During the present consultancy, the KEPI Manager and the writer visited the Siaya and Kisumu District Public Health Offices, the Kisumu Municipal Health Office, and the Provincial Medical Office of Health for Nyanza Province. The team was impressed by the interest of the health officers in tackling measles as part of a sustainable improvement to the overall EPI. District Health Management Team (DHMT) meetings were said to have been conducted in both districts within the past month.

The team presented data from the computerized EPI system (CEIS) to the district and provincial officials. These data were useful in identifying problems, such as low coverage and high drop-out rates. The health staff immediately understood the importance of improving their level of reporting completeness, since their immunization coverage achievements were being underestimated due to missing reports.

According to data received by KEPI up to mid-January 1992, Kisumu and Siaya's level of reporting completeness stood at 77% and 60%, respectively. DPT1 coverage among infants in Kisumu and Siaya was 55% and 43%, respectively. Measles coverage stood at 36% and 30% for Kisumu and Siaya, respectively. At present levels of measles coverage, an annual average of approximately 25,000 cases with 750 deaths occurs in each of these districts. Additional deaths with measles as a contributing cause would also occur.

Coverage figures depend on the degree of reporting completeness, so comparisons between districts with varying levels of reporting is not so reliable. However, the routine reports do provide important information on such factors as drop-out rates, which are not affected by levels of reporting completeness.

Kisumu and Siaya Districts suffer from the most serious drop-out rates in the country. While their drop-out rates from DPT1 to DPT3 are not particularly high relative to the rest of the country (18% and 8% in Kisumu and Siaya, respectively), the drop-out from DPT3 to measles is striking: 21% for Kisumu and 24% for Siaya. These rates are, along with Busia and South Nyanza Districts, the worst in Kenya and represent an obvious point for study and intervention.

The data stimulated much discussion. The health staff gave many thoughtful suggestions on the reasons for the high drop-out, such as:

- measles contracted before 9 months of age and mother does not return with the child
- measles reported by the mother to have been contracted and the health worker refuses to give the measles vaccination
- mothers get tired of returning each month to the well-baby clinics for weighing and drop out before the child reaches 9 months of age
- false contraindications
- mothers not told when to return
- mothers harassed by health workers if they lose their child's vaccination card.

The Kisumu DHMT identified some approaches which might be needed to raise immunization coverage and reduce drop-out:

- improve accessibility by opening more service delivery points
- intensify outreach activities
- improve social mobilization, such as systematically involving CHWs, churches, district leaders, etc.
- update health staff on KEPI norms to improve screening and reduce missed opportunities to immunize
- improve cold chain and logistics (e.g., availability of gas cylinders, repair of broken refrigerators, etc.) to ensure regular use of all vaccines at each immunization session.

In general, staff expressed a willingness to try new approaches to identify and solve problems. The answer to the high drop-out from DPT3 to measles may even be as simple as providing the mother at the time of the DPT3 visit with an appointment slip informing her to return with the child as soon as it reaches 9 months of age in the month of (to be filled out).

At this writer's de-briefing session, Dr. Mutie announced his decision to select Kisumu and Siaya Districts as the intervention area for the Measles Initiative.

COVERAGE SURVEYS IN THE MEASLES INITIATIVE INTERVENTION AREA

With the selection of the intervention area, it now becomes possible to plan for a baseline coverage survey in each district. The standard WHO 30-cluster survey methodology will be followed, with probability of cluster selection proportionate to population size. Given the expected timing of the MI program design visit scheduled for March, planning for the coverage survey must begin urgently.

Although KEPI has conducted many surveys in the past, it will be necessary to amend the usual data collection instrument in light of the need to generate information programmatically important for the measles initiative. The three MI contractors will jointly develop a modified questionnaire to be shared in draft with KEPI.

As the 1989 census figures are now available, it is essential that KEPI collect population data for each of the two districts. To allow the sample to be drawn, the population data should be disaggregated by sub-location, if possible, or by location. To save time, it will also be important for KEPI staff to list the individual populations and cumulative populations alongside each sub-location (or location). However, the sample should NOT be selected prior to the arrival of the technical advisor being sent from REACH.

KEPI needs to plan for the logistic aspects of the surveys now. Vehicles, surveyors and supervisors will need to be identified. Per diem rates should be consistent with those paid during other recent coverage surveys. As the REACH technical advisor will have only two weeks from start to finish to assist in training, field work, data analysis and presentation of findings, logistical arrangements should be near final by the time of her arrival in mid-February. The surveys should be executed concurrently in the two districts.

