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**TRIP REPORT B -** # <sup>49-1</sup>/<sub>and</sub> 2

**Travelers:** Miss Pauline Muhuhu, INTRAH  
Regional Director for  
Anglophone Africa  
Mrs. Grace Mtawali, INTRAH  
Regional Clinical Program  
Officer for Anglophone Africa

**Country Visited:** Kenya

**Date of Trip:** August 30, 1993

**Purpose:** Project review and planning.

**Program for International Training in Health**

**PAC IIb**

**University of North Carolina at Chapel Hill  
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## EXECUTIVE SUMMARY

On August 30, 1993, at INTRAH/RON, Regional Director Miss Pauline W. Muhuhu and Regional Clinical Program Officer Mrs. Grace Mtawali and a Chogoria Community Health Department (CHD) team of Director Mrs. Joyce Riungu, Deputy Director Reverend Geoffrey Bundi, Rural Health Unit (RHU) Coordinator Ms. Hellen Busolo, and RHU Facilitator Mrs. Jane Miriti participated in a review of the Chogoria CHD/INTRAH project.

Several qualitative achievements and some limitations were cited by the CHD team (see Appendix D). The INTRAH team underscored the importance of quantitative data collection for showing the impact of training on services, and the results of the February 1993 follow-up of trainees (contract workplan #16) were cited as an example of quantitative data. Agreements on completion of the client management guide and its dissemination to 32 clinic nurses, management personnel and Chogoria Hospital, and preparations for the November/December 1993 project impact evaluation were reached and recommendations were made.

### Major findings included:

- Sixty-four percent of the project's operational objectives have been achieved; 24% are in process. Due to changes at the CHD, training in performance evaluation for one person (through regional training) did not take place and it is not likely that it will take place during the life of the project.
- Some members of the RHU team have left and new members have joined both the RHU and Tharaka teams resulting in a need to re-address some of the needs addressed at the beginning of the project.
- All clinic nurses have received refresher training in the four skills found to be most poorly performed during the needs assessment. To address the weaknesses identified during the February 1993 follow-up, the RHU team is conducting on-the-job training in 5 clinics.

Major recommendations included:

- The Chogoria CHD should review the third draft of the FP Client Management Guidelines by September 17, 1993, in order to provide INTRAH/RON with comments that will enable finalization of the guidelines. Special attention should be paid to the "depth" of the guidelines.
- INTRAH/RON and the CHD should complete the maternal health antenatal (service) client management guidelines.
- INTRAH/RON should take leadership in drafting suggestions for solving issues that were not fully addressed in relation to the agreed expected outcomes of "Next Steps, So What?"
- Two back-to-back, one-day activities to disseminate the findings of the November/December 1993 project impact evaluation should be conducted for 32 supervision and management level persons from the Chogoria Hospital and the CHD and 32 clinic nurses.

A USAID debriefing was made in writing on September 28, 1993.

**SCHEDULE OF ACTIVITIES**

**August 27**

Miss Muhuhu and Mrs. Mtawali planned for review at INTRAH/RON.

**August 30**

The Chogoria team of Director Mrs. Joyce Riungu, Deputy Director Reverend Geoffrey Bundi, RHU Coordinator Ms. Hellen Busolo, and RHU Facilitator Mrs. Jane Miriti travelled by road to Nairobi.

Conducted the annual project review.

The Chogoria team departed Nairobi.

**LIST OF ABBREVIATIONS**

**CHD**           Community Health Department  
**RHU**           Rural Health Unit

**I. PURPOSES OF ACTIVITY**

The purposes of the activity were to review activities in the Chogoria CHD/INTRAH contract in order to document accomplishments/achievements, strengths, limitations and emerging needs; plan on addressing limitations; and, discuss and agree on preparations by both groups for a November/December 1993 project evaluation.

**II. ACCOMPLISHMENTS**

- A. The INTRAH and Chogoria CHD teams completed the project review during which several issues were addressed.
- B. Documentation was made on the status of the project, project objectives, achievements and limitations.
- C. An agreement was made regarding plans for handling unfinished business and strengthening some weak areas.

**III. BACKGROUND**

The review discussed in this report is the second in the life of INTRAH/Chogoria collaboration. The review was initially scheduled for July 1993, but was postponed to the end of August 1993 due to the absence of the CHD Director.