It is suggested that training of surveyors be for two full days, one of which involves field practice. The training should be combined for surveyors and supervisors from both districts. The writer also recommends that to ensure quality and reduce inter-team variation, no more than 6 two-person teams of surveyors be involved in each district. The ratio of experienced supervisors to survey teams should be 1:2 or 1:3. Surveyors should be recruited locally and be fluent in the vernacular.

REACH will immediately send to USAID/Nairobi the scope of work for the survey specialist, so that KEPI and USAID concurrence can be obtained.

STAFFING REQUIREMENTS

Staffing levels for the Measles Initiative and the REACH buy-in were discussed at length. The writer and Dr. Muu revised the document prepared by the earlier MI team on the proposed job description, qualifications, method of recruitment, terms of appointment, and working relationships of the Measles Technical Officer (MTO). The revised version appears in Appendix 2 and needs to be reviewed rapidly by the principal players -- DFH, KEPI, A.I.D./W, USAID/Nairobi, and REACH.

Once the document is finalized, recruitment of a MTO can proceed. REACH intends to advertise for the position, although appropriate authorities will be encouraged to nominate suitable candidates. The MTO will be funded entirely out of REACH funds set aside for the MI.

The writer interviewed the most promising twelve candidates, out of more than 150 who had applied, for the REACH Administrative Assistant position. The four finalists were then re-interviewed, this time with the participation of the current Administrative Assistant and the REACH Communications Specialist. One candidate has been identified and reference checks are proceeding. The intention is to have this person hired and trained by the incumbent by mid-February. Before hiring is finalized, USAID would appreciate the opportunity to see the c.v and possibly meet the candidate. The incumbent has agreed to provide additional in-service training one day per week for a month, if desired.

It is anticipated that the Administrative Assistant will spend 40% of her time on the MI and 60% on other REACH activities until the end of the REACH buy-in, at which time (September 1992) the portion devoted to the MI would increase up to 80%. Funds will be allocated from the MI and buy-in budgets accordingly. The c.v.'s of the most promising candidates will be shared with USAID for the needs of their other projects.

The REACH Communications Specialist has responsibilities nationwide which exceed her intended involvement in the MI. She will continue to be funded until September 1992 by the buy-in at 100% of her level of effort. Afterwards, up to 60% of her time and effort will be covered by the MI funds, while REACH central funds will cover her remaining time. UNICEF continues to be the main donor providing operational funds, while REACH continues to provide her with the necessary technical backstopping.

Pending a PIOT amendment, a REACH Technical Coordinator will be hired part-time (20%) to spend up to 40% of his/her time on the MI and 60% on the REACH buy-in until the end of the buy-in, at which time the MI will occupy closer to 80% of his/her time.

MEASLES WORKSHOP

There was insufficient time during this short consultancy to follow-up with the REACH consultant present in Kenya who is assisting KEPI in planning for a measles workshop, scheduled for early April 1992 in Mombasa. Since an intensive program design for the Measles Initiative will have just been completed in late March, the measles workshop will include on the agenda presentations on the process and findings of the district assessments in Kisumu and Siaya. The workshop organizers should plan to include a few appropriate members of the DHMT at the workshop, who can participate in presenting the findings.

The KEPI Manager has indicated his intention to inform WHO in Nairobi that WHO/EPI in the WHO Regional Office in Brazzaville are invited at their expense to send one observer to the workshop. This workshop should be of particular interest to the regional EPI as AFRO intends to conduct measles-specific workshops in the future.

The writer provided a set of published articles on measles control and measles epidemiology in Kenya to KEPI, USAID and other donors. A set will be kept in a resource library in the REACH offices in Nairobi and Washington for the use of consultants.

COST BENEFIT, FINANCING AND SUSTAINABILITY STUDIES FOR KEPI

The new dates proposed for the visit of Dr. J. Fiedler are acceptable to KEPI and USAID/Nairobi. Dr. Fiedler must be prepared to arrive no later than 20 February and begin working straight away. This will give him two days to get input from the KEPI Manager before the latter departs for one week to Tanzania.

KEPI and USAID are prepared to assist in setting up appointments during those first two days with GOK officials and donors. Dr. Fiedler must send his requirements as soon as possible so that the appointments can be made. Also KEPI has agreed to start collecting data which may be required concerning, for example, recurrent and investment allocations and expenditures by GOK and donor for the past five years. Dr. Fiedler will prepare a matrix so that the data can be entered most easily.