Previous INTRAH activities in the Chogoria CHD training project were reported in INTRAH trip reports B-#38, B-#40, B-#42, B-#41, B-#45, B-#313, B-#353, B-#48, B-#390 and B-#369.

In the past, project review meetings were usually held with INTRAH/RON and CHD management-level staff. However, the August 30, 1993 review meeting was undertaken by INTRAH/RON staff and a multidisciplinary group of Chogoria CHD personnel. This approach helped dissemination of project information to the junior CHD staff and facilitated on-the-spot answering of questions from newcomers to the

project. The presence of RHU team members also brought a trainee perspective to the review.

#### **IV. DESCRIPTION OF ACTIVITIES**

##### **A. Preparation**

Mrs. Mtawali, in consultation with Miss Muhuhu, reviewed Chogoria CHD/INTRAH trip reports, the contract, and other communications. The purposes and agenda for the meeting were developed. Summaries of major achievements were made. Materials relevant to the project including trip reports, products of the training activities conducted in Chogoria and Nairobi, and operational definitions of accomplishments, achievements and emerging needs were assembled and made accessible for the meeting.

##### **B. Review Meeting**

The entire review was conducted in large group discussion. An input session was held to introduce the background of the project and definitions. The discussion outcomes were documented as each was identified.

##### **C. Venue**

The meeting was held at the INTRAH Regional Office in Nairobi.

##### **D. Facilitators**

INTRAH Regional Director for Anglophone Africa Miss Pauline Muhuhu facilitated the meeting and INTRAH Regional Clinical Program officer Mrs. Grace Mtawali co-facilitated.

##### **E. Evaluation**

A process review was conducted at the end of the day. Generally, the group described the meeting as a

success. The following items were highlighted:

- Access to all meeting materials facilitated progress in the review.
- The multidisciplinary Chogoria team was beneficial in that the team was able to view issues from various perspectives.
- The review findings, issues and recommendations were documented for further reference.
- The inability to address all issues because of time constraints was described as a limitation.

## V. FINDINGS AND RECOMMENDATIONS

### 1. Findings

The level of accomplishment of operational objectives was approximately 64%. The activity for the last project objective was on schedule (see Appendix C). Only one objective was not achieved due to a change of CHD responsibilities of the potential candidate.

The Chogoria CHD team cited the following observations:

- Improved quality of care through improved FP skills of clinic nurses.
- A clearer understanding of job descriptions, a management tool, and the use of job descriptions to assess training needs.
- Use of service data by RHU facilitators to assess the effectiveness of training on service and to plan appropriately.
- The RHU facilitators' awareness of the need for a supervisory checklist that includes not only FP skills but also maternal health and logistics management sections.
- Although the RHU and Tharaka teams experienced the curriculum development processes in which they conducted needs assessment using performance assessment tools based on job descriptions, identified needs and developed refresher training curriculum, they have not yet internalized the process.

The RHU team has began interventions to address the findings of the February 1993 trainee follow-up. One such intervention is on-the-job site training in selected weak skills for 5 of 42 clinic nurses who had been followed-up. On-the-job training, which involved moving nurses from some clinics to identify training clinics, has been conducted in five clinics. This indicates a positive change toward institutionalization of some aspects of training at Chogoria CHD.

## 2. Findings

The INTRAH/RON team underscored the need to continue to collect and document quantitative data in addition to the data collected during the February 1993 trainee follow-up, e.g. use of TRLs and CRLs and documenting results of follow-ups conducted during supervisory activities of RHU facilitators and coordinators. The RHU facilitators/supervisors or coordinator do the following to document quantitative achievements:

- During future follow-up of FP-trained clinic nurses, observe and record performance, make an intervention, solve the problem, and share with provider and colleagues. Repeat this procedure for the same skill area at subsequent visits, comparing with the previous visit until the provider's skills are strengthened.
- Record the use of TRLs and CRLs during training: who, for what use, book title?
- Provide clinic service data to INTRAH/RON at regular intervals agreed on by INTRAH/RON (officers dealing with the training information management) and the RHU coordinator.

INTRAH and the Chogoria CHD plan for a one-day activity at RON or outside Chogoria for consolidation of curriculum development processes using experiences already received.

## Recommendation

The on-site/on-job training practice should be maintained and be part of Chogoria CHD annual plans. Given the workload of the RHU facilitators, the needs should be assessed during the regular supervision and one skill or cluster of tasks should be addressed at a time.

3. **Findings**

The CHD Director had authorized time for the RHU facilitators to offer clinical services in order to maintain their FP clinical skills competencies. The facilitators, however, had not succeeded in programming themselves for clinical services due to their heavy workload.

Continued non-use of skills except during training will result in a rapid loss of competencies. This has a negative multiplier effect.

**Recommendation**

All concerned in Chogoria should ensure that the one day a week assigned for work at the clinics is used for that purpose by the RHU facilitators.

4. **Finding**

Although Tharaka facilitators (CBD) participated in most of the INTRAH-assisted training activities, they received less technical assistance than the RHU facilitators. As a consequence, the Tharaka team's performance was not monitored. The situation arose from the fact that the project was developed for the RHU and opportunities were given to the Tharaka team to take advantage of activities.

**Recommendation**

Future staff development efforts of the CHD should include needs of the Tharaka team and the training program should address the team's role, needs and technical support.

5. **Finding**

Training materials developed for various training activities are stored in the Chogoria general office in the general training correspondence files.

**Recommendation**

The RHU Coordinator and her deputy should take leadership in getting the RHU and Tharaka teams to put all training materials developed and used in refresher training in one file easily identifiable by and accessible to each member.

6. **Finding**

Change of RHU coordinator and facilitators due to retirement, illness and employment of new staff negatively influenced the development of the institutional training capability of the CHD. There were at least three new members who required the training and technical assistance received by their colleagues.

**Recommendation**

Chogoria CHD, in consultation with INTRAH, should plan and implement a schedule to provide the new staff members with skills based on individual training needs. Scheduling would help the CHD in systematic skills-building of its staff.

7. **Finding**

The use of job descriptions helped inspire confidence among clinic helpers and clinic nurses about their responsibilities. Training needs have been identified among clinic nurses as a result of using the skills. However, the supervisory staff has yet to discuss their job descriptions with the CHD Director.

**Recommendation**

The CHD Director should discuss the responsibilities described in the revised job descriptions to ensure common understanding of expectations and for management to be able to monitor RHU and Tharaka teams' performance.

8. **Findings**

The client management guidelines that include FP, STD, and postpartum care is in draft form. The Chogoria CHD team emphasized the need to complete development of client management guidelines that contain both FP and MH. The Chogoria team expressed a need for the client management guidelines to have more details than was initially expressed. They wanted guidelines with enough information for a trained FP provider, but without the details of a procedure manual. In addition, they observed that the available 1991 Government of Kenya FP Service Policy Guidelines and Standards and the FP Procedures Manual did not adequately cover procedures (how to do things).

### **Recommendations**

Chogoria CHD staff should review the FP client management guidelines by September 17, 1993 for clarity, depth of content, relevance to Chogoria clinic nurses' needs and filling in of the gaps observed in existing Government of Kenya FP service standards/documents.

Chogoria CHD and INTRAH/RON should make plans for completing the maternal health portion of the client management guidelines during the remaining project period (until June 30, 1994).

Develop CHD staff capability in training and clinical skills.

### 9. **Findings**

There were issues which could not be fully addressed, especially in terms of planning for long-term solutions and "so what?"/next steps (see Appendix B).

Although the RHU and one Tharaka facilitator had participated in the phased curriculum development process, they did not recognize/internalize the process.

### **Recommendation**

INTRAH/RON should facilitate a one-day activity on November 17, 1993, to put a closure on the curriculum development process. Eleven CHD facilitators, supervisors and senior CHD will be the participants of this activity.

### 10. **Finding**

Preparations for the November/December 1993 project impact evaluation were outlined. The INTRAH and Chogoria teams agreed on the number and cadres of personnel to be included on the evaluation team, the process and methodology, where and by whom tools will be developed, transport needed, a plan for dissemination of evaluation findings, and the roles and responsibilities for each team in order to successfully conduct and complete the evaluation (see Appendix F).

### **Recommendation**

Each team should act on its responsibilities.

**APPENDIX A**

**List of Participants**

**APPENDIX A**

**List of Participants**

Mrs. Joyce RIUNGU  
Director, Chogoria CHD

Reverend MBUNDI  
Deputy Director, Chogoria CHD

Ms. Helen BUSOLO  
RHU Coordinator

Mrs. Jane MIRITI  
RHU Facilitator and Deputy RHU Coordinator

**APPENDIX B**

**Purposes, Expected Outcomes and Agenda of the Review Meeting**

## APPENDIX B

### **Purposes, Expected Outcomes and Agenda of the Review Meeting**

Venue: INTRAH, Nairobi

Date: August 30, 1993

#### 1. PURPOSES

- 1.1 To review activities on the contract and training plans in order to:
  - a. Document accomplishments, achievements, strengths, limitations and emerging needs.
  - b. Discuss and plan which limitations can be solved and how.
- 1.2 To discuss and agree on what needs to be prepared by both agencies for evaluation.