It was agreed that Dr. Fiedler would provide KEPI and the donor community with an update on his activities and findings mid-way through his assignment. This will allow everyone to give him input and provide guidance on what promises to be a very important mission.

REACH must re-send the SOW for Fiedler's assignment with the new dates. USAID should be requested to share the SOW with the other donors, as well as with KEPI.

SOCIAL MARKETING STRATEGY

Both KEPI and USAID have been requested to provide comments on a "think piece" prepared by the REACH/W Communications Advisor, Mike Favin, as well as on a proposed SOW for him to visit Kenya to provide Ms. Grace Kagondu with technical support. His visit is proposed for late April to mid-May.

In the meantime, he continues to provide technical support from afar and will be called upon to provide technical comments on the planned survey in South Nyanza.

USAID is concerned that there should not be more than one methodology proposed for social marketing in the country. It was tentatively agreed that focusing on Nyanza Province made sense before expanding social marketing nationwide. The one-month long Measles Initiative programming mission in March should help to identify the areas which need to be further investigated.

Other areas might be indicated by UNICEF-sponsored qualitative work in South Nyanza that should also take place during the next few months. REACH Communication Advisor Grace Kagondu should serve as a focal point to assure that results from all investigations are shared.

NEONATAL TETANUS

Drs. Mutie and Muu expressed interest in REACH assistance in guiding KEPI on neonatal tetanus (NNT) elimination strategies and policies. This must be put on hold, despite intense REACH interest in providing such assistance, until such time as A.I.D./W and REACH can determine future directions within the remaining budget. In the meantime, based on past REACH work in Kenya and in conformity with the practice in nearly all other countries, this writer strongly encourages the MOH to consider the reporting of neonatal tetanus as a separate category from tetanus at other ages.

Nevertheless, it may be possible efficiently to provide technical assistance during visits scheduled for other purposes. For example, the REACH/W Communications Advisor can provide technical input on IEC during a proposed visit, if the national policy changes its target group from pregnant women to women of childbearing age.

Dr. Muu is eagerly awaiting the TT serological study to commence, as he sees the results being useful in formulating MOH policy. The study will begin within a month, as soon as filter papers (already despatched) are received. Other supplies should now be purchased by REACH in Nairobi.

An article based on the NNT mortality survey conducted in Kilifi in 1989 by the Ministry of Health with assistance from REACH has received concurrences from all the authors and will be submitted in February to a journal for publication.

NATIONWIDE COVERAGE SURVEY

As part of the USAID/Nairobi buy-in to which the MOH concurred, REACH has the obligation to provide technical assistance to a nationwide coverage survey. If KEPI determines that the survey is no longer required, REACH and USAID can re-program the funds to be used on other activities mutually-agreeable to all parties. The writer canvassed the principal donors, who were not enthusiastic about the prospect of or need for such a survey.

There are plans for a repeat DHS survey in 1993. USAID/Nairobi has specifically requested REACH to provide some comments on how the DHS survey can be designed to collect immunization coverage data in a conventional format. REACH will pursue this with A.I.D./W and IRC.

KEPI TECHNICAL STEERING GROUP

The utility of convening a KEPI Technical Steering Group along the lines of existing groups for Hepatitis B and ARI was generally agreed. A diverse group of local disease control experts, pediatricians, and public health specialists could provide technical advice and authoritative support to the KEPI Management Unit regarding policy formulation and strategic directions.

VI. FOLLOW-UP ACTIONS	who	when
Inform Kisumu and Siaya districts of their selection for MI and obtain their agreement	KEPI	14 Feb
planning for the coverage surveys in Kisumu and Siaya Districts		urgent
- prepare SOW and seek KEPI and USAID concurrence for two-week visit by 1 REACH staff	REACH/W	10 Feb
- revise data collection instrument and get KEPI concurrence	REACH/W +QAP+HC	10 Feb
- collect 1989 census data for Kisumu and Siaya by location (or sub-location) and list individual and cumulative pops	KEPI	12 Feb
- arrange logistics including vehicles, surveyors and supervisors	KEPI	14 Feb
send revised SOW and new dates for Fiedler visit	REACH/W	7 Feb
send requirements for Fiedler's appointments and matrix for data collection	REACH/W	7 Feb
set up appointments for Fiedler	USAID/KEPI	14 Feb
collect data for Fiedler in advance	KEPI	14 Feb
Fiedler assignment begins	REACH	20 Feb
hire the REACH Administrative Assistant	REACH/W	14 Feb
prepare SOW for MI program design visit and secure concurrence	REACH/W	15 Feb
trace missing filter papers and purchase locally other supplies for TT study	REACH/N REACH/W	15 Feb
finalize revised version of the proposed job description, qualifications, method of recruitment, terms of appointment, and working relationships of the Measles Technical Officer (MTO) and secure concurrence	REACH/W	20 Feb
develop baseline assessment data collection instruments	REACH/W +QAP+HC	25 Feb
hire REACH Technical Coordinator	REACH/W	1 Mar
invite WHO/AFRO/EPI to send observer to measles workshop	KEPI	1 Mar