#### 2. EXPECTED OUTCOMES

- 2.1 A common understanding of RON and Chogoria CHD of the Chogoria CHD/INTRAH project to include:
  - a. Accomplishments in relation to project objectives activities during 1993 and emerging needs
  - b. Strengths
  - c. Limitations
- 2.2 Agreements on "next steps" and "so what".
- 2.3 Agreements on INTRAH/Nairobi and Chogoria CHD responsibilities in the evaluation of the project activity.

#### AGENDA

1. Introducing activities
  - Welcome, purpose of project monitoring
  - Determining time available for meeting
  - Review of purposes, outcomes, agenda and confirmation or modification

2. Review of Contractual Objectives

- a. accomplishments of objectives and achievements
- b. follow-up findings' highlights
  - pluses (skills, on service delivery)
  - weaknesses
  - interventions since follow-up was conducted
  - what are some outcomes of the interventions
- c. Materials developed
  - what/types;
  - value to CHD or how used
  - limitations, what needs to change
- d. TRLs and CRLs
  - status of agreements made with Tembi

3. Project Evaluation

- o review of objectives
- o major activities, where?
- o INTRAH/RON } responsibilities
- o Chogoria CHD } responsibilities

4. Recommendations/For Action:

- during the remaining project period AND/OR
- in the near future regardless of "who is providing technical assistance.

**APPENDIX C**

**Status of Accomplishing Contractual Operational Objectives**

APPENDIX C

**Status of Accomplishing Contractual Operational Objectives**

Total number of objectives - 17

- |                                 |      |   |
|---------------------------------|------|---|
| a. Fully accomplished           | 64%  | (Nos. 1, 2, 5, 6,<br>7, 9, 10, 12, 14,<br>15, 16) |
| b. Aspects to be accomplished   | *24% | (Nos. 3, 4, 11, 13)                               |
| c. No opportunity to accomplish | *6%  | (No. 8)   |
| d. On schedule                  | 6%   | (No. 17)  |

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\* percentages are rounded and are not additive

**APPENDIX D**

**Project Objective Achievements and Weaknesses**

## APPENDIX D

### **Project Objective Achievements and Weaknesses**

#### **I. Objective Achievement Summary**

Eleven of 17 objectives (64%) have been completed while 24% (4 objectives) are in various stages of accomplishment. There is no opportunity for accomplishing operational objective No. 8 which was to have been accomplished through a regional training activity and for which Chogoria was unable to send a representative due to changes at the CHD. One activity is on schedule.

#### **II. Qualitative Review**

##### **A. Strengths:**

##### **1. Improved quality of care thru skilled performance of:**

- breast + pelvic examination
- client-counselling (clients now choose methods) and
- adherence to correct sterilization of equipment

##### **2. Providers/personnel especially clinic helpers, are clear about what their jobs are due to having job descriptions.**

##### **3. Confidence is demonstrated by both nurses and helpers because of training received.**

##### **4. i) Facilitators are able to identify those trained judge qualify, relate service performance with provider capability. For example, if there are no FP services - the facilitator checks the causal factor such as whether the person prepared for FP.**

- Facilitators critically assess the service data

##### **ii) Facilitators have increased awareness of the need/value for supervision checklist**

##### **iii) Facilitators are \*critically looking at training results - not just at the inputs**

- trainers more prepared for a training session. Before INTRAH training same handouts were used year to year. Now there

is a periodic review of materials to include new information.