measles workshop		
complete coverage surveys	KEPI/REACH	3 Mar
provide comments on "think piece" prepared by the REACH/W Communications Advisor Favin and on proposed SOW	USAID/KEPI	3 Mar
order a vehicle	REACH/W	15 Mar
prepare amendment and possible no-cost extension to buy-in	REACH/W	30 Mar
prepare comments for USAID on DHS survey plans	REACH/W	30 Mar
develop resource library in Nairobi and DC for MI consultants	REACH/W REACH/N	30 Mar
agree on per diem rates for national staff	REACH/W	30 Mar
complete baseline assessment and design MI program	REACH +	30 Mar
sign memorandum of understanding	KEPI	30 Mar
complete measles workshop	KEPI REACH	10 Apr

APPENDIX 1

Persons Contacted

Dr. D.M. Mutie, DFH
Dr. F. Muu, Manager, KEPI
Mrs. M.N. Mwangi, Training Officer, KEPI
Mr. S.M. Kamau, Logistics Officer, KEPI
Ms. Jane Wanza, Data Management Officer, KEPI
Dr. Melinda Wilson, REACH consultant
Mr. David Alnwick, UNICEF
Mr. Per Milde, DANIDA
Mr. David Oot, USAID/Nairobi
Ms. Connie Johnson, USAID/Nairobi
Ms. Grace Kagandu, REACH
Ms. Josephine Kariuki, REACH
Dr. R.O. Muga, Ag. Provincial Medical Officer of Health, Nyanza
Dr. Wendo, Municipal Medical Officer of Health, Kisumu
Mr. Levi Kidwero, Hospital Secretary, Kisumu
Mrs. F.K. Lidambitsa, District Public Health Nurse, Kisumu
Mr. G.O. Ouko, District Public Health Nurse, Kisumu
Mrs. Grace V. Olang, District Public Health Nurse, Kisumu
Dr. Olango Onudi, District Medical Officer of Health, Siaya
Mr. J. Odera, District Public Health Nurse, Siaya

APPENDIX 2

REVISED DRAFT

PROPOSED JOB DESCRIPTION, QUALIFICATIONS, METHOD OF RECRUITMENT, TERMS OF APPOINTMENT, AND WORKING RELATIONSHIPS OF MEASLES TECHNICAL OFFICER FOR THE MEASLES INITIATIVE

In close coordination with KEPI and USAID, the A.I.D. Measles Initiative Team during their visit to Kenya 13-17 January 1992 prepared the first draft of this proposal for a Measles Technical Officer (MTO). To keep the "ball rolling" and capitalize on the momentum and interest generated during the Team's brief visit to Kenya, the REACH Acting Technical Director returned to Kenya 27-31 January 1992 to further refine this proposal. The following draft proposal incorporates the comments of the KEPI Manager. It needs to be rapidly reviewed and finalized by KEPI, USAID/Nairobi, A.I.D./Washington, and REACH. The agreement of the District Medical Officer(s) of Health in the intervention area to the terms described below will also need to be secured by KEPI for the success of the Initiative.