5. Relationship between INTRAH and Chogoria has resulted in:
  - constant reference by Chogoria personnel and looking back on what they have learned from INTRAH and applying it.
  - Chogoria Hospital management being pleased with and having accepted INTRAH.
6. Staff have learned to make use of reference materials and documents.
7. Recognition of the changes that have taken place among and within the trainers by trainees.
8. Other strengths as identified in Feb/March 1993 trainee follow-up were discussed.
9. Experiences with use of revised job descriptions
  - i) has enabled the identification of additional training needs:
    - Nurses need the skills of tooth extraction (training is being planned with the dentist)
    - Stitching/suturing wounds
    - Treatment of eye conditions
    - Treatment of STDs. A sanctioning statement from management is also required regarding the available STD treatment (Chogoria's and MOH one)

**B. Weaknesses:**

1. Resistance to change old ways even where pre and post-test scores indicated changes in the right direction.
  - 6 of 33 service providers trained and followed-up have gone back to the old ways of doing things.
2. Inadequate follow-up of clinic nurses by RHU after training because of workload of the RHU and Tharaka teams of facilitators
3. Tharaka team did not receive as much TA after initial training as the RHU team. Application of their skills, therefore, has not been closely monitored.

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4. Although RHU and Tharaka teams experienced all processes of curriculum development, the team still needs consolidation of the experiences to be able to connect all processes as being "curriculum development job".
5. Training materials are filed with other CHD/RHU materials and correspondence. Training documentation needs streamlining.
6. Facilitators' time to offer services as a way of maintaining skills has not been included their usual work (as agreed on with the CHD Director). They are, therefore, losing skills.
7. Chogoria as a training site is very uncondusive for learning) because of:
  - interruptions for "consultations" with other Chogoria staff
  - other jobs done simultaneously with the tracing, by the RHU Facilitators (competition for attention)
8. Materials developed:
  - o Job Descriptions (Revised)
9. Not all RHU personnel have been familiarized in use of job descriptions:
  - Out of 7 trained in the use of job description, 2 have left; one is partially trained.
  - 3 new members need to be trained.
- C. **Issues/Problems/What Has Yet to be Done:**
  1. Client Management Guidelines
    - a) Will service providers use a detailed document?
    - b) CHD RHU staff noted that the "How of doing things" is not adequately covered in Kenya Maroon and Blue books (Service Policy Guidelines 1991, and DFH/GOK Procedure Manual). These MUST BE ADDRESSED in the Chogoria guidelines.
    - c) FP component is complete (3rd draft) but the rest are not.
  2. 13 clinic nurses have not received FP clinical skills update training.

3. Refresher training has not been done for the remaining weak areas identified during the TNA. These need to be addressed.
4. There is not a tool for supervising antenatal services. There is need to complete the FP/MH supervision checklist so that it includes:
  - a. all MCH components checklists and
  - b. a logistical management supervision section.

**APPENDIX E**

**Issues/Problems/What Has Yet to be Done**

## APPENDIX E

### **Issues/Problems/What Has Yet to be Done**

1. Client Management Guidelines depth
  - a. Will service providers use detailed document?
  - b. CHD RHU staff said that the "How of doing things" is not adequately covered in Kenya Maroon and Blue books (service Policy Guidelines 1991, and DFH/GOK Procedure Manual). MUST BE ADDRESSED.
  - c. FP component is complete (3rd draft) but the rest are not.
2. 13 clinic nurses have not received FP clinical skills update training.
3. Refresher training has not been done for the remaining weak areas identified during the TNA that preceded refresher clinical skills training.
4. There is no tool for supervising antenatal services. There is need to complete the FP/MH supervision checklist so that it includes:
  - a. all MCH components checklists
  - b. a logistical management supervision section.

APPENDIX F

Plan For Project Impact Evaluation:  
November/December 1993

## APPENDIX F

### Plan For Project Impact Evaluation: November/December 1993

In order to anticipate what the evaluators will need, the following information was generated. It serves only as a guide and not as an evaluation design.

i) What will be done:

- o Interviews (administration, RHU, Tharaka clinics)
- o Observations and interviews - clinics
- o One-day workshop with clinic staff
- o Review of client \*records at Chogoria and clinics

ii) Participants

- o 2 INTRAH - 1 Evaluation expert  
- 1 Clinic/FP skills expert  
(not familiar with Chogoria)
- o 2 Chogoria counterparts, (100% time), consider one of these to be from another department (to be confirmed).

iii) Tool development

- in INTRAH, RON
- 2 CHD participate, unless INTRAH advises CHD otherwise

iv) Transport for field work

- 2 vehicles needed (two teams)

v) Dissemination of the findings: 64 persons will participate in the two groups shown below, in back to back one day sessions.

o Group A:

Hospital Administrative team	5
Heads of departments	9
VSC personnel	1
*DPHN	1
CHD staff	12
Tutors of School of Nursing	4
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Total	32