JOB DESCRIPTION

Based on the activities initially formulated during the program design visit (scheduled to occur in March 1991) and periodically updated as required by KEPI, USAID, and the Measles Initiative Team, the Measles Technical Officer (MTO) will:

- provide overall technical assistance to the District Health Management Team (DHMT) and KEPI on the Measles Initiative in the selected intervention area
- collaborate in identifying and implementing innovative approaches and strategies for improved measles control
- ensure field compliance with KEPI norms and procedures
- participate in periodic updates of the detailed implementation workplan
- identify any problems impeding effective measles control in the intervention area which originate at higher levels (e.g., cold chain, management information systems, etc.) and propose solutions to the KEPI Management Unit
- participate with the KEPI Management Unit in identifying measles control approaches nationally or in other districts and applying lessons learned from the Measles Initiative intervention area
- participate in and technically collaborate with the short-term technical assistance that will be provided through the Measles Initiative
- be answerable to the KEPI Manager and REACH/USAID, and report monthly to the KEPI Manager with copies to REACH/USAID on the status of activities undertaken and planned, accomplishments, and problems requiring solution
- present quarterly briefings and written reports to the KEPI Manager, DHMT, and REACH/USAID, which will be shared with the full KEPI Management Team and with other donors
- participate on behalf of REACH/USAID at quarterly donor meetings which may be convened especially to disseminate and apply lessons learned from the Measles Initiative intervention
- participate as a member of the KEPI Management Unit with other donors (UNICEF, WHO, etc.) involved in measles control

- collaborate in the preparation of technical documents suitable for wide dissemination (e.g., in professional journals)
- manage a small imprest account and submit timely financial statements to the REACH Administrative Assistant
- engage in other duties appropriate to the Measles Initiative and generally strengthen immunization services in the intervention area, so as to avoid creating a vertical program within KEPI in the intervention area.

QUALIFICATIONS

- Kenyan nationality
- training at University level (and preferably at Masters level) in relevant disciplines, such as public health or preventive medicine
- five years of continuous recent experience in immunization services, including at least three years at district level in Kenya will be considered
- demonstrated experience in EPI at national level will be an added advantage
- willingness to be based in intervention area with frequent field travel and occasional travel to Nairobi or elsewhere
- proven written and communications skills will be a prerequisite

The successful applicant will be an energetic mid-career man or woman eager for the kind of challenge and national or international exposure that such a job can bring. He/she will possess the personal authority required to deal on policy and technical issues. He/she will be self-motivated, innovative, a team player able to instill team spirit, and able to interact with the donor community.

The position is open to any Kenyan without regard for race, sex and religion.

METHOD OF RECRUITMENT

The position will be advertised by REACH and applications reviewed by a committee consisting of DFH, KEPI, USAID and REACH representatives. Additionally, relevant authorities may be requested to suggest nominees. A short-list of promising candidates will be prepared and interviews and reference checks conducted. A decision will be reached by consensus.

TERMS OF THE APPOINTMENT

The position will be filled as soon as possible and continue at least until September 1993, at which time the continuing need for his/her services would be re-assessed. The first 4 months of the appointment will be on a probationary basis.

Salary and benefits will be consistent with USAID rules governing the hiring of host country nationals. Per diem for in-country travel will be at USAID rates established for host country nationals.

The Head, DFH will coordinate the MOH aspects of the appointment. The MOH therefore need only be requested to second the appointee, if the latter so desires.

WORKING RELATIONSHIPS

The MTO will be answerable to the KEPI Manager and to REACH/USAID. He/she will be a member of the KEPI Management Unit and the District Health Management Team, with whom he/she will coordinate on a daily basis. Together with the DPHN with whom the MTO will work most closely in partnership, the MTO will give frequent joint briefings to the DMOH. The MTO will have access to funds through the Measles Initiative and the authority to incur expenditures consistent with guidelines provided by REACH. The DHMT should arrange office space and general office support for the MTO.

REACH will be responsible for providing overall technical support to the MTO and for the MI in general, and for administrative backstopping by the REACH Administrative Assistant based in Nairobi. The MTO will quickly integrate within the roles and functions of the DHMT. Through their regular technical relationship to the DHMT, KEPI will provide technical supervision to the MTO.

A vehicle will be expeditiously purchased by the Measles Initiative lead project with the administrative assistance of USAID and assigned to the MTO. A driver will be hired by the Measles Initiative and paid per diem for field travel at rates established for host country nationals. The MTO will also have authority to operate the vehicle. Vehicle maintenance, repair and fuel will be covered by REACH/USAID.

The MTO will reside in the intervention area, spending at least 60% of the time involved in field operations within the intervention area and 20% of the time within the local office. The MTO will travel outside the intervention area no more than 20% of his/her time, including regularly-scheduled visits to Nairobi to meet with the KEPI Management Unit, USAID and other donors.

REACH will also provide the services of a local REACH Technical Coordinator, REACH Communications Specialist and REACH Administrative Assistant, who will be involved part-time on the Measles Initiative.

15